

INHERITANCE TAX PREPAYMENT

Required information to process inheritance tax payments
with no file number or before opening an estate

File Number: 67 -

Decedent's Name: _____
First MI Last

Decedent's SS#: _____ - _____ - _____

Date of Death: _____ / _____ / _____
Month Day Year

Name: _____
Personal Representative/Beneficiary/Informant:

Address: _____

City State Zip

Phone: (____) _____

Relationship to Decedent: _____

Attorney (if applicable):

Name # Supreme Court ID No.

Firm Name

Street Address

City State Zip

Phone: (____) _____ Fax: (____) _____

Tax Receipt Information:

Receipt Number: YK _____ Amount: \$ _____ Discount: \$ _____

Description of Asset: _____

THIS FORM IS INTENDED FOR INFORMATIONAL PURPOSES ONLY; THIS ASSET SHOULD BE REPORTED ON THE REV1500

SIGNATURE: _____ DATE: _____