



Clergy Financial Resources

Tax | Payroll | Bookkeeping | HR

Taxpayer's Full Name: _____ Spouse's Full Name: _____

Form ID: IA

Iowa General Information

County of residence as of December 31st _____ [1]

School district _____ [2]

Contributions

Amount of charitable contributions you wish to make to:

Fish and Wildlife Fund _____ [3]

State Fairgrounds Renovation _____ [4]

Firefighters Fund and Veterans Trust Fund _____ [5]

Child Abuse Prevention _____ [6]

Residency Information

Residency code _____ [7]

Residency Code

Blank = Both spouses have the same residency status

1 = Taxpayer nonresident, spouse resident

2 = Taxpayer resident, spouse nonresident

3 = Taxpayer part-year resident, spouse nonresident

4 = Taxpayer nonresident, spouse part-year resident

5 = Taxpayer resident, spouse part-year resident

6 = Taxpayer part-year resident, spouse resident

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Iowa

Part-year residency dates:

Spouse

Taxpayer

Moved into Iowa

[8]

Moved out of Iowa

[9]

[10]

[11]

Nonresident Information

Illinois residents:

Iowa wages or salary only

Wages or salary and other Iowa source income

[12]

[13]

NOTES/QUESTIONS: