



<b>Name(s)</b>	<b>SSN or FEIN</b>
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**Part I—Nonrefundable Tax Credits**

A	B	C	D	E	F	G	H
Tax Credit Code	Certificate Number (if applicable)	Amount Carried Forward from Prior Year	Current Year Amount (earned or received from pass-through entity)	Total Available (C+D=E)	Current Year Amount Applied (may not exceed total tax liability)	Expired Amount	Amount Carried Forward to Future Years (E-F-G=H)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

**Part II—Refundable Tax Credits**

I	J	K
Tax Credit Code	Certificate Number (if applicable)	Current Year Amount (earned or received from pass-through entity)
11		
12		
13		
14		
15		
16		
17		
18		

**Part I Total** (column F sum) Enter on line 52 of IA 1040, line 10 of IA 1040C, or line 2 of schedule C1 of IA 1120

**Part III—Total Credits**

**Sum Part I and Part II Totals** Enter on line 16 of the IA 1120F, line 30 of IA 1041, or the miscellaneous line of the Iowa Insurance Premium Tax Return

**Part II Total** (column K sum) Enter on line 62 of IA 1040, line 13 of IA 1040C, or line 3 of schedule C1 of IA 1120

**Part IV—Pass-Through Entity Information from Schedule K-1**

L	M	N	O
Line Number from Part I or Part II	Pass-Through Entity Name	Pass-Through Entity FEIN	Taxpayer's Share of Tax Credit from Pass-Through Entity
			%
			%
			%
			%
			%
			%
			%
			%
			%

