



**pennsylvania**

DEPARTMENT OF REVENUE

BUREAU OF IMAGING & DOCUMENT MANAGEMENT  
BANK RECONCILIATION SECTION  
PO BOX 280400  
HARRISBURG PA 17128-0400

# CLERK OF ORPHANS' COURT MONTHLY REPORT

INSTRUCTIONS ON REVERSE

COUNTY
COUNTY NUMBER
MONTH
NAME

20

**POSTMARK DATE**

**BATCH NO. (BIDM)**

- (1) Marriage License Taxes ..... x 0.50 = \$
- (2) Marriage License Application Surcharges (Act 151) ..... x 10.00 = \$
- (3) Marriage License/Declaration Fees (Act 222) ..... x 10.00 = \$
- (4) Judicial Computer System (JCS)/Access to Justice (ATJ)/  
Criminal Justice Enhancement Account (CJEA) Fees ..... x 35.50 = \$  
 Line 4 Includes Register of Wills JCS/ATJ/CJEA Fee Collections.
- (5) Total Collections (Add Lines 1, 2, 3 and 4) ..... \$
- (6) Clerk of Orphans' Court (Subtract) ..... ( - ) \$
- (7) Commonwealth (Add) ..... + \$
- (8) Clerk of Orphans' Court (Subtract) ..... ( - ) \$
- (9) Commonwealth (Add) ..... + \$
- (10) Earned Interest for the Period From \_\_\_\_\_ To \_\_\_\_\_ ..... + \$
- (11) Remittance ..... \$

BALANCE DUE FROM PRIOR REPORT FOR
MONTH
BALANCE DUE AUDIT
FROM _____ TO _____

## CERTIFICATION

I certify the information contained in this report is true and correct. \_\_\_\_\_

(CLERK OF ORPHANS' COURT SIGNATURE)

DO NOT WRITE BELOW THIS LINE

OFFICIAL SETTLEMENT	AMOUNT DUE
Tax Collections .....	
Surcharge Collections .....	
Marriage License/Declaration Fees .....	
Judicial Computer System/Access to Justice/Criminal Justice Enhancement Account Fees .....	
Total Collections .....	
Earned Interest .....	
Balance Due or Credit for Month of: _____ .....	
Audit Settlement From _____ To _____ .....	
Amount Due this Report .....	
Remittance .....	
BALANCE DUE ( ) Clerk of Orphans' Court ( ) Commonwealth .....	

DEPARTMENT OF REVENUE

OFFICE OF THE AUDITOR GENERAL

SETTLED AND DELIVERED \_\_\_\_\_

AUDITED AND APPROVED \_\_\_\_\_

# INSTRUCTIONS

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**Lines 1:** Report number for the month.

**Line 2:** Report number for the month. See (Act 151 of 1988) for more information.

**Line 3:** Report number for the month. See (Act 222 of 1990) for more information.

**Line 4:** Report number for the month. NOTE: If you also hold the office of Register of Wills, JCS/ATJ/CJEA fees collected in that office may be included on this report. Therefore, a separate Register of Wills Fee Collections Monthly Report (REV-718EX) is not required. On Line 4, report the combined number of instrument filings handled by both offices in which the JCS/ATJ/CJEA fee was collected. Also place a checkmark in the block shown below Line 4.

The original signed copy of the report must be postmarked to the PA Department of Revenue no later than the 10th calendar day of the following month. However, if the 10th of the month falls on a weekend or business holiday, the filing due date is extended to the next following business day.

Make check payable to the **PA DEPARTMENT OF REVENUE**.

The check and monthly report must be mailed to:

**PA Department of Revenue  
Bureau of Imaging and Document Management (C. C.)  
PO BOX 280407  
Harrisburg PA 17128-0407**

Inquiries concerning the preparation of this report should be directed to the Bank Reconciliation Section at 717-783-2333.