

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 Social Security Number (SSN) _____

Estate Federal Employer Identification Number _____ Age at Death _____ Date of death (MM/DD/YY) _____

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.

Name and Address of Beneficiary	Age	SSN	Relationship	Share	Inheritance Tax

7. Total shares must equal net estate. 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 or Title _____ Date _____

Preparer's Signature _____ PTIN _____ Phone Number (_____) _____ Date _____

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



1760008019999

IA 706, page 2

15. Marital status of decedent at death: Married Widow(er) Single Divorced
 The relationship of decedent's children to surviving spouse must be included if decedent died intestate.
16. Were any children born to or adopted by the decedent after execution of the last will? Yes No
 In all cases of adoption, include a copy of the decree.
17. Decedent's occupation before death _____
18. Decedent died: Intestate (include heirship chart) Estate has trust (include trust agreement)
 Testate (include copy of will)
19. Election of spouse. Submit copy of election: Under will Distributive share
20. Was a disclaimer filed? If yes, submit copy of disclaimer Yes No
21. Do you elect the special use valuation? Yes No
22. Was a federal estate tax return filed? If yes, submit copy Yes No
23. Do you elect to claim qualified terminal interest property (QTIP) under Iowa Code 450.3(7) and IRC section 2056(b)(7)(B)? If yes, include copy of Schedule M of federal estate tax return Yes No
24. Do you elect to pay the federal estate tax in installments as described in IRC section 6166? Yes No
25. Do you elect the alternate valuations under Iowa Code section 450.37 (IRC section 2032)? Yes No

Summary of Gross Estate

Include applicable schedules only. Federal schedules may be used in place of Iowa schedules.

	Alternate Value	Value at Date of Death
26. Real Estate, from Schedule A. 26.		
27. Stocks and Bonds, from Schedule B. 27.		
28. Mortgages, Notes, and Cash, from Schedule C. 28.		
29. Insurance on Decedent's Life, from Schedule D. Include federal form(s) 712..... 29.		
30. Jointly Owned Property, from Schedule E..... 30.		
31. Other Miscellaneous Property, from Schedule F..... 31.		
32. Transfers During Decedent's Life, from Schedule G. 32.		
33. Powers of Appointment, from Schedule H..... 33.		
34. Annuities, Section 529 plans, and ABLE plans from Schedule I..... 34.		
35. Total Gross Estate. Add lines 26 through 34. Enter here and on page 1, line 3. 35.		

Summary of Deductions – Include Schedules J and K.

36. Funeral and Administrative expenses, from Schedule J..... 36. _____
37. Debts of Decedent, from Schedule K, part I. 37. _____
38. Iowa Mortgages and Liens, from Schedule K, part II..... 38. _____
39. Total Deductions. Add lines 36 through 38. Enter here and on page 1, line 4..... 39. _____

Summary of Real and Personal Property Located Outside of Iowa not included in Lines 26-34 (Required)

Item Description	Real	Personal
	\$	\$

Total. Add all real and personal property items located outside of Iowa listed above. \$ _____

