

Taxpayer's Name

▶ [Text input field for Taxpayer's Name]

Taxpayer's SSN

▶ [SSN input field]

**Step 9:
Third Party
Designee**

Do you want to allow an individual to discuss this return with the Department? See instructions.

Designee's Name
▶ [Text input field]

Mailing address
▶ [Text input field]

City
▶ [Text input field]

State
▶ [State dropdown menu]

ZIP
▶ [ZIP code input field]

ID Number (optional)
▶ [Text input field]

Designee's phone number
▶ [Phone number input field]

Designee's Email
▶ [Text input field]

**Step 10:
Signatures**

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete.
Returns must be signed by hand or via a digital signature with a digital certificate. Stamped or typed signatures are not accepted.

Sign Here

Your Signature
▶ [Text input field]

Date
▶ [Date input field: M M D D Y Y Y Y]

Check if deceased: ▶

Date of death
▶ [Date input field: M M D D Y Y Y Y]

Spouse's Signature
▶ [Text input field]

Date
▶ [Date input field: M M D D Y Y Y Y]

Check if deceased: ▶

Date of death
▶ [Date input field: M M D D Y Y Y Y]

Taxpayer's phone number
▶ [Phone number input field]

Taxpayer's email address
▶ [Text input field]

Your Driver License or State Issued ID number (optional)
▶ [Text input field]

Spouse's Driver License or State Issued ID number (optional)
▶ [Text input field]

**Paid
Preparer
Use**

Preparer's Signature
▶ [Text input field]

Date
▶ [Date input field: M M D D Y Y Y Y]

Preparer's PTIN, STIN, or SSN
▶ [Text input field]

Firm's FEIN
▶ [Text input field]

Preparer's phone number
▶ [Phone number input field]

This return is due April 30, 2025. Sign, include federal return, W-2s, and verify SSNs.
MAILING ADDRESS: Iowa Income Tax Document Processing
PO BOX 9187, Des Moines IA 50306-9187
Make checks payable to Iowa Department of Revenue

