

Iowa Inheritance Tax

Consent and Waiver of Lien

		re	evenue.iowa.gov							
Decedent's first name and middle initial:	Decedent's last na	ame:								
Decedent's last address (domicile at time of death):										
City: State: ZIP: Deced	dent's Social Securi	ty Number (SS	N):							
Estate Federal Employer Identification Number:										
te of Birth: Date of death (MM/DD/YYYY):										
EXECUTOR/ADMINISTRATOR/TRUSTEE/SURVIVING JOIN	IT TENANT									
Name:	SSN:									
Mailing address:										
lowa county where will was probated or estate administered:_	Proba	te number:								
Taxpayer information is confidential. Ordinarily, the lowa Depainformation with the taxpayer, or the taxpayer's power of confidential state tax information with an individual authorized only to the extent permitted by such designation. This form ma of attorney, or to designate an individual to receive tax infor section(s) below.	attorney. Howeve I under a tax inform y be used to author	er, the Departr nation disclosur ize one individu	ment can discuss e designation, but ual to act as power							
To authorize multiple individuals to act as POAs or disclosure Department of Revenue Power of Attorney (14-101), IA 2848-Powers of Attorney (14-106), and IA 8821 Tax Information Disc	A Supplemental lov	va Department								
POWER OF ATTORNEY AUTHORIZATION (POA) Authorization is granted to the person listed below to act as the Department of Revenue, to make written or oral presentation confidential state tax information under lowa Code section 45 authorization is limited to those acts and information relevant representative to receive federal tax information.	n on behalf of the 0.68, including an i	estate, and to nheritance tax	receive clearance. This							
Name:	SSN/ITIN/PTIN/IA	N:								
Phone:										
Address:	City:	State:	_ ZIP:							
DESIGNATION FOR TAX DISCLOSURE (for individuals no This designation allows for the designee to receive the estate this return. This designation does not authorize a designee to information.	e's confidential state	e tax informatio	n in regard to							
Name:	SSN/ITIN/PTIN/IA	N:								
Phone:	Email:									
Address:	City:	State:	ZIP:							

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Asset Information: List in the table below information on assets currently subject to a tax lien by the Department which are the subject of this lien waiver request. Provide sufficient documentation which supports the valuation, and beneficiary, of the identified asset.

Stocks and B	onds: If more s	pace is	s needed,	attach a	<u>addit</u> ional	copies.			
Number of Shares	Certificate Number		mmon		red at \$	Date of	Issue	Dividend or Stock Split	Face Amount of Bond
		I	1					Total	\$
Annuities: If r	nore space is ne	eded,	attach ad	ditional	copies.		1		
Institution Name		Contract Value \$			Qualified/Non-qualified				
								Total	\$
	iformation: If m								_
Name and Address of Beneficiary		Age	SSN	J .	Relationship		Share		
								Total	\$
gned by:						Date (MI	M/DD/Y		
			No	otice to T	ransfer Ag	ient			
escendants, the	consent to transfe fiduciary of an es .7. The fiduciary,	tate, o	waiver of lie r to a trust.	en is not The tra	required w	hen the trane fiduciary	automa	tically releases the	
ote: This form ca	annot be used to t	ransfe	real estate	Э.					
ne lien is waived	and consent is g	iven fo	r the immed	diate tra	nsfer of the	e assets list	ed abov	/e.	
owa Departmen	t of Revenue		Date r	eleased		_			
nu D	A December 1								
va Department	of Revenue Numl	per:							

General Instructions

- 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. Complete copies of the probate or trust inventory and the will and/or trust instrument 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 and the Power of Attorney, if a Power of Attorney was authorized. If this application is approved, include one copy with the return at the time of filing.

Assistance

Additional information can be found:

- By emailing the Department (<u>idr@iowa.gov)</u>
- By calling Taxpayer Services at (515) 281-3114 or (800) 367-3388