

Taxpayer's Name

▶ [Text input field]

Taxpayer's SSN

▶ [SSN input field]

Third Party Disclosure 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]

ZIP
▶ [ZIP input field]

ID Number (optional)
▶ [Text input field]

Designee's phone number
▶ [Text input field]

Email
▶ [Text input field]

Step 9: 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. Paper-filed 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

Sign Here

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
▶ [Text input field]

Taxpayer's email address
▶ [Text input field]

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

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

This return is due April 30, 2024. Sign, enclose 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

