



**SCHEDULE C-SB
QUALIFIED FAMILY-OWNED
BUSINESS EXEMPTION**

ESTATE OF:	FILE NUMBER:
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This schedule may be used only by estates of decedents dying on or after July 1, 2013.
Use this schedule to report a business interest for which you claim an exemption from inheritance tax under the qualified family-owned business exemption (72 P.S. §9111(t)).

Provide the following information in addition to Schedule C-SB. Failure to provide the following information may result in a denial of the exemption or a delay in processing.

- Attach a written statement explaining in detail how the business interest qualifies for the exemption.
- Attach all documents supporting the written statement, including the valuation of the net book value and business balance sheet.

SECTION I BUSINESS INFORMATION			
Business Name	Business EIN	Date Established	
Street Address		Number of Employees	
City		Net Book Value	
State	ZIP Code	Value at Date of Death (Under 72 P.S. § 9121)	

SECTION II OWNER INFORMATION

Provide the name and mailing address of all transferees of the business interest identified above (attach additional sheets if necessary):

Owner Name			
Mailing Address			
City	State	ZIP Code	
Phone Number	Relationship to Decedent		
Owner Name			
Mailing Address			
City	State	ZIP Code	
Phone Number	Relationship to Decedent		
Owner Name			
Mailing Address			
City	State	ZIP Code	
Phone Number	Relationship to Decedent		



Instructions for REV-571


Schedule C-SB – Qualified Family-Owned Business Exemption

REV-571 IN (EX) 04-19

GENERAL INFORMATION

PURPOSE OF SCHEDULE

Use REV-571, Schedule C-SB to report a business interest for which you claim an exemption from inheritance tax under the qualified family-owned business exemption.

 **NOTE:** REV-571, Schedule C-SB must accompany the return if a business interest qualifies for the family-owned business exemption. All information supporting the qualifications of the business interest for the claimed exemption must be presented with the return along with a written statement explaining in detail how the business interest qualifies for the claimed exemption.

FORM INSTRUCTIONS


ESTATE OF

Enter the complete name of the estate as shown on REV-1500, Pennsylvania Inheritance Tax Return.

FILE NUMBER

Enter the file number of the estate assigned by the Register of Wills as shown on REV-1500, Pennsylvania Inheritance Tax Return.

GENERAL INSTRUCTIONS

 **IMPORTANT:** This Schedule is appropriate only for estates of decedents dying on or after July 1, 2013.

SECTION I

BUSINESS INFORMATION

Provide the business name, business EIN, date business was established, the physical location of the business, number of employees, net book value and the fair market date of death value of the interest that qualifies for the family-owned business exemption.

Date Established: Indicate the exact date the business entity was established.

Number of Employees: List the number of full-time equivalent employees employed by the business on the date of death.

Net Book Value: List the net book value of assets of the business on the date of death. Attach copies of supporting documents.

Date of Death Value: Provide the fair market value of the business interest on the date of death.

SECTION II

OWNER INFORMATION

Provide the name, address, phone number and relationship to the decedent of all transferees of the business interest which qualifies for the family-owned business exemption. The mailing address will be used by the department to send an annual certification form to verify compliance with the requirements of the qualified family-owned business exemption.