Iowa Department of Revenue
www.iowa.gov/tax

2014 IA 1041

For Calendar Year 2014 or fiscal year beginning _____ ,2014, and ending _____ , 20 ___

Iowa Fiduciary Return

Name of Estate or Trust		Federal Employer ID Number	*Check one:* ☐ Estate ☐ Simple Trust ☐ Complex Trust ☐ Bankruptcy Estate *If trust, check one:* ☐ Testamentary ☐ Inter Vivos
Name, Address, and Title of Fiduciary		Decedent's Social Security Number	
Name of Attorney	Attorney's Phone Number	Iowa County in which estate is pending	
Mailing Address (city, state, ZIP)		Probate No.	

Authorization is granted to the attorney listed above to receive confidential tax information under Iowa Code section 421.60 to act as the trust or estate's representative before the Iowa Department of Revenue and to make written or oral presentations on behalf of the trust or estate.

Is this an amended IA 1041? ☐ Yes ☐ No **Is Income Tax Certificate of Acquittance requested?** ☐ Yes ☐ No

Is an Iowa 706 being filed? ☐ Yes ☐ No **Have prior returns been filed for this estate or trust?** ☐ Yes ☐ No

Date of decedent's death _____/_____/_____

INCOME

1. Taxable interest income. ..... 1. _____
2. Ordinary dividend income. ..... 2. _____
3. Income from partnerships and other fiduciaries. Include supporting schedule. ..... 3. _____
4. Net rents and royalties. ..... 4. _____
5. Net business and farm income (loss). Include Schedules C or C-EZ and F, federal form 1040. ..... 5. _____
6. Net gain (loss) from capital assets. ..... 6. _____
7. Ordinary gains (losses). Include federal form 4797. ..... 7. _____
8. Other income. State nature of income. ..... 8. _____
9. Total income. (Add lines 1 through 8.) ..... 9. _____ ▲

DEDUCTIONS

10. Interest. Enter on Schedule D, page 2. ..... 10. _____
11. Taxes. Enter on Schedule D, page 2. ..... 11. _____
12. Fiduciary fees. Enter on Schedule D, page 2. ..... 12. _____
13. Charitable deduction from income in compliance with Will or Trust instrument. ..... 13. _____
14. Attorney, accountant, and return preparer fees. Enter on Schedule D, page 2. ..... 14. _____
15. Other deductions not subject to 2% floor. Enter on Schedule D, page 2. ..... 15. _____
16. Allowable miscellaneous itemized deductions. Enter on Schedule D, page 2. ..... 16. _____
17. Total deductions (Add lines 10 through 16.) ..... 17. _____ ▲
18. Balance. (Subtract line 17 from line 9.) ..... 18. _____ ▲
19. Distributions to beneficiaries. Complete Schedule B on page 2 or include federal Schedule K-1. ..... 19. _____
20. Federal estate tax attributable to income in respect of a decedent (fiduciary's share). ... 20. _____
21. Total. (Add lines 19 and 20.) ..... 21. _____
22. Taxable income of fiduciary. (Subtract line 21 from line 18.) **Must be zero on final return** ..... 22. _____ ▲

Staple payment and voucher here.

COMPUTED TAX

Complete lines 23-32. Nonresidents, also complete Schedule C and enter on line 28.

23. Compute tax from rate Schedule E, page 2. ..... 23. _____
24. Iowa lump-sum tax. Include federal Schedule 4972. ..... 24. _____
25. Iowa minimum tax. Include IA 6251. ..... 25. _____
26. Tax before credits. (Add lines 23 through 25.) ..... 26. _____
27. Personal exemption credit. This is a nonrefundable credit. 27. 40.00
28. Out-of-state or nonresident tax credit. Include copy of out-of-state return and Schedule IA 130 or IA 1041 Schedule C. ..... 28. _____
29. Motor fuel tax credit. Include Schedule IA 4136. ..... 29. _____
30. Other credits. Include IA 148 Tax Credits Schedule. ..... 30. _____
31. Total credits. (Add lines 27 through 30.) ..... 31. _____

TAX DUE

32. Tax liability. (Subtract line 31 from 26.) ..... 32. _____
33. Tax paid with additional Iowa Fiduciary Income Tax Payment Voucher ..... 33. _____
34. Refund. If line 33 is larger than line 32, enter the difference. ..... 34. _____ ▲
35. Amount due. If line 33 is less than line 32, enter the difference. ..... 35. _____ ▲

Mail to: Fiduciary Return Processing, Iowa Department of Revenue, PO Box 10467, Des Moines, IA 50306-0467

SIGN HERE

DECLARATION: The undersigned hereby certifies and declares that this return, and any schedules or papers included hereto, has been duly examined; that to the best knowledge and belief of the undersigned, it is a true, correct, and complete return for the taxable year as required by the income tax law of the State of Iowa and the rules and regulations issued under authority thereof. Note: State tax information may be disclosed to tax officials of another state or of the United States for tax administrative purposes.

Signature of fiduciary or officer representing fiduciary Date

Signature of preparer other than fiduciary Preparer's ID No.

Address Date

When you pay by check, you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction.

63-001a (08/12/14)

Schedule A - Background Information: **Answer all applicable questions.**

1. Date estate was opened or created: _____ 2. Date of decedent's death: _____
3. Decedent's business or occupation: _____ 4. Decedent's age at death: _____
5. Was a decedent's final return filed? ☐ Yes ☐ No 6. Did will of decedent create trust? ☐ Yes ☐ No
7. Did decedent file IOWA return(s) up to the date of death? ☐ Yes ☐ No If no, include earnings statement or explanatory affidavit.
8. Enter decedent's name and address: _____
9. Name and Social Security Number of decedent's spouse, if any: _____
10. Enter name(s) of executor(s): _____
11. Enter date(s) and amount(s) of executor's fees paid to executor(s): _____
12. Has a prior return of decedent or the estate or trust been subject to federal audit? ☐ Yes ☐ No Is an audit now in process? ☐ Yes ☐ No
13. Have expenses of administration or selling expenses been deducted for federal estate tax purposes? ☐ Yes ☐ No
14. Did you as fiduciary withhold on income distributions made to nonresident beneficiaries? ☐ Yes ☐ No
15. Does the estate/trust elect to recognize the gain (loss) on a distribution of property under section IRC 643(e)(3)? ☐ Yes ☐ No

Schedule B - Beneficiaries' Shares of Income and Credits: Include additional pages as necessary. In lieu of Sch. B, include federal Sch. K-1.

	Beneficiary A	Beneficiary B	Beneficiary C	TOTALS
1. Names of each beneficiary ..... 1.				
2. Social Security Number ..... 2.				
3. Address ..... 3.				
4. Iowa resident (Yes/No) ..... 4.				
5. Net short-term capital gain ..... 5.				
6. Net long-term capital gain (100%) ..... 6.				
7. Depreciation and depletion ..... 7.				
8. Ordinary income subject to Iowa income tax ..... 8.				
9. Income not subject to Iowa income tax ..... 9.				
10. Excess deductions ..... 10.				
REGARDING IOWA NONRESIDENT INCOME				
11. Iowa income tax withheld, if any ..... 11.				
12. Withholding agent's identification number ..... 12.				

Schedule D - Explanation of Expenses

Line No.	Explanation	Amount

Schedule E - Tax Rates

63-001b (09/11/13)

Taxable Income Over	But Not Over			Tax Rate		Of Excess Over
$0	$1,515	$0.00	+	(0.36%	x	$0)
$1,515	$3,030	$5.45	+	(0.72%	x	$1,515)
$3,030	$6,060	$16.36	+	(2.43%	x	$3,030)
$6,060	$13,635	$89.99	+	(4.50%	x	$6,060)
$13,635	$22,725	$430.87	+	(6.12%	x	$13,635)
$22,725	$30,300	$987.18	+	(6.48%	x	$22,725)
$30,300	$45,450	$1,478.04	+	(6.80%	x	$30,300)
$45,450	$68,175	$2,508.24	+	(7.92%	x	$45,450)
$68,175	over	$4,308.06	+	(8.98%	x	$68,175)