



In recognition of the Servicemember's Civil Relief Act (SCRA), the following information will be used by the Iowa Department of Revenue to determine whether the individual requesting a deferral of Iowa Income Tax qualifies for the deferral.

This form must be completed in its entirety and all required documents enclosed. Please type or print all information clearly.

INDIVIDUAL'S INFORMATION

Name: _____ Social Security Number: _____

Home of Record: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Marital status: _____

Email address: _____

Are you seeking deferral of an existing Iowa income tax debt with the Iowa Department of Revenue? Yes No

If so, what tax year(s) are you seeking deferral? _____

Enclose any assessment you may have received from the Department for the tax years you are seeking deferral, if any.

Have you filed tax returns for the tax period in which you are seeking deferral of collection of Iowa income tax? Yes No

If no, what authority do you have for not filing the returns? _____

SPOUSE INFORMATION (if applicable)

Name: _____ Social Security Number: _____

Physical address (if different from above): _____

City: _____ State: _____ Zip: _____

Military Information

- 1) Are you an active duty member of the Army, Navy, Air Force, Marine Corps, or Coast Guard? Yes No
- 2) Are you a National Guard or Reserve member has served on active duty for a period of more than 30 consecutive days? Yes No
- 3) Are you a commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration? Yes No

If you answered yes to 1, 2, or 3 above, you must provide the following information and must enclose a copy of your orders.

Deployment Orders Number: _____

Period of duty covered in order: From: _____ To: _____
(month/day/year) (month/day/year)

Pursuant to 50 U.S.C § 570, the Iowa Department of Revenue must defer collecting income tax falling due either before or during military service if the servicemember’s ability to pay the income tax has been “materially affected” because of the taxpayer’s military service. The deferral last up to 180 days after termination or release from military service.

Describe why you believe your ability to pay Iowa income tax has been materially affected by your military service. You must also supply supporting documentation for your claim that you have the ability to pay has been materially affected by your military service.

By marking this box, I am authorizing the Director of the Department of Revenue or the Director’s designee to discuss my tax account information with my Power of Attorney.

Power of Attorney is: _____

I declare that the information I have entered on this form or documents attached is true and correct.

Servicemember signature: _____ Date: _____

Copies of your deployment orders must be enclosed with this form.

Return by mail:
Collections
PO Box 10330
Des Moines, Iowa 50306-0330