



**pennsylvania**

DEPARTMENT OF REVENUE

BUREAU OF IMAGING & DOCUMENT MANAGEMENT  
BANK RECONCILIATION SECTION  
PO BOX 280400  
HARRISBURG PA 17128-0400

# CLERK OF ORPHANS' COURT MONTHLY REPORT

INSTRUCTIONS ON REVERSE

COUNTY
COUNTY NUMBER
MONTH
NAME

20

**POSTMARK DATE**

**BATCH NO. (BIDM)**

- (1) Marriage License Taxes ..... x 0.50 = \$
  - (2) Marriage License Application Surcharges (Act 151) ..... x 10.00 = \$
  - (3) Marriage License/Declaration Fees (Act 222) ..... x 10.00 = \$
  - (4) Judicial Computer System (JCS)/Access to Justice (ATJ)/  
Criminal Justice Enhancement Account (CJEA) Fees ..... x 35.50 = \$  
 Line 4 Includes Register of Wills JCS/ATJ/CJEA Fee Collections.
  - (5) Total Collections (Add Lines 1, 2, 3 and 4) ..... \$
- |                                   |
|-----------------------------------|
| BALANCE DUE FROM PRIOR REPORT FOR |
| MONTH                             |
| BALANCE DUE AUDIT                 |
| FROM _____ TO _____               |
- (6) Clerk of Orphans' Court (Subtract) ..... ( - ) \$
  - (7) Commonwealth (Add) ..... + \$
  - (8) Clerk of Orphans' Court (Subtract) ..... ( - ) \$
  - (9) Commonwealth (Add) ..... + \$
  - (10) Earned Interest for the Period From \_\_\_\_\_ To \_\_\_\_\_ ..... + \$
  - (11) Remittance ..... \$

## CERTIFICATION

I certify the information contained in this report is true and correct. \_\_\_\_\_

(CLERK OF ORPHANS' COURT SIGNATURE)

DO NOT WRITE BELOW THIS LINE

OFFICIAL SETTLEMENT	AMOUNT DUE
Tax Collections	
Surcharge Collections	
Marriage License/Declaration Fees	
Judicial Computer System/Access to Justice/Criminal Justice Enhancement Account Fees	
Total Collections	
Earned Interest	
Balance Due or Credit for Month of: _____	
Audit Settlement From _____ To _____	
Amount Due this Report	
Remittance	
BALANCE DUE ( ) Clerk of Orphans' Court ( ) Commonwealth	

DEPARTMENT OF REVENUE

OFFICE OF THE AUDITOR GENERAL

SETTLED AND DELIVERED \_\_\_\_\_

AUDITED AND APPROVED \_\_\_\_\_

FOR: SECRETARY OF REVENUE

FOR: AUDITOR GENERAL

# INSTRUCTIONS

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**Lines 1:** Report number for the month.

**Line 2:** Report number for the month. See (Act 151 of 1988) for more information.

**Line 3:** Report number for the month. See (Act 222 of 1990) for more information.

**Line 4:** Report number for the month. NOTE: If you also hold the office of Register of Wills, JCS/ATJ/CJEA fees collected in that office may be included on this report. Therefore, a separate Register of Wills Fee Collections Monthly Report (REV-718EX) is not required. On Line 4, report the combined number of instrument filings handled by both offices in which the JCS/ATJ/CJEA fee was collected. Also place a checkmark in the block shown below Line 4.

The original signed copy of the report 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.