



REGISTER OF WILLS MONTHLY REPORT

Date Received Postmark Date

COUNTY NO.

MONTH YEAR

NAME

PENNSYLVANIA INHERITANCE TAX

Table with 7 rows for inheritance tax items: (1) LIEN FILING FEES, (2) CITATION FILING FEES, (3) NONRESIDENT INHERITANCE TAXES, (4) TOTAL MISCELLANEOUS COLLECTIONS, (5) RESIDENT INHERITANCE TAXES, (6) TOTAL COLLECTIONS, (7) CREDIT MEMORANDA/CREDIT CORRESPONDENCE. Includes sub-tables for BALANCE DUE PRIOR REPORT FOR and BALANCE DUE AUDIT FROM TO.

CERTIFICATION

I certify that the information contained in this report is true and correct. (REGISTER OF WILLS SIGNATURE)

DO NOT WRITE BELOW THIS LINE

OFFICIAL SETTLEMENT

Table for Official Settlement with rows for: TOTAL MISCELLANEOUS COLLECTIONS, RESIDENT INHERITANCE TAXES, TOTAL COLLECTIONS, CREDIT MEMORANDA/CREDIT CORRESPONDENCE, BALANCE DUE OR CREDIT FOR MONTH OF, AUDIT SETTLEMENT FROM TO, AMOUNT DUE COMMONWEALTH, TOTAL DEPOSITS, BALANCE DUE: ( ) REGISTER OF WILLS, ( ) COMMONWEALTH.

Table for Commission Due This Month and Commission Adjustment(s) for Month of, with a line for COMMISSION PAID.

DEPARTMENT OF REVENUE SETTLED AND DELIVERED SUBJECT TO FINAL AUDIT FOR: SECRETARY OF REVENUE

OFFICE OF THE AUDITOR GENERAL AUDITED AND APPROVED SUBJECT TO FINAL AUDIT FOR: AUDITOR GENERAL

## INSTRUCTIONS

**Line 1 - Lien Filing Fees** - Enter the total collections for lien filing fees.

**Line 2 - Citation Filing Fees** - Enter the total collections for citation filing fees.

**Line 3 - Nonresident Inheritance Taxes** - Enter the total collections for inheritance taxes collected for nonresidents.  
**NOTE:** No commission is allowed on collections reported on Lines 1 through 3.

**Line 4 - Total Miscellaneous Collections** - Enter the total of Lines 1, 2, and 3.

**Line 5 - Inheritance Taxes (commission allowed)** - Enter the total collections for resident inheritance and estate taxes.

**Line 6 - Total Collections** - Enter the total of Lines 4 and 5.

**Line 7 - Credit Memoranda/Credit Correspondence** - Enter the total amount of all credit shown on all credit letters/memos received from the department during the previous month. Attach a copy of the credit letter/memo to the monthly report.

**Line 8 - Register of Wills** - Enter the amount of any overpayment made to the department during a prior month by indicating the month and amount involved.

**Line 9 - Commonwealth** - Enter any balance due the department from a prior month by indicating the month and amount involved.

**Line 10 - Register of Wills** - Enter the amount of any overpayment made to the department as shown in an audit settlement of your account and indicate the audit period.

**Line 11 - Commonwealth** - Enter the amount of any balance due the department as shown in an audit settlement of your account and indicate the audit period.

**Line 12 - Total Amount Deposited** - From the amount reported on Line 6, subtract Lines 7, 8, and 10; add Lines 9 and 11; and enter the net total on Line 12. The total of your monthly deposit tickets should be the same as the amount entered on Line 12.

---

Forward the following to the Bureau of Imaging and Document Management on or before the 10th day of each month:

- A. Original and one copy of the Register of Wills Report (REV-714) and original and one copy of the Itemization of Inheritance Tax Receipts Issued (REV-587).
- B. Copy of each itemized deposit ticket for Total Amount Deposited, Line 12, of this report.

The address for the Bureau of Imaging and Document Management is as follows:

**Bureau of Imaging and Document Management  
Imaging Support and Banking Operations Division  
PO BOX 280400  
Harrisburg, PA 17128-0400**

Inquiries concerning the preparation of this report should be directed to 717-783-2333.

Commission rates and limits are determined in accordance with Act 207 of 1986.

<b>TOTAL TRANSFER TAXES</b>	<b>COMMISSION RATE</b>
\$1 - \$200,000 .....	4.25%
\$200,001 - \$1,000,000 .....	1.75%
\$1,000,001 and Over .....	0.5%