

Decedent's first name and middle initial _____ Decedent's last name _____

Decedent's last address (domicile at time of death) _____

City _____ State _____ ZIP _____ Decedent's SSN _____

Estate FEIN _____ Age at death _____ Date of death (mm/dd/yyyy) _____

Name of Executor _____ Executor's SSN _____

Executor's mailing address _____ City _____ State _____ ZIP _____

Iowa county where will was probated or estate administered _____ Probate number _____

POWER OF ATTORNEY AUTHORIZATION (POA)

Authorization is granted to the person listed below to receive confidential tax information under Iowa Code section 450.68, including an inheritance tax clearance, to act as the estate's representative before the Iowa Department of Revenue, and to make written or oral presentation on behalf of the estate.

Name _____ Phone number (____) _____

Mailing Address _____ City _____ State _____ ZIP _____

COMPUTATION OF SHARES AND TAX ON NET ESTATE

- 1. Total Value of Real Estate from Schedules A, E, and G 1. _____
2. Total Value of All Other Property Reported on Schedules B, C, D, E, F, G, H, and I 2. _____
3. Total Gross Estate. Add lines 1 and 2. Must equal line 35, page 2. 3. _____
4. Total Allowable Deductions from line 39, page 2. 4. _____
5. Net Estate. Subtract line 4 from line 3 5. _____

6. Computation of Shares and Tax.

Table with 6 columns: Name and Address of Beneficiary, Age, SSN, Relationship, Share, Inheritance Tax. Contains 5 empty rows for data entry.

- 7. Total of shares. Include any additional computation sheets. 7. _____
8. Total Inheritance Tax 8. _____
9. Tax Previously Paid 9. _____
10. Tax due. If line 8 is greater than line 9, enter the difference 10. _____
11. Penalty. See instructions 11. _____
12. Interest 12. _____
13. Refund. If line 9 is greater than line 8, enter the difference. 13. _____
14. Total due. Add lines 10, 11, and 12 14. _____

Make check(s) payable to Treasurer, State of Iowa.

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer other than the executor is based on all information of which preparer has any knowledge. I/We grant power of attorney to the person designated above for the purpose indicated.

Signature _____ Capacity of Title _____ Date _____

Signature of Preparer _____ PTIN _____ Phone Number (____) _____ Date _____

Mail to: Fiduciary/Inheritance Section
Iowa Department of Revenue
PO Box 10467
Des Moines IA 50306-0467



