REV-1737-6 EX + (6-08)

pennsylvania
DEPARTMENT OF REVENUE

INHERITANCE TAX RETURN
NONRESIDENT DECEDENT

SCHEDULE G
INTER-VIVOS TRANSFERS & MISC. NON-PROBATE PROPERTY

Use Schedule G, Part 2, **ONLY** for proportionate method of tax computation.

ESTATE OF **FILE NUMBER**

Part 1 must include all transfers of real estate and tangible personal property located in Pennsylvania.
Complete Part 2 ONLY when the proportionate method of tax computation is elected.
Include in the description of property the date the transfer was made and the name and relationship of the transferee. This schedule must be completed and filed if the answer to questions 1 through 4 on the reverse side of the REV-1737 cover sheet is yes.

PART 1 – REAL PROPERTY OR TANGIBLE PERSONAL PROPERTY LOCATED IN PENNSYLVANIA THAT WAS TRANSFERRED

ITEM NUMBER	DESCRIPTION OF PROPERTY Include the name of the transferee, the relationship to Decedent and the date of transfer. Attach a copy of the deed for real estate.	DATE OF DEATH VALUE OF ASSET	% OF DECD'S INTEREST	EXCLUSION (IF APPLICABLE)	TAXABLE VALUE
1.					
	PART 1 TOTAL	$		$	$

PART 2 – ALL OTHER TRANSFERS

ITEM NUMBER	DESCRIPTION OF PROPERTY Include the name of the transferee, the relationship to Decedent and the date of transfer. Attach a copy of the deed for real estate.	DATE OF DEATH VALUE OF ASSET	% OF DECD'S INTEREST	EXCLUSION (IF APPLICABLE)	TAXABLE VALUE
1.					
	PART 2 TOTAL	$		$	$

TOTAL (Also enter on Line 7, Recapitulation.) $

(If more space is needed, use additional sheets of paper of the same size)

REV-1737-6 EX + (6-08)
REVERSE

pennsylvania
DEPARTMENT OF REVENUE

INHERITANCE TAX RETURN
NONRESIDENT DECEDENT

SCHEDULE H
FUNERAL EXPENSES & ADMINISTRATIVE COSTS

Use Schedule H **ONLY** for proportionate method of tax computation.

ESTATE OF **FILE NUMBER**

Debts of decedent must be reported on Schedule I.

ITEM NUMBER	DESCRIPTION	AMOUNT
A. 1.	FUNERAL EXPENSES:	
B.	ADMINISTRATIVE COSTS:	
1.	Personal Representative's Commission(s) Name(s) of Personal Representative(s) _____ (Submit requested information for additional personal representative's on additional sheets) Social Security Number(s) or EIN Number(s) of Personal Representative(s) _____ Street Address(es) _____ City(ies) _____ State(s) _____ ZIP(s) _____ Year(s) Commission Paid _____	
2.	Attorney Fees	
3.	Probate Fees	
4.	Accountant's Fees	
5.	Tax Return Preparer's Fees	
6.	Miscellaneous Expenses	
	TOTAL (Also enter on Line 9, Recapitulation.)	$

(If more space is needed, use additional sheets of paper of the same size)