



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
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Signature of Preparer	Preparer's ID No.	Address (include ZIP code)	Phone Number	Date 60-008a (8/13/08)
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