

# INHERITANCE TAX JOINT BANK ACCOUNT ADVANCE PAYMENT WORKSHEET

COUNTY FILE NUMBER
INHERITANCE TAX RECEIPT NUMBER

<b>DECEDENT INFORMATION</b>	DECEDENT'S NAME (LAST) (FIRST) (MIDDLE INITIAL)
	DECEDENT'S SOCIAL SECURITY NUMBER DATE OF DEATH
	ADDRESS OF DECEDENT CITY STATE ZIP

<b>FINANCIAL INSTITUTION INFORMATION</b>	NAME OF FINANCIAL INSTITUTION
	ADDRESS CITY STATE ZIP
	TELEPHONE NUMBER ( )

<b>ACCOUNT INFORMATION</b>	<b>TYPE OF ACCOUNT</b> <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING <input type="checkbox"/> TRUST <input type="checkbox"/> CERTIFICATE OF DEPOSIT <input type="checkbox"/> OTHER _____	
	ACCOUNT BALANCE (INCLUDE INTEREST TO DATE OF DEATH)	ACCOUNT NUMBER
	ACCOUNT TITLE AS APPEARS ON SIGNATURE CARD OR CD	ORIGINAL DATE ESTABLISHED

<b>SURVIVING JOINT OWNER INFORMATION</b>	NAME (Last) (First) (Middle Initial)	<b>Department of Revenue Use Only</b>	
	ADDRESS		<b>PERCENT TAXABLE</b>
	CITY STATE ZIP CODE		
	RELATIONSHIP TO DECEDENT TELEPHONE NUMBER ( )		<b>TAX RATE</b>

<b>SURVIVING JOINT OWNER INFORMATION</b>	NAME (Last) (First) (Middle Initial)	<b>PERCENT TAXABLE</b>	
	ADDRESS		
	CITY STATE ZIP CODE		
	RELATIONSHIP TO DECEDENT TELEPHONE NUMBER ( )		<b>TAX RATE</b>

<b>SURVIVING JOINT OWNER INFORMATION</b>	NAME (Last) (First) (Middle Initial)	<b>PERCENT TAXABLE</b>	
	ADDRESS		
	CITY STATE ZIP CODE		
	RELATIONSHIP TO DECEDENT TELEPHONE NUMBER ( )		<b>TAX RATE</b>

**LIST DEBTS & DEDUCTIONS BELOW**

Date Paid	Payee	Description	Amount Paid

**Note: Please attach to receipt** **Total \$** \_\_\_\_\_

**INHERITANCE TAX JOINT BANK ACCOUNT  
ADVANCE PAYMENT WORKSHEET  
DIRECTIONS for REV-548**

The Advance Payment Worksheet enables the taxpayer to report a specific jointly owned or other non-probate asset to the Department without the filling of an actual inheritance tax return form (REV-1500), and it also allows the taxpayer to qualify for 5% discount if payment is made within (3) three months following the decedent's date of death.

**WHO MAY USE THE ADVANCE PAYMENT WORKSHEET?**

1. Surviving owners of jointly held assets.
2. Beneficiaries of "in trust for" (ITF) accounts.
3. Beneficiaries of other assets not subject to the administration of the decedent's estate by the personal representative.

***PLEASE FILL IN BLOCKS COMPLETELY SO THAT AN ACCURATE NOTICE OF ASSESSMENT CAN BE ISSUED.***

**DECEDENT INFORMATION**

- decedent's legal name
- social security number
- decedent's date of death

**FINANCIAL INSTITUTION INFORMATION**

- name & address of bank or branch office
- provide bank phone number if available

**ACCOUNT INFORMATION** (LIST ONLY ONE ACCOUNT PER WORKSHEET)

- Indicate type of account by checking appropriate box, if other, list specific type (only one account per worksheet).
- Account balance at date of death (include interest in total).
- Account number
- Account title as appears on signature card (identify power of attorney, representative payee, attorney in fact, or PUGMA accounts, IRA's etc. where they may apply).
- Original date the account was established in joint ownership. Provide signature cards, trust agreements, and other pertinent documents (if available).

**SURVIVING JOINT OWNER INFORMATION** (USE SEPARATE BLOCK FOR EACH SURVIVOR)

- use legal names
- social security numbers if known
- current address
- relationship to decedent to insure correct tax rates

**DEBTS & DEDUCTIONS**

If there are no probate assets and the surviving owner has actually paid expenses incurred because of the decedent's death, they can be listed and deducted from the portion of the account balance subject to tax. Include expenses directly related to the decedent's death such as funeral costs, refreshments following the funeral, flowers, cemetery plots and markers, engraving, etc. Provide appropriate documents to substantiate claims.

After review by the Department, a formal notice of assessment will be returned to each individual owner indicating the final status of the particular asset that has been reported.

Make checks payable to the REGISTER of WILLS, Agent, in the county of the decedent's LEGAL residence.