REV-548 EX (12-03)

INHERITANCE TAX JOINT BANK ACCOUNT

START →

ADVANCE PAYMENT WORKSHEET

COUNTY FILE NUMBER

INHERITANCE TAX RECEIPT NUMBER

DECEDENT INFORMATION

DECEDENT'S NAME (LAST) (FIRST) (MIDDLE INITIAL)

DECEDENT'S SOCIAL SECURITY NUMBER

DATE OF DEATH MM/DD/YYYY

ADDRESS OF DECEDENT CITY STATE ZIP

FINANCIAL INSTITUTION INFORMATION

NAME OF FINANCIAL INSTITUTION

ADDRESS CITY STATE ZIP

TELEPHONE NUMBER

ACCOUNT INFORMATION

TYPE OF ACCOUNT

☐ SAVINGS ☐ CHECKING ☐ TRUST ☐ CERTIFICATE OF DEPOSIT ☐ OTHER _____

ACCOUNT BALANCE (INCLUDE INTEREST TO DATE OF DEATH)

ACCOUNT NUMBER MM/DD/YYYY

ACCOUNT TITLE AS APPEARS ON SIGNATURE CARD OR CD

ORIGINAL DATE ESTABLISHED

SURVIVING JOINT OWNER INFORMATION

NAME (Last) (First) (Middle Initial)

ADDRESS

CITY STATE ZIP CODE

RELATIONSHIP TO DECEDENT TELEPHONE NUMBER

Department of Revenue Use Only

PERCENT TAXABLE

TAX RATE

SURVIVING JOINT OWNER INFORMATION

NAME (Last) (First) (Middle Initial)

ADDRESS

CITY STATE ZIP CODE

RELATIONSHIP TO DECEDENT TELEPHONE NUMBER

PERCENT TAXABLE

TAX RATE

SURVIVING JOINT OWNER INFORMATION

NAME (Last) (First) (Middle Initial)

ADDRESS

CITY STATE ZIP CODE

RELATIONSHIP TO DECEDENT TELEPHONE NUMBER

PERCENT TAXABLE

TAX RATE

LIST DEBTS & DEDUCTIONS BELOW

Date Paid	Payee	Description	Amount Paid

Note: Please attach to receipt

Total $ 0.00

Reset Entire Form

RETURN TO TOP NEXT PAGE

PRINT FORM

INHERITANCE TAX JOINT BANK ACCOUNT
ADVANCE PAYMENT WORKSHEET
DIRECTIONS for REV-548

The Advance Payment Worksheet enables the taxpayer to report a specific jointly owned or other non-probate asset to the Department without the filling of an actual inheritance tax return form (REV-1500), and it also allows the taxpayer to qualify for 5% discount if payment is made within (3) three months following the decedent's date of death.

WHO MAY USE THE ADVANCE PAYMENT WORKSHEET?

1. Surviving owners of jointly held assets.
2. Beneficiaries of "in trust for" (ITF) accounts.
3. Beneficiaries of other assets not subject to the administration of the decedent's estate by the personal representative.

PLEASE FILL IN BLOCKS COMPLETELY SO THAT AN ACCURATE NOTICE OF ASSESSMENT CAN BE ISSUED.

DECEDENT INFORMATION

- decedent's legal name
- social security number
- decedent's date of death

FINANCIAL INSTITUTION INFORMATION

- name & address of bank or branch office
- provide bank phone number if available

ACCOUNT INFORMATION (LIST ONLY ONE ACCOUNT PER WORKSHEET)

- Indicate type of account by checking appropriate box, if other, list specific type (only one account per worksheet).
- Account balance at date of death (include interest in total).
- Account number
- Account title as appears on signature card (identify power of attorney, representative payee, attorney in fact, or PUGMA accounts, IRA's etc. where they may apply).
- Original date the account was established in joint ownership. Provide signature cards, trust agreements, and other pertinent documents (if available).

SURVIVING JOINT OWNER INFORMATION (USE SEPARATE BLOCK FOR EACH SURVIVOR)

- use legal names
- social security numbers if known
- current address
- relationship to decedent to insure correct tax rates

DEBTS & DEDUCTIONS

If there are no probate assets and the surviving owner has actually paid expenses incurred because of the decedent's death, they can be listed and deducted from the portion of the account balance subject to tax. Include expenses directly related to the decedent's death such as funeral costs, refreshments following the funeral, flowers, cemetery plots and markers, engraving, etc. Provide appropriate documents to substantiate claims.

After review by the Department, a formal notice of assessment will be returned to each individual owner indicating the final status of the particular asset that has been reported.

Make checks payable to the REGISTER of WILLS, Agent, in the county of the decedent's LEGAL residence.

RETURN TO TOP BACK TO PAGE 1 PRINT FORM