

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION I DECEDENT INFORMATION

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

Decedent's Social Security Number	Date of Death	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Last Name	Suffix	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supreme Court I.D. #	Telephone Number	Attorney/ Correspondent's e-mail address:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
First Line of Address			
<input type="text"/>			
Second Line of Address			
<input type="text"/>			
City or Post Office	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Line of Address			
<input type="text"/>			
Second Line of Address			
<input type="text"/>			
City or Post Office	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone Number			
<input type="text"/>			

Indicate additional personal representatives on reverse side.

OFFICIAL USE ONLY
TRANSACTION COUNT <input type="text"/>



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



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.