

**Transmittal  
Payment of Inheritance Tax**

Name & Address of Attorney of Record/Financial Institution: \_\_\_\_\_

\_\_\_\_\_  
Email address: \_\_\_\_\_

Name of Decedent (last, first, middle initial)  
\_\_\_\_\_

File Number (if probate has begun) \_\_\_\_\_

Date of Death: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Amount: \_\_\_\_\_

If probate has **not** commenced or if this is a non-probate estate, additional information listed below is required.

Residence at Death  
(City, borough or township) \_\_\_\_\_