Example 3

2010 IA 1040 Iowa Individual Income Tax Long Form or fiscal year beginning _/_ 2010 and ending _/_ /_

STED 1. Fill in all snaces Vou MIST fill in your Social Security Number

	last nan		ii aii spaces. Tou	Your first name/middle initial	Number.								
Golightly James								formation					
Spouse's last name Spouse's first name/middle initial Current mailing address (number and street, apartment, lot, or suite number) or PO Box							Check this box if you or your spouse were 65 or older as of 12/31/10.						
Curr	ent maili	ng a	ddress (number and str	reet, apartment, lot, or suite number) or PO	Box		Social Security Nu		Spouse	Social	Security	Number •	
PC	Box Box	333	333			7	77						
City,	State, Z	ΊΡ					County		ence on 12/3 School I	31/10 District N	0.		
lov	IowaTown, IA 54321						72 2846						
	STEP 2 Filing Status: Mark one box only.						You must answer these questions:						
1	Single: Were you claimed as a dependent on another person's lowa return? YES NO					De	ependent children fo					Step 3	
2	Married filling a joint return. (Two-income families may benefit by using status 3 or 4.)						 How many have health care coverage? (including Medicaid or hawk-i) 						
3	Married filling separately on this combined return. Spouse use column B.						How many do not have health care coverage?						
4	Married filing separate returns. Spouse's name: SSN:					SSN:							
5 X	Head of household with qualifying person. If qualifying person is not claimed as a dependent on this					t on this return							
6	Qualifying widow(er) with dependent child. Name: SSN:						•			•			
	a Parconal Cradit: Enter 1 (Enter 2 if filling joint or head o					head of house	ehold)	2	x s 4	0	= \$	80	
	Exemp		YOU (and spouse if			ach person who is blind							
	-veiiih		filing jointly)	a Denandante: Enter 1 for each dependent			A	2	V ¢ 10		= \$	80	
				d. Enter first names of dependents he	ere: Mollie an	nd Avery			e. TO	TAL \$		160	
				a. Personal Credit: Enter 1			▲		_ x \$ <u>4</u>	0	= \$		
			SPOUSE	b. Enter 1 if 65 or older and/or 1 if blin							= \$		
			(If filing status 3)	c. Dependents: Enter 1 for each dep							= \$		
			status 3)	d. Enter first names of dependents he		e/Status 3	A Vau ar laint	В.	e. TO		A. You c		
	CTED 4	1 1	Wages calaries tine	, etc			A. You or Joint 68,121		spouse/Statu	5 3	A. Tou C	n John	
,	31EP 4			me. If more than \$1,500, complete Sch. B			218						
	Gross			ome. If more than \$1,500, complete Sch. B.			42	.00					
	Income							.00					
				ss) from federal Schedule C or C-EZ				.00					
		6.	Capital gain/(loss) fro	om federal Sch. D if required for federal purpos	es . 6	.00		.00					
		7.	Other gains/(losses)	from federal form 4797	7	.00		.00					
				tions				.00					
				d annuities				.00					
				nerships, estates, etc				.00					
				rom federal Schedule F				.00					
				pensation. See instructions									
				rity benefits									
				income, bonus depreciation/section 179 adjustment							6	8,381 .00	
				DD lines 1-14.						.00 🛦 _	- 0	0,301 .00	
	STEP 5			Keogh, or SEP									
U	A alima t			loyment tax				.00					
	ments			duction				.00					
je je	0			drawal of savings				.00					
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Income		- ·										
Staple W-2s, p				ncome exclusion									
				uction from federal form 3903									
				luction									
			•										
		25.	•	DD lines 16-24						.00 🛦 _		00 30 201	
		26.		TRACT line 25 from line 15						.00 🛦 _		. ₀₀	
	STEP 6			efund / overpayment received in 2010									
	Cada::-'			usehold employment taxes								4.004	
	Federal Tax	25.		axes. ADD lines 27 and 28						.00 _		1,801	
	. u.x Additior	n ^{30.}	Total. ADD lines 26 a	and 29			30			.00 _	7	70,182 .00	
	nd Deduc- ion	31.	Federal tax withheld		31	.00 4	4,523	.00					
		32.	Federal estimated ta	x payments made in 2010	32	00 🗸	\	.00					
				paid in 2010 for 2009 and prior years									
				I taxes. ADD lines 31, 32, and 33						.00 _	-	4,523 .00	
O		35.	BALANCE. SUBTRA	ACT line 34 from line 30. Enter here and o	n line 36, side 2		35			.00 _	6	55,659 1 1 C	

2010		A 1040, page 2	B. Spouse	e/Status 3	A. You or	Joint I	3. Spous	se/Status 3	A. Y	ou or Joint	
STEP 7	36.	BALANCE. From side 1, line 35				36			.00 _	65,659	.00
		37. Total itemized deductions from federal Schedule A			.00		.00				
Taxable		Taxpayers with bonus depreciation/section 179 must use Iowa Schedul						Compl	lete line	es 37-40	
Income		38. Iowa income tax if included in line 5 of federal Schedule A					4			itemize.	
		 BALANCE. Subtract line 38 from line 37 or enter the	39		.00		.00				
		40. Other deductions	40.		.00		.00				
	41.	Deduction. Check one box. Itemized. Add lines 39 and 40.							.00 🛦	4,460	.00
		TAXABLE INCOME. SUBTRACT line 41 from line 36	_						.00	61,199	
STEP 8	_	Tax from tables or alternate tax									
0.1.		lowa lump-sum tax. 25% of federal tax from form 4972									
Tax,		Iowa minimum tax. Attach IA 6251.									
Credits and		Total tax. ADD lines 43, 44, and 45							.00	3,816	.00
	47.	Total exemption credit amount(s) from Step 3, side 1	47		.00	160	.00				
Contribu	- 48.	Tuition and textbook credit for dependents K-12	48		.00 🛦		.00				
tions	49.	Total credits. ADD lines 47 and 48.				49			.00 _	160	.00
	50.	BALANCE. SUBTRACT line 49 from line 46. If less than zero, er	nter zero			50			.00 🛦	3,656	.00
		Credit for nonresident or part-year resident. Attach IA 126 and fe									.00
		BALANCE. SUBTRACT line 51 from 50. If less than or equal to 2							_	3,656	
		Other nonrefundable lowa credits. Attach IA 148 Tax Credits Sch									
		BALANCE. SUBTRACT line 53 from line 52.								3,656	.00
		School district surtax/EMS surtax. Take percentage from table; r									
		Total Tax. ADD lines 54 and 55.	. , ,							2 656	00
		Total tax before contributions. ADD columns A & B on line 56 an							_	2 CEC	
		Contributions. Contributions will reduce your refund or add to the a							_		,
		Fish/Wildlife 58a: ▲ StateFair 58b: ▲ Firefighters/Veterar					Enter to	otal	. 58		.00
	59.	TOTAL TAX AND CONTRIBUTIONS. ADD lines 57 and 58							. 59	3,656	.00
STEP 9	60.	lowa income tax withheld	60		.00 🛦	3,600	.00				
	61.	Estimated and voucher payments made for tax year 2010	61		.00 🛦		.00				
Credits	62.	Out-of-state tax credit. Attach IA 130.	62		.00 🛦	919	.00				
		Motor fuel tax credit. Attach IA 4136.					.00				
		Check One: Child and dependent care credit OR									
		Early childhood development credit	64		.00 🛦		.00				
	65.	lowa earned income tax credit. See Instructions	65		.00 🛦		.00				
	66.	Other refundable credits. Attach IA 148 Tax Credits Schedule	66		.00 🛦		.00				
	67.	TOTAL. ADD lines 60 - 66	67		.00		.00				
	68.	TOTAL CREDITS. ADD columns A and B on line 67 and enter h	ere						. 68	4,519	
STEP 10	69.	If line 68 is more than line 59, SUBTRACT line 59 from line 68. T	Γhis is the am	nount you o	verpaid				. 69. 🔺 _	863	.00
	70.	Amount of line 69 to be REFUNDED						REFUND	70. 🛦 _	863	.00
Refund or		Mail return to Iowa Income Tax - Refund Processing, Hoove		•							
Amount		Amount of line 69 to be applied to your 2011 estimated tax									
You Owe		If line 68 is less than line 59, SUBTRACT line 68 from line 59. The substitution of th	_								
	73.	Penalty for underpayment of estimated tax from IA 2210 or IA 22	210F L Che	eck if annua	lized income	method is us	ed		.73. 🛦 _		.00
	74.	Penalty and interest	00 ▲	74b. Intere	est	.00	▲ ADE	Enter total	74		.00
	75.	TOTAL AMOUNT DUE. ADD lines 72, 73, and 74, and enter her					Y THIS	AMOUNT	75. 🛦 _		.00
		Electronically pay by credit card or direct debit. Go to www. To pay by mail: lowa Income Tax - Document Processing, Processi			s IA 50306-9) 187. Make c	heck pa	yable to Tr	easurer.	, State of Iowa.	
STEP 11		DLITICAL CHECKOFF. This checkoff does not increase the	STEP 12	2		Ī					
	am	nount of tax you owe or decrease your refund.	NEXT YEA								
\$1.50 to	o Rei	SPOUSE YOURSELF publican Party \$1.50 to Republican Party			ve a booklet? to electronic f			iling Ad		es: 75 above.	
\$1.50 to Democratic Party \$1.50 to Democratic Par			0. Yes				366	e illies 7	u anu	75 above.	
\$1.50 to	o Cai	mpaign Fund \$1.50 to Campaign Fund			1. No						
STEP 13	3	I (We), the undersigned, declare under penalty of po	oriury that	I (wa) hay	e evamine	this raturr	inclu	ding all ac	compai	nvina schedule	
PLEA	SE	and statements, and, to the best of my (our) knowle		` '				•		, ,	
	(other than taxpayer) is based on all information of w			oreparer h	as any kno	wledge.					
SIGN F	IER										
0.0		Your Signature	Date	Preparer's	Signature					Di	ate
SIGN F • Verify your			Date	Address							
Security											
Number(s) • Recheck yo	our ma			•	lephone Num	ber			Ī	dentification Numb	ber
Attach all V	V-2s	This retu	ırn is due	e May 2,	2011.					41-001b (07/1	9/10