

**INHERITANCE TAX PREPAYMENTS**

(INFORMATION REQUIRED FOR INHERITANCE TAX  
PAYMENTS BEING MADE BEFORE OPENING AN ESTATE)

**DECEDENT INFORMATION**

FILE NUMBER: \_\_\_\_\_

DECEDENT'S NAME: \_\_\_\_\_

DECEDENT'S SS#: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

**PERSONAL REPRESENTATIVE/BENEFICIARY INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

YOUR RELATIONSHIP TO DECEDENT: \_\_\_\_\_

**RECEIPT INFORMATION**

RECEIPT NO.: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

DISCOUNT: \_\_\_\_\_

DESCRIPTION OF ASSET: \_\_\_\_\_

*THIS FORM IS INTENDED FOR INFORMATIONAL PURPOSES ONLY; THIS ASSET SHOULD BE REPORTED ON THE REV-1500.*

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_