



Decedent's first name and middle initial	Decedent's last name	Age at death	Date of death
Domicile at time of death	Federal Identification Number	Decedent's Social Security Number	
Name of Executor		Executor's Social Security Number	
Executor's address (number and street, including apt. no. or rural route, city, town or post office, state and ZIP code)			
Indicate Iowa county where will was probated or estate administered	Probate number	Attorney's telephone number	

POWER OF ATTORNEY AUTHORIZATION

Authorization is granted to the attorney 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 of Attorney

Address (number and street, city, state and ZIP code)

COMPUTATION OF SHARES AND TAX ON NET ESTATE

- 1. Real Estate from Schedules A, E, and G 1 _____
- 2. All Other Property 2 _____
- 3. Total Gross Estate. Must equal line 36, page 2 3 _____
- 4. Total Allowable Deductions from line 40, 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	Social Security No.	Relationship	Share	Inheritance Tax

↑ Attach payment here. ↑

- 7. Total of Shares. Attach any additional computation sheets. 7 _____
- 8. TOTAL INHERITANCE TAX 8 _____
- 9. IOWA ESTATE TAX. Maximum federal credit for state death taxes for decedents dying prior to 1/1/05 9 _____
- 10. TAX DUE. Line 8 or 9, whichever is GREATER 10 _____
- 11. PENALTY. See instructions - IA 706. 11 _____
- 12. INTEREST 12 _____
- 13. REFUND PER AMENDED 13 _____
- 14. TOTAL DUE. Make checks payable to TREASURER, STATE OF IOWA. 14 _____

MAIL RETURN TO: Examination Section, Iowa Department of Revenue, PO Box 10467, Des Moines IA 50306-0467

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
Signature of Preparer	Preparer's ID No.	Address (include ZIP code)
	Phone Number	Date

15. Marital status of decedent at death: Married Widow(er) Single Divorced
 The relationship of decedent's children to surviving spouse must be furnished if decedent died intestate.
16. Were any children born to or adopted by decedent after execution of Last Will? Yes No
 In all cases of adoption, furnish copy of decree.
17. Decedent's occupation before death: _____
18. Decedent died: Testate. Submit copy of will. Intestate Estate has trust. Submit copy of trust.
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, attach 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
26. Were any of the contents of any safe deposit box which the decedent either owned or has access to omitted from the return as part of the gross estate? If yes, attach explanation. Yes No

SUMMARY OF GROSS ESTATE

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

Schedule	\$	Alternate Value	\$	Value at Date of Death
27. A—Real Estate	27			
28. B—Stocks and Bonds	28			
29. C—Mortgages, Notes, and Cash	29			
30. D—Insurance on the Decedent's Life. Attach federal form(s) 712.	30			
31. E—Jointly Owned Property	31			
32. F—Other Miscellaneous Property	32			
33. G—Transfers During Decedent's Life	33			
34. H—Powers of Appointment	34			
35. I—Annuities and Section 529 Plans	35			
36. TOTAL GROSS ESTATE. Add items 27 through 35				
Total must equal line 3, page 1	36			

SUMMARY OF DEDUCTIONS — Attach Schedules J and K.

Schedule	\$	Amount
37. J—Funeral Expenses and Expenses Incurred in Administering Property in Gross Estate	37	
38. K—Debts of Decedent.....	38	
39. K—Mortgages and Liens	39	
40. TOTAL DEDUCTIONS. Add items 37 through 39. Enter here and on page 1, line 4.....	40	

SUMMARY OF REAL AND PERSONAL PROPERTY LOCATED OUTSIDE OF IOWA NOT INCLUDED IN LINES 27-35

Note: This information is required.

ITEM—Description	REAL	PERSONAL
	\$	\$

Include taxable intangible property in Schedules B through I. TOTAL