

REV-1845

BUREAU OF INDIVIDUAL TAXES
PO BOX 280600
HARRISBURG PA 17128-0600

NOTICE OF INTENT TO ENTER SAFE DEPOSIT BOX

PLEASE PRINT OR TYPE

Use this form to notify the Department of the intent to enter a safe deposit box. Complete all of the information and submit to the Department at the address above at least 7 days in advance of entry of the safe deposit box.

SECTION I DECEDENT INFORMATION

Decedent Last Name	Decedent Middle Name	Decedent First Name	
County File Number	SSN (required)	Date of Death	

SECTION II FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution	Date of Scheduled Entry	Time of Scheduled Entry	
Street Address			
City		State	ZIP Code

SECTION III REQUESTER INFORMATION

Requester Name			
Street Address			
City		State	ZIP Code
Signature	Title	Date	



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GENERAL INFORMATION

Notice of a proposed safe deposit box entry must be delivered to the department via United States Postal Service with return receipt service.

When a person furnishes a signed statement under penalty of perjury that he or someone on his behalf has given this notice, the financial institution in which a safe deposit box of a decedent is located shall permit entry into the box and removal of its contents, without the presence of a department or bank employee.

- The notice must include:
 - a. the name of estate and person entering the box,
 - b. the name and street address of the financial institution in which the box is located, and
 - c. the date and time of entry.
- The notice must be:
 - a. delivered via United States Postal Service, return receipt service,
 - b. copied to the financial institution in which the box is located, and
 - c. sent at least seven days in advance to:

**PA DEPARTMENT OF REVENUE
INHERITANCE TAX DIVISION
PO BOX 280600
HARRISBURG PA 17128-0600**

LINE INSTRUCTIONS

SECTION I

DECEDENT INFORMATION

Complete all information as indicated.



IMPORTANT: The decedent's Social Security Number is required.

SECTION II

FINANCIAL INSTITUTION INFORMATION

Provide the information for the financial institution where the safe deposit box is located.

Complete all information as indicated.

SECTION III

REQUESTER'S INFORMATION

The requester is the person requesting the opening of the safe deposit box.

Complete all information as indicated.



IMPORTANT: This notice must be signed by the person entering the safe deposit box.