

For Calendar Year 2018 or fiscal year beginning (mm/dd) ____ / ____ , 2018, and ending (mm/dd) ____ / ____ , 20 ____

Check Applicable Boxes: Initial Return ☐ Final Return ☐ Amended Return ☐

Is an IA 706 Being Filed? Yes ☐ No ☐ **Is Income Tax Certificate of Acquittance Requested?** Yes ☐ No ☐

Check One: Estate ☐ Grantor Trust ☐ Simple Trust ☐ Complex Trust ☐ Bankruptcy Estate ☐

If trust, check one: Testamentary ☐ Inter Vivos ☐

Name of Estate or Trust _____ FEIN _____

Name and Title of Fiduciary _____ Decedent's SSN _____

Address of Fiduciary (city, state, ZIP) _____

Iowa County in which estate is pending _____ Probate Number _____ Date of Death _____

Name of Attorney _____ Attorney's Phone Number _____

Mailing Address (city, state, ZIP) _____

Authorization is granted to the attorney listed above to receive confidential tax information under Iowa Code Section 421.60 to act as the trust or estate's representative before the Iowa Department of Revenue and to make written or oral presentations on behalf of the trust or estate.

Income

1. Taxable interest income 1. _____
2. Ordinary dividend income 2. _____
3. Income from partnerships and other fiduciaries. Include supporting schedule 3. _____
4. Net rents and royalties 4. _____
5. Net business and farm income (loss). Include schedules C or C-EZ and F, federal form 1040.. 5. _____
6. Net gain (loss) from capital assets 6. _____
7. Ordinary gains (losses). Include federal form 4797 7. _____
8. Other income. State nature of income 8. _____
9. Total income. Add lines 1 through 8 9. _____

Deductions

10. Interest. Enter on Schedule D, page 2 10. _____
11. Taxes. Enter on Schedule D, page 2 11. _____
12. Fiduciary fees. Enter on Schedule D, page 2 12. _____
13. Charitable deduction from income in compliance with will or trust instrument 13. _____
14. Attorney, accountant, and return preparer fees. Enter on Schedule D, page 2 14. _____
15. Other deductions not subject to 2% floor. Enter on Schedule D, page 2 15. _____
16. Allowable miscellaneous itemized deductions. Enter on Schedule D, page 2 16. _____
17. Total Deductions. Add lines 10 through 16 17. _____
18. Balance. Subtract line 17 from line 9 18. _____
19. Distributions to beneficiaries. Include federal schedule K-1 for each beneficiary 19. _____
20. Federal Estate tax attributable to income in respect of a decedent (fiduciary's share) 20. _____
21. Total. Add lines 19 and 20 21. _____
22. Taxable income of fiduciary. Subtract line 21 from line 18. **Must be zero on final return.** 22. _____

Computed Tax

23. Compute tax from rate schedule. See page 2 23. _____
24. Iowa lump-sum tax. Include federal Schedule 4972 24. _____
25. Iowa alternative minimum tax. Include IA 1041 Schedule I 25. _____
26. Tax before credits. Add lines 23 through 25 26. _____
27. Personal exemption credit. Enter \$40 or the amount on line 26, whichever is smaller 27. _____
28. Iowa income tax withheld 28. _____
29. Estimated tax paid to date 29. _____
30. Out-of-state or nonresident tax credit. Include copy of out-of-state return and Schedule IA 130 or IA 1041 Schedule C 30. _____
31. Motor fuel tax credit. Include Schedule IA 4136 31. _____
32. Other Credits. Include IA 148 Tax Credits Schedule 32. _____
33. Total Credits. Add lines 27 through 32 33. _____

Tax Due

34. Tax Liability. If line 33 is smaller than line 26, enter the difference 34. _____
35. Refund. If line 33 is larger than line 26, enter the difference 35. _____
36. Penalty and interest 36a. Penalty _____ 36b. Interest _____ Add. Enter total 36. _____
37. Amount Due. Add lines 34 and 36 37. _____

Mail to: Fiduciary Return Processing, Iowa Department of Revenue, PO Box 10467, Des Moines, IA 50306-0467

Sign Here **Declaration:** The undersigned hereby certifies and declares that this return, and any schedules or papers included hereto, has been duly examined; that to the best knowledge and belief of the undersigned, it is a true, correct, and complete return for the taxable year as required by the income tax law of the state of Iowa and the rules and regulations issued under authority thereof. Note: State tax information may be disclosed to tax officials of another state or of the United States for tax administrative purposes.

Signature of fiduciary or officer representing fiduciary _____ Date _____

Signature of preparer other than fiduciary _____ Date _____

Preparer's ID Number _____ Address _____

When you pay by check, you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction.

Schedule A – Background Information: Answer all applicable questions.

1. Date estate was opened or created _____ 2. Decedent's age at death _____
3. Was a decedent's final return filed? Yes ☐ No ☐ 4. Did will of decedent create trust?..... Yes ☐ No ☐
5. Decedent's business or occupation _____
6. Did decedent file IOWA return(s) up to the date of death? ... Yes ☐ No ☐ If no, include earnings statement or explanatory affidavit.
7. Enter decedent's name and address _____
8. Name and Social Security Number of decedent's spouse, if any _____
9. Enter name(s) of executor(s) _____
10. Enter date(s) and amount(s) of executor's fees paid to executor(s) _____
11. Has a prior return of decedent or the estate or trust been subject to federal audit? Yes ☐ No ☐ Is an audit now in process? Yes ☐ No ☐
12. Have expenses of administration or selling expenses been deducted for federal estate tax purposes?..... Yes ☐ No ☐
13. Did you as fiduciary withhold on income distributions made to nonresident beneficiaries? Yes ☐ No ☐
14. Does the estate/trust elect to recognize the gain (loss) on a distribution of property under section IRC 643(e) (3)? Yes ☐ No ☐

Schedule D – Explanation of Expenses

Line Number	Explanation	Amount

Schedule E – Tax Rates**Taxable Income**

Over	But Not Over	Tax Rate		Of Excess Over
\$0	\$1,598	\$0	+	(0.36% X \$0)
\$1,598	\$3,196	\$5.75	+	(0.72% X \$1,598)
\$3,196	\$6,392	\$17.26	+	(2.43% X \$3,196)
\$6,392	\$14,382	\$94.92	+	(4.50% X \$6,392)
\$14,382	\$23,970	\$454.47	+	(6.12% X \$14,382)
\$23,970	\$31,960	\$1,041.26	+	(6.48% X \$23,970)
\$31,960	\$47,940	\$1,559.01	+	(6.80% X \$31,960)
\$47,940	\$71,910	\$2,645.65	+	(7.92% X \$47,940)
\$71,910	over	\$4,544.07	+	(8.98% X \$71,910)

Name of Estate or Trust _____

Federal Employer Identification Number _____

	Column B All Source (from IA 1041)	Column A Iowa Source
1. Taxable interest income	1. _____	_____
2. Ordinary dividend income	2. _____	_____
3. Income from partnerships and other fiduciaries	3. _____	_____
4. Net rents and royalties	4. _____	_____
5. Net business and farm income (loss)	5. _____	_____
6. Net gain (loss) from capital assets	6. _____	_____
7. Ordinary gains (losses) from federal form 4797	7. _____	_____
8. Other income	8. _____	_____
9. Total Income. Add lines 1 through 8.....	9. _____	_____
10. Interest.....	10. _____	_____
11. Taxes.....	11. _____	_____
12. Fiduciary fees.....	12. _____	_____
13. Charitable deduction from income in compliance with will or trust instrument	13. _____	_____
14. Attorney, accountant, and return preparer fees.....	14. _____	_____
15. Other deductions not subject to 2% floor.	15. _____	_____
16. Allowable miscellaneous itemized deductions	16. _____	_____
17. Total Deductions. Add lines 10 through 16.	17. _____	_____
18. Balance. Subtract line 17 from line 9.....	18. _____	_____
19. Distribution to beneficiaries	19. _____	_____
20. Federal estate tax attributable to income in respect of a decendent.....	20. _____	_____
21. Total. Add lines 19 and 20.	21. _____	_____
22. Taxable Income of Fiduciary. Subtract line 21 from line 18.....	22. _____	_____
23. Iowa income percentage. Divide column A of line 22 by column B of line 22 and enter percentage rounded to the nearest tenth of a percent. This cannot exceed 100.0%.....	23. _____	_____
24. Nonresident credit percentage. Subtract line 23 from 100.0%.....	24. _____	_____
25. Iowa tax on total income from line 26, IA 1041	25. _____	_____
26. Personal exemption credit from line 27, IA 1041.....	26. _____	\$40.00
27. Tax after credits. Subtract line 26 from line 25.....	27. _____	_____
28. Nonresident tax credit. Multiply line 27 by line 24. Also enter this amount on line 30, IA 1041.....	28. _____	_____

