



tax.iowa.gov

Decedent's first	name and middle i	nitial:	Decedent's last name:				
			h):				
City:	State:	ZIP:	Decedent's Socia	Security Number (SSN):		
Estate Federal E	Employer Identifica	tion Number: _		_			
Age at death:	death: Date of death (MM/DD/YYYY):						
Name of Execut	or:	Executor's SSN:					
Executor's maili	ng address:		City:	State:	ZIP:		
lowa county who	ere the will was pro	bated or estat	e administered:	Probate number: _			
information with confidential state only to the exter of attorney, or t section(s) below To authorize mu IA8821, and IA8 POWER OF AT Authorization is of Revenue, to information under the confidential state of the confidential	n the taxpayer, or e tax information wat not permitted by such to designate an income. It is a such as the second of the persular or of the persular to the persular towa Code section.	the taxpayer with an individual designation. dividual to receive act as POAs of the RIZATION (PC) on listed below ral presentation 450.68, incl	he lowa Department of Fr's power of attorney. Ital authorized under a tage at the lower tax information about the lower tax information and lower tax information. DA) It to act as the estate's report on behalf of the estate and lower tax information.	However, the Department of the	artment can discuss sure designation, but vidual to act as power plete the appropriate ms IA2848, IA2848A, the lowa Department confidential state tax norization is limited to		
			SSN/ITIN/	PTIN/IAN:			
			Email:				
			City:				
DESIGNATION	FOR TAX DISCLO	OSURE (for in	dividuals not authorize	ed to act on behalf	of the taxpayer)		
•		•	ive the estate's confiden		•		
Name:			SSN/ITIN/	PTIN/IAN:			
Phone:			Email:				
Address:			Citv:	State:	ZIP:		

Consent and Waiver of Lien, page 2

Asset Information: List in the table below information on assets currently subject to a tax lien by the Department which are the subject of this lien waiver request. Provide sufficient documentation which supports the valuation, and beneficiary, of the identified asset.

Sto	cke	and	Ron	de:
210	I:KS	ano	DOL	1015

Number of Shares	Certificate Number	Common		Preferred at \$		Date of Issue		Dividend or Stock Split	Face Amount of Bond
			<u> </u>					Total	\$
Annuities: Institution Name			Contract Value \$				Qualified/Non-qualified		
								Total	\$
Beneficiary information: If more space is need. Name and Address of Beneficiary			eded, at	tach addi SSN		<u> </u>	tionship	Share	
								Total	\$
Signed by:						_ Date	(MM/DD/Y	YYY):	
n the capacity of:									
The Department's descendants, the f Code section 450.	fiduciary of an es	tate, oi	waiver of lie to a trust.	en is not The tra	nsfer by th	hen the	ary automa	tically releases th	
Note: This form ca	nnot be used to t	ransfer	real estate	e.					
Γhe lien is waived	and consent is g	ven fo	the immed	diate trai	nsfer of the	e assets	listed abov	/e.	
owa Department o	of Revenue		Date r	eleased		-			
owa Department o	of Revenue Numb	oer:				_			

General Instructions

- 1. The tax must be paid to the Department on or before the last day of the ninth month after the death of the decedent, subject to the due date falling on a Saturday, Sunday, or legal holiday, which would then make the return due on the following business day.
- 2. Complete copies of the probate or trust inventory and the will and/or trust instrument must be enclosed. A beneficiary listing must be included as part of the inventory. Beneficiary information must include: name, current address, age, Social Security Number, and relationship to the decedent.
- 3. You have two options to file the documents:
 - Electronically submit using govconnect.iowa.gov
 - Mail to:

Fiduciary/Inheritance
Iowa Department of Revenue

PO Box 10467

Des Moines, IA 50306-0467

4. The Department's determination will be returned to the Executor and the Power of Attorney, if Power of Attorney was authorized. If this application is approved, include one copy with the return at the time of filing.

Assistance

Additional information can be found:

- By emailing the Department (idr@iowa.gov)
- By calling Taxpayer Services at (515) 281-3114 or (800) 367-3388