

**REV-1500**  
Bureau of Individual Taxes  
PO BOX 280601  
Harrisburg, PA 17128-0601

**INHERITANCE TAX RETURN  
RESIDENT DECEDENT**

**OFFICIAL USE ONLY**

County Code	Year	File Number

**ENTER DECEDENT INFORMATION BELOW**

Social Security Number	Date of Death MMDDYYYY	Date of Birth MMDDYYYY	
Decedent's Last Name	Suffix	Decedent's First Name	MI

**(If Applicable) Enter Surviving Spouse's Information Below**

Spouse's Last Name	Suffix	Spouse's First Name	MI

**THIS RETURN MUST BE FILED IN DUPLICATE WITH THE  
REGISTER OF WILLS**

**FILL IN APPROPRIATE OVALS BELOW**

- |   |  |   |
|---|--|---|
| <input type="radio"/> 1. Original Return  | <input type="radio"/> 2. Supplemental Return   | <input type="radio"/> 3. Remainder Return (date of death prior to 12-13-82) |
| <input type="radio"/> 4. Agriculture Exemption (date of death on or after 7-1-2012) | <input type="radio"/> 5. Future Interest Compromise (date of death after 12-12-82)     | <input type="radio"/> 6. Federal Estate Tax Return Required                 |
| <input type="radio"/> 7. Decedent Died Testate (Attach copy of will.)               | <input type="radio"/> 8. Decedent Maintained a Living Trust (Attach copy of trust.)    | <input type="radio"/> 9. Total Number of Safe Deposit Boxes                 |
| <input type="radio"/> 10. Litigation Proceeds Received                              | <input type="radio"/> 11. Non-Probate Transferee Return (Schedule F and G Assets Only) | <input type="radio"/> 12. Deferral/Election of Spousal Trusts               |
| <input type="radio"/> 13. Business Assets   | <input type="radio"/> 14. Spouse is Sole Beneficiary (No trust involved)               |   |

**CORRESPONDENT - THIS SECTION MUST BE COMPLETED. ALL CORRESPONDENCE AND CONFIDENTIAL TAX INFORMATION SHOULD BE DIRECTED TO:**

Name	Daytime Telephone Number	
First Line of Address		
Second Line of Address		
City or Post Office	State	ZIP Code

**Correspondent's email address:** \_\_\_\_\_

REGISTER OF WILLS USE ONLY						
DATE FILED MMDDYYYY						

REGISTER OF WILLS USE ONLY	
DATE FILED STAMP	

**PLEASE USE ORIGINAL FORM ONLY**

Side 1



REV-1500 EX (FI)

Decedent's Social Security Number

Decedent's Name:

[Empty box for Decedent's Social Security Number]

RECAPITULATION

1. Real Estate (Schedule A) . . . . .	1.	
2. Stocks and Bonds (Schedule B) . . . . .	2.	
3. Closely Held Corporation, Partnership or Sole-Proprietorship (Schedule C) . . . . .	3.	
4. Mortgages and Notes Receivable (Schedule D) . . . . .	4.	
5. Cash, Bank Deposits and Miscellaneous Personal Property (Schedule E) . . . . .	5.	
6. Jointly Owned Property (Schedule F) <input type="checkbox"/> Separate Billing Requested . . . . .	6.	
7. Inter-Vivos Transfers & Miscellaneous Non-Probate Property (Schedule G) <input type="checkbox"/> Separate Billing Requested . . . . .	7.	
8. <b>Total Gross Assets</b> (total Lines 1 through 7) . . . . .	8.	
9. Funeral Expenses and Administrative Costs (Schedule H) . . . . .	9.	
10. Debts of Decedent, Mortgage Liabilities and Liens (Schedule I) . . . . .	10.	
11. <b>Total Deductions</b> (total Lines 9 and 10) . . . . .	11.	
12. <b>Net Value of Estate</b> (Line 8 minus Line 11) . . . . .	12.	
13. Charitable and Governmental Bequests/Sec. 9113 Trusts for which an election to tax has not been made (Schedule J) . . . . .	13.	
14. <b>Net Value Subject to Tax</b> (Line 12 minus Line 13) . . . . .	14.	

TAX CALCULATION - SEE INSTRUCTIONS FOR APPLICABLE RATES

15. Amount of Line 14 taxable at the spousal tax rate, or transfers under Sec. 9116 (a)(1.2) X .0 ____	15.	
16. Amount of Line 14 taxable at lineal rate X .0 ____	16.	
17. Amount of Line 14 taxable at sibling rate X .12 ____	17.	
18. Amount of Line 14 taxable at collateral rate X .15 ____	18.	
19. <b>TAX DUE</b> . . . . .	19.	

20. **FILL IN THE OVAL IF YOU ARE REQUESTING A REFUND OF AN OVERPAYMENT**

Under penalties of perjury, I declare I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer other than the person responsible for filing the return is based on all information of which preparer has any knowledge.

SIGNATURE OF PERSON RESPONSIBLE FOR FILING RETURN DATE

ADDRESS

SIGNATURE OF PREPARER OTHER THAN PERSON RESPONSIBLE FOR FILING THE RETURN DATE

ADDRESS



**Decedent's Complete Address:**

DECEDENT'S NAME		
STREET ADDRESS		
CITY	STATE	ZIP

**Tax Payments and Credits:**

- 1. Tax Due (Page 2, Line 19) (1) \_\_\_\_\_
- 2. Credits/Payments
  - A. Prior Payments \_\_\_\_\_
  - B. Discount \_\_\_\_\_
  - (See instructions.)Total Credits ( A + B ) (2) \_\_\_\_\_
- 3. Interest (3) \_\_\_\_\_
- 4. If Line 2 is greater than Line 1 + Line 3, enter the difference. This is the **OVERPAYMENT**.  
**Fill in oval on Page 2, Line 20 to request a refund.** (4) \_\_\_\_\_
- 5. If Line 1 + Line 3 is greater than Line 2, enter the difference. This is the **TAX DUE**. (5) \_\_\_\_\_

Make check payable to: REGISTER OF WILLS, AGENT.

**PLEASE ANSWER THE FOLLOWING QUESTIONS BY PLACING AN "X" IN THE APPROPRIATE BLOCKS**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Did decedent make a transfer and:  |                          |                          |
| a. retain the use or income of the property transferred .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. retain the right to designate who shall use the property transferred or its income .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. retain a reversionary interest .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. receive the promise for life of either payments, benefits or care? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If death occurred after Dec. 12, 1982, did decedent transfer property within one year of death without receiving adequate consideration? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did decedent own an "in trust for" or payable-upon-death bank account or security at his or her death? .....                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did decedent own an individual retirement account, annuity or other non-probate property, which contains a beneficiary designation? .....      | <input type="checkbox"/> | <input type="checkbox"/> |

**IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, YOU MUST COMPLETE SCHEDULE G AND FILE IT AS PART OF THE RETURN.**

For dates of death on or after July 1, 1994, and before Jan. 1, 1995, the tax rate imposed on the net value of transfers to or for the use of the surviving spouse is 3 percent [72 P.S. §9116 (a) (1.1) (i)].

For dates of death on or after Jan. 1, 1995, the tax rate imposed on the net value of transfers to or for the use of the surviving spouse is 0 percent [72 P.S. §9116 (a) (1.1) (ii)]. The statute does not exempt a transfer to a surviving spouse from tax, and the statutory requirements for disclosure of assets and filing a tax return are still applicable even if the surviving spouse is the only beneficiary.

For dates of death on or after July 1, 2000:

- The tax rate imposed on the net value of transfers from a deceased child 21 years of age or younger at death to or for the use of a natural parent, an adoptive parent or a step-parent of the child is 0 percent [72 P.S. §9116(a)(1.2)].
- The tax rate imposed on the net value of transfers to or for the use of the decedent's lineal beneficiaries is 4.5 percent, except as noted in [72 P.S. §9116(a)(1)].
- The tax rate imposed on the net value of transfers to or for the use of the decedent's siblings is 12 percent [72 P.S. §9116(a)(1.3)]. A sibling is defined, under Section 9102, as an individual who has at least one parent in common with the decedent, whether by blood or adoption.