



PROTHONOTARY MONTHLY REPORT

INSTRUCTIONS ON REVERSE

| | |
|---------------|----|
| COUNTY | |
| COUNTY NUMBER | |
| MONTH | 20 |
| NAME | |

POSTMARK DATE

BATCH NO. (BIDM)

- (1) D.P.A. Satisfactions, Judgments & Other Writs x 0.50 = \$ _____
- (2) Transcripts and Appeals x 0.25 = \$ _____
- (3) Gross Writ Tax Collections (Add Lines 1 and 2) \$ _____
- (4) Commission (Line 3 x 3%) (0.03) (-) \$ _____
- (5) Net Tax Collections \$ _____
- (6) Divorce Complaint Surcharges x 10.00 = \$ _____
- (7) Judicial Computer System (JCS)/Access to Justice (ATJ)/
Criminal Justice Enhancement Account (CJEA) Fees x 40.25 = \$ _____
 Line (7) Includes Domestic Relations JCS/ATJ/CJEA Fee Collections.
- (8) Protection From Abuse -- PSP Surcharges \$ _____ + Contempt Fines \$ _____ = \$ _____
- (9) Protection From Abuse -- DPW Surcharges \$ _____ + Contempt Fines \$ _____ = \$ _____
- (10) Total Net Collections (Add lines 5, 6, 7, 8 and 9) \$ _____
- (11) Prothonotary (Subtract) (-) \$ _____
- (12) Commonwealth (Add) + \$ _____
- (13) Prothonotary (Subtract) (-) \$ _____
- (14) Commonwealth (Add) + \$ _____
- (15) Earned Interest for the Period From _____ To _____ + \$ _____
- (16) 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. _____

(PROTHONOTARY'S SIGNATURE)

DO NOT WRITE BELOW THIS LINE

| OFFICIAL SETTLEMENT | AMOUNT DUE |
|--|------------|
| Gross Tax Collections | |
| Commission at 3 percent | |
| Net Tax Collections | |
| Divorce Complaint Surcharges | |
| Judicial Computer System/Access to Justice/Criminal Justice Enhancement Account Fees | |
| Protection From Abuse Collections | |
| Total Net Collections | |
| Earned Interest From _____ To _____ | |
| Balance Due or Credit for Month of: _____ | |
| Audit Settlement From _____ To _____ | |
| Amount Due this Report | |
| Remittance | |
| BALANCE DUE () Prothonotary () 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 6: Report number for the month. See (Act 151 of 1988 and Act 43 of 1990) for more information.

Line 7: Report number for the month. NOTE: JCS/ATJ/CJEA fees collected in the Domestic Relations Office may be included on this report. Therefore, a separate Prothonotary Monthly Report (REV-711), is not required. On Line 7, report the combined number of instrument filings handled by both offices on which the JCS/ATJ/CJEA fee was collected. Also, place a checkmark in the block shown below Line 7.

Line 8: Report the total monthly collections of the surcharge imposed under 23 Pa. C. S. §6106 (d) and distributable to the Pennsylvania State Police (PSP). Also, report the total monthly collections of criminal contempt fines imposed for violation of a protection order under 23 Pa. C. S. §6114 and distributable to PSP. Report all collections of surcharges and criminal contempt fines, both partial and full payments. Enter the combined total of PSP surcharges and PSP criminal contempt fines on the corresponding line on the right side of the report. See (Act 66 of 2005) for more information.

Line 9: Report the total monthly collections of the surcharge imposed under 23 Pa. C. S. §6106 (d) and distributable to the PA Department of Public Welfare (DPW). Also, report the total monthly collections of criminal contempt fines imposed for violation of a protection order under 23 Pa. C. S. §6114 and distributable to DPW. Report all collections of surcharges and criminal contempt fines, both partial and full payments. Enter the combined total of DPW surcharges and DPW criminal contempt fines on the corresponding line on the right side of the report. See (Act 66 of 2005) for more information.

NOTE: Surcharges, fines and fees are not subject to a commission. Commission is only applicable to gross writ tax collections (Line 3).

The original signed copy of the Prothonotary Monthly Report (REV-711) 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.