## **lowa Inheritance Tax**



| Decedent's first name and middle initial:  |   |   | Decedent's last name:                 |  |   |
|--|---|---|---------------------------------------|--|---|
| Decedent's last address  | (domicile                                   | at time of death):  |                                       |  |   |
| City:  |   |   |                                       |  |   |
| Estate's Federal Employ  | yer Identific                               | cation Number:  |                                       |  |   |
| Age at Death:  |   |   | _Date of Death                        | (MM/DD/YYYY):                                      |   |
| EXECUTOR/ADMINIST  |   |   |                                       |  |   |
| Name:  |   |   | SSN:                                  |  |   |
| Mailing address:   |   |   |                                       |  |   |
| lowa county where will v   |   |   |                                       |  |   |
| tax information with the confidential state tax in but only to the extent pe power of attorney, or tappropriate section(s) but the confidential state tax in | formation v<br>rmitted by<br>o designat     | vith an individual au<br>such designation. T                      | uthorized under a<br>his form may be  | a tax information discloused to authorize one i    | osure designation,<br>ndividual to act as |
| To authorize multiple in 2848A, IA 8821, and IA  |   | o act as POAs or o  | disclosure desigr                     | nees, you must utilize                             | forms IA 2848, IA                         |
| POWER OF ATTORNE<br>Authorization is granted<br>of Revenue, to make w<br>information under lowa to<br>to those acts and inform<br>tax information.   | to the pers<br>ritten or or<br>Code section | on listed below act<br>al presentation on<br>on 450.68, including | behalf of the est<br>an inheritance t | ate, and to receive cor<br>ax clearance. This auth | nfidential state tax orization is limited |
| Name:  |   |   | Phone:                                |  |   |
| SSN □/ ITIN □/ PTIN □  |   |   |                                       |  |   |
| Mailing address:   |   |   |                                       | State:_  |   |
| DESIGNATION FOR TA   | AX DISCLO                                   | OSURE (for individ  | luals not author                      | ized to act on behalf                              | of the taxpayer)                          |
| This designation allows return. This designation   |   |   |                                       |  |   |
| Name:  |   |   | Phone:                                |  |   |
| SSN □/ ITIN □/ PTIN □  | ]/ IAN □:_                                  |   | Email:                                |  |   |
| Mailing address:   |   |   | City:                                 | State:_  | ZIP:                                      |

# IN THE DISTRICT COURT OF IOWA

| IN AND FOR  | COUNTY   |                           |
|---|--|---------------------------|
| IN THE MATTER OF THE ESTATE   |  |                           |
| APPLICATION FOR   | RELEASE OF INHERITANCE TAX LIENS   |                           |
|   | ROBATE OR TRUST INVENTORY, WILL AND/OF   | RTRUST                    |
| To the Iowa Department of Revenue:  |  |                           |
| For application herein, the   | st   | ates:                     |
| 1. That the decedent died the ow  | ner of the following described real estate to-wit:   |                           |
| 2. That in order to convey merc   | for the sum of \$<br>hantable title to said real estate, it is necessary   |                           |
| inheritance tax lien be release   | d.   |                           |
| owing shall attach to the proc<br>[personal representative/executhe inheritance tax to the exte | , it is acknowledged that any liens for any inheritanc<br>seeds of sale as provided in lowa Code section 4<br>stor/administrator/trustee] is personally liable for the<br>of the proceeds of the sale/mortgage. lowa Code<br>owa Administrative Code 701—900.2(3). | 50.7 and the e payment of |
| _   | equests that the lowa inheritance tax lien be relea  | ised from the             |
|   | Executor/Administrator/Trus<br>Surviving Joint Tenant  | stee/                     |
| Dated this day of   | ,  |                           |
|   | uested above pursuant to lowa Code section 450.7.  |                           |
| owa Department of Revenue Numbe   | r IOWA DEPARTMENT OF REVE  | NUE                       |
|   | Ву:  |                           |
|   | Date:  |                           |

## **Application for Release of Inheritance Tax Liens Instructions**

#### General

- 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. Copies of the death certificate, probate or trust inventory, the will and/or trust instrument, and the purchase contract 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 lowa Department of Revenue PO Box 10467 Des Moines, IA 50306-0467

4. The Department's determination will be returned to the Executor/Administrator/Trustee/Surviving Joint Tenant 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.

### **Inheritance Tax Applications**

- 1. The full purchase price of the property reported on the application for release of inheritance tax lien must match the purchase contract.
- 2. The application for release of inheritance tax lien is not a substitute for an inheritance tax clearance.
- 3. All correspondence, including approved applications for release of inheritance tax lien, will be mailed to the Executor/Administrator/Trustee/Surviving Joint Tenant making the request and the Power of Attorney, if Power of Attorney was authorized. Determinations for requests made using <a href="mailto:govconnect.iowa.gov">govconnect.iowa.gov</a> will be available to authorized users.

#### **Assistance**

Additional information can be found:

- On the Department's website (<u>tax.iowa.gov</u>)
- lowa Code §450.7 (<u>www.legis.iowa.gov</u>)
- By emailing the Department (idr@iowa.gov)
- By calling Taxpayer Services at (515) 281-3114 or (800) 367-3388