

INDIVIDUAL'S INFORMATION

Servicemember Request for Deferral of Iowa Income Tax

revenue.iowa.gov

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 included. Please type or print all information clearly.

Name:Social Security Number (SSN):			
City:	State:	ZIP:	
Phone:	Marital status:		
Email:			
	ou seeking deferral?	·	
Have you filed tax returns for the income tax? Yes No If no, what authority do you h	·	king deferral of collection of lowa	
SPOUSE INFORMATION (if app	plicable)		
Name:		SSN:	
Physical address (if different from	n above):		
City:	State:	ZIP:	

Military Information

 Are you an active duty member of the Army, Navy, Air Force, Space Force, Marine Cor Coast Guard? 			
	□ Yes		
	□ No		
2.	re you a National Guard or Reserve member who has served on active duty for a period of more nan 30 consecutive days? Yes No		
3.	Are you a commissioned officer of the Pul Atmospheric Administration? ☐ Yes ☐ No	blic Health Service or the National Oceanic and	
-	ou answered yes to 1, 2, or 3 above, you rough your orders.	must provide the following information and must include a	
De	ployment Orders Number:		
Pe	riod of duty covered in order: From (MM/D	D/YYYY) to (MM/DD/YYYY)	
due bee afte De mil	e either before or during military service i en "materially affected" because of the tax er termination or release from military serv escribe why you believe your ability to pay	y lowa income tax has been materially affected by your rting documentation for your claim that your ability to pay	
	Do you want to allow another individu	al to discuss the individual income tax return with the	
	Department? Fill out the information below	OW.	
De	signee name:	ID Number (optional):	
De	signee address:		
De	signee phone:	Designee email:	
the		certificate, that I have examined this document, and, to e, correct, and complete. I hereby authorize the scuss my confidential information.	
Se	rvicemember Signature:	Date:	
			

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

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