3460019105

pennsylvania
DEPARTMENT OF REVENUE

(EX) MOD 08-19 (FI)

REV-346

BUREAU OF INDIVIDUAL TAXES
PO BOX 280601
HARRISBURG PA 17128-0601

ESTATE INFORMATION SHEET

FOR REGISTER'S OFFICE USE ONLY

County Code	Year	File Number
54		

SECTION I DECEDENT INFORMATION

Enter data as it will appear on all documents submitted to the Department.

START

Decedent's Social Security Number | Date of Death | Date of Birth

Last Name | Suffix | First Name | MI

SECTION II TYPE FILING

Fill in oval to indicate the nature of the return to be filed with the Department.

Probate Return | Joint Assets Only | Non-probate Assets Only | Litigation Purposes (no other assets)

SECTION III LETTERS GRANTED

Fill in oval to indicate the nature of the proceedings at the Register of Wills Office. (Attach additional sheets if explanation is necessary.)

Testamentary | Administration | No Letters | Other (Please Explain.)

SECTION IV ATTORNEY/CORRESPONDENT INFORMATION

Enter all information for the attorney or individual to receive tax information and correspondence.

Last Name | Suffix | First Name | MI

Supreme Court I.D. # | Telephone Number | Attorney/ Correspondent's e-mail address:

First Line of Address

Second Line of Address

City or Post Office | State | ZIP Code

SECTION V PERSONAL REPRESENTATIVE INFORMATION

Enter all information for the personal representative(s) of the estate authorized by the Register of Wills.

Executor/Administrator Last Name | Suffix | First Name | MI

First Line of Address

Second Line of Address

OFFICIAL USE ONLY

TRANSACTION COUNT

City or Post Office | State | ZIP Code

Telephone Number

Indicate additional personal representatives on reverse side.

3460019105

SIDE 1

3460019105

Reset Entire Form | RETURN TO TOP | NEXT PAGE | PRINT FORM

REV-346 (EX) MOD 08-19 (FI)

Decedent's Social Security Number

Decedent's Name: _____

SECTION V PERSONAL REPRESENTATIVE INFORMATION cont.

Co-Executor/Administrator Last Name (if necessary) | Suffix | First Name | MI

First Line of Address

Second Line of Address

City or Post Office | State | ZIP Code

Telephone Number

Second Co-Executor/Administrator Last Name (if necessary) | Suffix | First Name | MI

First Line of Address

Second Line of Address

City or Post Office | State | ZIP Code

Telephone Number

pennsylvania
DEPARTMENT OF REVENUE

Pennsylvania Department of Revenue

Instructions for REV-346

Estate Information Sheet

REV-346 IN (EX) MOD 08-19

GENERAL INSTRUCTIONS

This form should be filed with the Register of Wills of the county of which the decedent was a resident at death.

Please be aware the correspondent identified will receive all correspondence from the department. It is the responsibility of the personal representative to notify the department if the correspondent contact information changes.

The department is authorized by law, 42 U.S.C. §405 (c)(2)(C)(i), to require disclosure of Social Security numbers in connection with administering state tax laws. The department uses the Social Security number to identify the decedent and personal representatives of the estate. The Commonwealth may also use the information in exchange-of-tax-information agreements with federal and local taxing authorities. State law prohibits Commonwealth personnel from disclosing confidential tax information except for official purposes.