



Form header section with fields: Name of Estate or Trust, Federal Employer ID Number, Name, Address, and Title of Fiduciary, Decedent's Social Security Number, Name of Attorney, Attorney's Phone Number, Iowa County in which estate is pending, Mailing Address (city, state, ZIP), Probate No., and checkboxes for Estate, Simple Trust, Complex Trust, Bankruptcy Estate, Testamentary, Inter Vivos.

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.
Is this an amended IA 1041? [] Yes [] No
Is Income Tax Certificate of Acquittance requested? [] Yes [] No
Is an Iowa 706 being filed? [] Yes [] No
Have prior returns been filed for this estate or trust? [] Yes [] No

Date of decedent's death
____/____/____

INCOME section: 1. Taxable interest income, 2. Ordinary dividend income, 3. Income from partnerships and other fiduciaries, 4. Net rents and royalties, 5. Net business and farm income (loss), 6. Net gain (loss) from capital assets, 7. Ordinary gains (losses), 8. Other income, 9. Total income.

DEDUCTIONS section: 10. Interest, 11. Taxes, 12. Fiduciary fees, 13. Charitable deduction, 14. Attorney, accountant, and return preparer fees, 15. Other deductions not subject to 2% floor, 16. Allowable miscellaneous itemized deductions, 17. Total deductions, 18. Balance, 19. Distributions to beneficiaries, 20. Federal estate tax attributable to income in respect of a decedent, 21. Total, 22. Taxable income of fiduciary.

COMPUTED TAX section: 23. Compute tax from rate Schedule E, page 2, 24. Iowa lump-sum tax, 25. Iowa minimum tax, 26. Tax before credits, 27. Personal exemption credit, 28. Out-of-state or nonresident tax credit, 29. Motor fuel tax credit, 30. Other credits, 31. Total credits.

TAX DUE section: 32. Tax liability, 33. Tax paid with additional Iowa Fiduciary Income Tax Payment Voucher, 34. Refund, 35. Amount due.

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

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.

Signature of fiduciary or officer representing fiduciary Date

When you pay by check, you authorize the Department of Revenue to convert your check to a one-time electronic banking transaction. 63-001a (08/12/14)

Signature of preparer other than fiduciary Preparer's ID No.

Address Date

SIGN HERE

Staple payment and voucher here.

Schedule A - Background Information: Answer all applicable questions.

1. Date estate was opened or created: _____
2. Date of decedent's death: _____
3. Decedent's business or occupation: _____
4. Decedent's age at death: _____
5. Was a decedent's final return filed? Yes No
6. Did will of decedent create trust? Yes No
7. Did decedent file IOWA return(s) up to the date of death? Yes No If no, include earnings statement or explanatory affidavit.
8. Enter decedent's name and address: _____

9. Name and Social Security Number of decedent's spouse, if any: _____
10. Enter name(s) of executor(s): _____
11. Enter date(s) and amount(s) of executor's fees paid to executor(s): _____
12. 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
13. Have expenses of administration or selling expenses been deducted for federal estate tax purposes? Yes No
14. Did you as fiduciary withhold on income distributions made to nonresident beneficiaries? Yes No
15. Does the estate/trust elect to recognize the gain (loss) on a distribution of property under section IRC 643(e)(3)? Yes No

Schedule B - Beneficiaries' Shares of Income and Credits: Include additional pages as necessary. In lieu of Sch. B, include federal Sch. K-1.

	Beneficiary A	Beneficiary B	Beneficiary C	TOTALS
1. Names of each beneficiary 1.				
2. Social Security Number 2.				
3. Address 3.				
4. Iowa resident (Yes/No) 4.				
5. Net short-term capital gain 5.				
6. Net long-term capital gain (100%) 6.				
7. Depreciation and depletion 7.				
8. Ordinary income subject to Iowa income tax 8.				
9. Income not subject to Iowa income tax 9.				
10. Excess deductions 10.				
REGARDING IOWA NONRESIDENT INCOME				
11. Iowa income tax withheld, if any 11.				
12. Withholding agent's identification number 12.				

Schedule D - Explanation of Expenses

Line No.	Explanation	Amount

Schedule E - Tax Rates

Taxable Income		Of Excess				
Over	But Not Over	Tax Rate			Over	
\$0	\$1,515	\$0.00	+	(0.36%	x \$0)	
\$1,515	\$3,030	\$5.45	+	(0.72%	x \$1,515)	
\$3,030	\$6,060	\$16.36	+	(2.43%	x \$3,030)	
\$6,060	\$13,635	\$89.99	+	(4.50%	x \$6,060)	
\$13,635	\$22,725	\$430.87	+	(6.12%	x \$13,635)	
\$22,725	\$30,300	\$987.18	+	(6.48%	x \$22,725)	
\$30,300	\$45,450	\$1,478.04	+	(6.80%	x \$30,300)	
\$45,450	\$68,175	\$2,508.24	+	(7.92%	x \$45,450)	
\$68,175	over	\$4,308.06	+	(8.98%	x \$68,175)	