



RECORDER OF DEEDS MONTHLY REPORT

INSTRUCTIONS ON REVERSE

COUNTY	
COUNTY NUMBER	
MONTH	20
NAME	

POSTMARK DATE

BATCH NO. (BIDM)

(1) Deeds	_____	
(2) Mortgages	_____	
(3) Other Writs	_____	
(4) Total Taxable Instruments	_____	x 0.50 = \$ _____
(5) Commissions (County Officers)	_____	x \$10 = \$ _____
(6) Gross Tax Collections (Add Lines 4 and 5)		\$ _____
(7) Commission (Line 6 x 0.03)		(-) \$ _____
(8) Net Tax Collections		\$ _____
(9) Judicial Computer System (JCS)/Access to Justice (ATJ)/ Criminal Justice Enhancement Account (CJEA) Fees	_____	x \$40.25 = \$ _____
(10) Total Net Collections (Add Lines 8 and 9)		\$ _____
BALANCE DUE FROM PRIOR REPORT FOR MONTH	(11) Recorder of Deeds (Subtract)	(-) \$ _____
BALANCE DUE AUDIT FROM _____ TO _____	(12) Commonwealth (Add)	+ \$ _____
	(13) Recorder of Deeds (Subtract)	(-) \$ _____
	(14) Commonwealth (Add)	+ \$ _____
(15) Earned Interest for the Period From _____ To _____		\$ _____
(16) Remittance		\$ _____

CERTIFICATION

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

(RECORDER OF DEEDS SIGNATURE)

DO NOT WRITE BELOW THIS LINE

OFFICIAL SETTLEMENT	AMOUNT DUE
Gross Tax Collections	
Commission at 3 percent	
Net Tax Collections	
Judicial Computer System/Access to Justice/Criminal Justice Enhancement Account Fees	
Total Net Collections	
Earned Interest From _____ To _____	
Balance Due or Credit for Month of: _____	
Audit Settlement From _____ To _____	
Amount Due this Return	
Remittance	
BALANCE DUE () Recorder () Commonwealth	

DEPARTMENT OF REVENUE

OFFICE OF THE AUDITOR GENERAL

SETTLED AND DELIVERED _____

AUDITED AND APPROVED _____

FOR: SECRETARY OF REVENUE

FOR: AUDITOR GENERAL

INSTRUCTIONS

Lines 1-2: Report number for the month.

Line 9: (JCS/ATJ/CJEA) Fees. Report the total number of documents recorded on which the \$40.25 JCS/ATJ/CJEA Fee was collected.

The original signed copy must be postmarked to the PA Department of Revenue not 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.