

Setoff Enrollment Application Form

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For participation in the State of Iowa Setoff Programmemorandum of Understanding. Check the appropr		
Debt Source Agency: □		
Credit Vendor: □		
Section 1 - Agency Information		
Agency name:		
Federal Employer Identification Number (FEIN):		
Headquarters address:		
City:	State:	ZIP:
Primary contact last name:		
Primary contact phone:		
Primary contact email:		
Phone for obligors to contact:		Ext:
Is this funding deposited into the State of Iowa's Ge	eneral Fund?	Yes □ No □
Accounting String for Disbursement (Required for S		
		,
Section 2 - Banking Authorization		
Financial institution name:		
Financial institution address:		
City:	State:	ZIP:
Name on account:		
Routing transit number:		
Customer account number:		
Account type:		
Section 2 requires one of three things:		
A voided check or copy of enrollment confirmat	ion if a prepaid car	rd or
2. The financial institution must complete the repre		
3. The financial institution must supply a bank acc		
I have verified the account numbers above. The NACHA rules.	Financial Institutio	n is ACH-capable and will comply with
Representative name:		Phone:
Representative title:		
Signature:		

Setoff Enrollment Application Form, page 2

Section 3 - Agency Authorization

Instructions for Setoff Enrollment Form:

Submit this form by:

Email: secure email to idr-setoffs@iowa.gov

Fax: 515-725-0264 OR

Mail to: ATTN Setoffs

Iowa Department of Revenue

PO Box 3065013

Des Moines IA 50306-5013

Questions or Assistance:

- Department website (tax.iowa.gov)
- Email the Department (idr-setoffs@iowa.gov)
- Call Taxpayer Services at 515-281-3114 or 800-367-3388

Definitions

Accounting String for Disbursement: The accounting number directing disbursement of funds

Agency Name: The legal name of the agency

Credit Vendor: An agency or entity who submits funds to the Setoff Program

Debt Source Agency: A Public Agency or the Iowa Judicial Branch, that has entered into an agreement with the Iowa Department of

Revenue to submit debts to the State Setoff Program

FEIN: Federal Employer Identification Number for which enrollment is requested

Obligor: A person, not including a public agency, who has been determined to owe a qualifying debt **Primary Contact:** The primary individual responsible for coordination with the lowa Department of Revenue



Setoff Enrollment Qualifying Debt Questionnaire tax.iowa.gov

Agency Name:		
2.	Describe the process by which the debt became a qualifying debt. See <u>2020 Iowa Acts, HF 2565</u> , Iowa Code section 421.65(1)(d) for the definition of qualifying debt.	
3.	Describe the length of time the debtor is able to appeal the debt as well as the process by which they would do so, including any hearing process.	
4.	If the debtor is unsuccessful in the appeal process described in question (3), do they have any further recourse? If yes, please explain. Yes \square No \square	

	Seton Enrollment Qualitying Debt Questionnaire, page 2
5.	Please list the statutes, administrative rules, municipal code, or ordinances relevant to the collection and appeal of this debt. Please also list any relevant case law or other legal authority.
6.	If there are any records or documents that you would like the Department to consider, describe them below and provide copies of them with the enrollment submission. These may include a sample order, disposition notice, or similar documents.

Setoff Enrollment Qualifying Debt Questionnaire, page 3

Additional Information: