



**REALTY TRANSFER TAX
MONTHLY REPORT**

Date Received _____

County _____ No. _____

Name _____

Month _____ Year _____

(1) Gross Tax Collections	
(2) Commission @1% If commission was withheld, check this box <input type="checkbox"/> Commission Withheld	(-)
(3) Net Tax Collections	
(4) Balance Due From Prior Report Month of:	
	Recorder of Deeds (-)
	Commonwealth (+)
(5) Audit Balance Due From: To:	
	Recorder of Deeds (-)
	Commonwealth (+)
(6) Total Amount Due	
(7) Total Amount Deposited	

CERTIFICATION

I certify that the information contained in this report is true and correct. _____
(Recorder of Deeds Signature) Date

OFFICIAL SETTLEMENT

(1) Gross Tax Collections	
(2) Commission @ 1%	
(3) Net Tax Collections	
(4) Balance Due or Credit for Month of:	
(5) Audit Settlement From: To:	
(6) Total Amount Due	
(7) Total Amount Deposited	
(8) Balance Due <input type="checkbox"/> Recorder <input type="checkbox"/> Commonwealth	

COMMISSION SUMMARY

Commission Due on Reported Collections	
Commission Adjustment(s):	
For Month of:	
For Month of:	
For Month of:	
Commission Paid (Check # _____)	

Department of Revenue	Office of the Auditor General
Settled and Delivered _____	Audited and Approved _____
For Secretary of Revenue	For Auditor General

INSTRUCTIONS

- Line 1 - Gross Tax Collections** - Enter the total monthly collections of Realty Transfer tax.
- Line 2 - Commission @ 1%** - Calculate and Enter 1% commission from the total collections in Line 1.
- Line 3 - Net Tax Collections** - Subtract Line 2 from Line 1.
- Line 4 - Recorder of Deeds** - Enter the amount of any overpayment made from a prior month. Please indicate the month and the amount of tax paid.
Commonwealth - Enter any balance owed from a prior month. Please indicate the month and the amount of tax owed.
- Line 5 - Recorder of Deeds** - Enter the amount of any overpayment made as shown in an audit settlement of your account. Please indicate the period your account was audited.
Commonwealth - Enter the amount of any balance due as shown in an audit settlement of your account. Please indicate the period your account was audited.
- Line 6 - Total Amount Deposited** - From the amount reported on Line 3, add or subtract Lines 4 & 5 and enter the net total on Line 7.
(The total of your monthly deposit tickets should be the same as the amount entered on Line 7.)

Forward the following to the Bureau of Imaging and Document Management on or before the 10th day of each month:

- A.** Original and one copy of the **Recorder of Deeds** Report (REV-715).
- B.** Original deposit tickets (pink or yellow copy) or 2 copies itemizing each days deposit.

The address for the Bureau of Imaging and Document Management is as follows:

**BUREAU OF IMAGING AND DOCUMENT MANAGEMENT
IMAGING SUPPORT AND BANKING OPERATIONS DIVISION
PO BOX 280400
HARRISBURG PA 17128-0400**

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

Commission rates and limits are determined in accordance with Act 207 of 1986.

TOTAL TRANSFER TAXES COMMISSION RATE

1% of Gross Collections
