REV-346 EX (03-09)

3460009101

ESTATE INFORMATION SHEET

pennsylvania
DEPARTMENT OF REVENUE

FOR REGISTER'S OFFICE USE ONLY

County Code | Year | File Number

DECEDENT INFORMATION: Enter data as it will appear on all documents submitted to the Department.

Decedent's Social Security Number | Date of Death | Date of Birth

Last Name | Suffix | First Name | MI

TYPE FILING: Fill in oval to indicate the nature of the return to be filed with the department.

Probate Return | Joint Assets Only | Non-probate Assets Only | Litigation Purposes (no other assets)

LETTERS GRANTED: Fill in oval to indicate the nature of the proceedings at the Register of Wills Office. (Attach additional sheets if explanation is necessary.)

Testamentary | Administration | No Letters | Other (Please Explain.)

ATTORNEY/CORRESPONDENT INFORMATION: Enter all information for the attorney or individual to receive tax information and correspondence.

Last Name | Suffix | First Name | MI

Supreme Court I.D. # | Telephone Number | Attorney/ Correspondent's e-mail address:

First Line of Address

Second Line of Address

City or Post Office | State | ZIP Code ENTER ZIP + 4

PERSONAL REPRESENTATIVE INFORMATION: Enter all information for the personal representative(s) of the estate authorized by the Register of Wills.

Executor/Administrator

Social Security Number | Telephone Number

Last Name | Suffix | First Name | MI

First Line of Address

Second Line of Address

OFFICIAL USE ONLY

TRANSACTION COUNT

City or Post Office | State | ZIP Code ENTER ZIP + 4

Complete general estate information questions and indicate additional personal representatives on reverse side.

PLEASE USE ORIGINAL FORM ONLY

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Decedent's Social Security Number

Decedent's Name: _____

Co-Executor/Administrator

Social Security Number | Telephone Number

Last Name | Suffix | First Name | MI

First Line of Address

Second Line of Address

City or Post Office | State | ZIP Code ENTER ZIP + 4

Co-Executor/Administrator

Social Security Number | Telephone Number

Last Name | Suffix | First Name | MI

First Line of Address

Second Line of Address

City or Post Office | State | ZIP Code ENTER ZIP + 4

General Instructions:

This form should be filed with the Register of Wills of the county of which the decedent was a resident at death.

Please be aware the correspondent identified will receive all correspondence from the department. It is the responsibility of the personal representative to notify the department if the correspondent contact information changes.

The department is authorized by law, 42 U.S.C. §405 (c)(2)(C)(i), to require disclosure of Social Security numbers in connection with administering state tax laws. The department uses the Social Security number to identify the decedent and personal representatives of the estate. The commonwealth may also use the information in exchange-of-tax-information agreements with federal and local taxing authorities. State law prohibits commonwealth personnel from disclosing confidential tax information except for official purposes.

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