

**NJ-1041
2009**



State of New Jersey
**GROSS INCOME TAX
FIDUCIARY RETURN**

For Taxable Year January 1, 2009 - December 31, 2009
Or Other Taxable Year Beginning _____, 2009,
Ending _____, 20__

5-F Check this block if application for Federal extension is enclosed or enter confirmation number _____

Federal Employer Identification Number	Name of Estate or Trust		
	Name and Title of Fiduciary		
▲ You must enter your FEIN above ▲	Address of Fiduciary (Number and Street or Rural Route)		
For Privacy Act Notification, see instructions	City, Town, Post Office	State	Zip Code

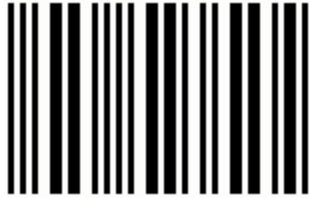
RESIDENCY STATUS: (check only ONE box)

1. Resident Estate - Date of decedent's death _____
2. Resident Trust - Date trust created _____
3. Nonresident Estate - Date of decedent's death and State _____ } Type of Trust
4. Nonresident Trust - Date trust created and State _____ } Name of State
5. If estate was closed or trust terminated, check box Also state the date _____

GUBERNATORIAL ELECTIONS FUND → Do you wish to designate \$1 of your taxes for this fund? YES NO **Note:** IF YOU CHECK THE "YES" BOX, IT WILL NOT INCREASE THE TAX OR REDUCE THE REFUND

NOTE: Nonresident estates and trusts, see instructions.

6. Interest Tax-Exempt Interest _____	6		
7. Dividends Tax-Exempt Dividends _____	7		
8. Net profits from business (From Schedule A, Line 38)	8		
9. Net gains or income from disposition of property (From Schedule B, Line 42)	9		
10. Net gains or income from rents, royalties, patents, and copyrights (From Schedule C, Line 45)	10		
11. Distributive Share of Partnership Income (Enclose Schedule NJK-1)	11		
12. Net pro rata share of S Corporation Income (Enclose Schedule NJ-K-1)	12		
13. Other Income - State Nature _____	13		
14. Gross Income (Add Lines 6 through 13) If \$10,000 or less, see instructions	14		
15. Distributions (From Schedule D Line 47A)	15		
16. Total Income (Line 14 minus Line 15)	16		
16a. NONRESIDENTS: NJ Income from Schedule G, Line 11	16a		
17. Income Commissions	17		
18. Exemption - Enter \$1,000 (Part-year taxpayers - see instructions)	18		
19. Health Enterprise Zone Deduction	19		
20. Total deductions and exemption (Add Lines 17, 18, and 19)	20		
21. Taxable Income (Line 16 less Line 20)	21		



<i>Federal Employer Identification Number</i>	Name of Estate or Trust
	Name and Title of Fiduciary

22. Taxable Income (from Page 1, Line 21)	22		
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NONRESIDENTS ONLY:			
23. Tax on amount on Line 22 (From Tax Table on page 15)	23		
24. Income Percentage $\frac{\text{(Line 16a)}}{\text{(Line 16)}} = \text{_____} \%$			

25. TAX: Residents (From Tax Table, page 15) Nonresidents (Multiply amount from Line 23 _____ x _____ % from Line 24)	25		
26. Credit for income or wage taxes paid by New Jersey estates or trusts to other jurisdictions (From Schedule E, Line 52)	26		
27. Balance of Tax (Subtract Line 26 from Line 25)	27		
28. Sheltered Workshop Tax Credit	28		
29. Balance of Tax after Credit (Subtract Line 28 from Line 27)	29		
30. New Jersey income tax previously paid	30		
31a. Tax paid on your behalf by Partnership(s) From NJK-1s (enclose)	31a		
31b. Tax paid on your behalf by Partnership(s) and Distributed From Line 47C	31b		
31c. Balance of tax paid on your behalf by Partnership(s) (Subtract Line 31b from 31a)	31c		
32. Total payments and credits (Add Line 30 and Line 31c)	32		
33. Balance of Tax Due (Line 29 less Line 32)	33		
34. Overpayment (Line 32 less Line 29)	34		
35. Credit to 2010 Tax	35		
36. Refund (Line 34 less Line 35)	36		

SIGN HERE	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.	Pay amount on Line 33 in full. Write FEIN on check or money order and make payable to: STATE OF NEW JERSEY - TGI Division of Taxation Revenue Processing Center PO Box 888 Trenton, NJ 08646-0888 You may also pay by e-check or credit card.
	_____ Signature of Fiduciary or Officer Representing Fiduciary Date	
	I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) <input type="checkbox"/>	
	_____ Signature of Preparer Other than Fiduciary Date Address Fed. ID. No.	

Division Use	1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____
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Federal Employer Identification Number	Name of Estate or Trust	Name and Title of Fiduciary
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SCHEDULE A NET PROFITS FROM BUSINESS List below the type of business, address, and net profit (loss) from each business carried on individually by the taxpayer. Enclose Federal Schedule C or F.

	TYPE OF BUSINESS	ADDRESS	NET PROFIT (LOSS)
37.			
38.	TOTAL (Enter here and on Page 1, Line 8) (If loss enter ZERO)		38

SCHEDULE B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible. Enclose Federal Schedule D.

	(a) Kind of property and description	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Gross sales price	(e) Cost or other basis as adjusted (see instructions) and expense of sale	(f) Gain or (loss) (d less e)
39.						
40.	Capital Gains Distributions					40
41.	Other Net Gains					41
42.	Net Gains (Add Lines 39, 40, and 41) (Enter here and on Page 1, Line 9) (If loss enter ZERO)					42

SCHEDULE C NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS, AND COPYRIGHTS List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return. If you have passive losses for Federal purposes, see instructions. Enclose Federal Schedule E.

	(a) Kind of Property	(b) Net Rental Income (loss)	(c) Net Income From Royalties	(d) Net Income From Patents	(e) Net Income From Copyrights	
43.						
44.	TOTALS	(b)	(c)	(d)	(e)	
45.	Net Income (Combine Columns b, c, d, and e) (Enter here and on Page 1, Line 10) (If loss enter ZERO)					45

SCHEDULE D BENEFICIARIES' SHARES OF INCOME Enclose New Jersey Schedule NJK-1

	Name and Address of Each Beneficiary	Indicate Residency Status	Social Security Number	DISTRIBUTIONS						
				Column A Total Income	Column B NJ Source Income	Column C Tax Paid by Partnerships				
46.										
47.	TOTAL (Enter amount from Line 47A on Page 1, Line 15) (Enter amount from Line 47B on Schedule G, Line 10) (Enter amount from Line 47C on Page 2, Line 31b)			47A	47B	47C				

SCHEDULE E CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION A copy of other state or political subdivision tax return must be retained with your records.

48.	Income actually taxed by other jurisdiction during tax year (indicate name _____)	48	
<i>(Do not combine the same income taxed by more than one jurisdiction.) Amount on Line 48 cannot exceed amount on Line 49</i>			
49.	Income Subject to Tax by New Jersey. (From Page 1, Line 16)	49	
50.	Maximum Allowable Credit (48) _____ x _____ =	50	
<i>(Divide Line 49 into Line 48) (49) (New Jersey Tax, Line 25, Page 2)</i>			
51.	Income tax paid to other jurisdiction	51	
52.	Credit Allowed. (Enter lesser of Line 50 or Line 51 here and on Page 2, Line 26)	52	

SCHEDULE F ALLOCATION OF BUSINESS INCOME TO NEW JERSEY See instructions if other than Formula Basis of allocation is used. Enclose Form NJ-NR-A to Form NJ-1041.

BUSINESS ALLOCATION PERCENTAGE (From Form NJ-NR-A)
Enter below, the line number and amount of each item of business income reported on Form NJ-1041 which is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.

From Line No. _____ \$ _____ x _____ % = \$ _____

From Line No. _____ \$ _____ x _____ % = \$ _____

Beneficiary's or Grantor's Share of Income

For Calendar Year 2009, or Fiscal Year Beginning _____, 2009 and ending _____, 20_____

PART I General Information			
Beneficiary or Grantor Information		Estate or Trust Information	
Federal Identification Number		Federal Identification Number	
Name		Name of Estate or Trust	
Street Address		Name of Fiduciary	
		Street Address	
City	State	Zip Code	
City		State	Zip Code
Check Applicable Box Individual <input type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Trust <input type="checkbox"/> <input type="checkbox"/> Tax-Exempt Entity <input type="checkbox"/> <input type="checkbox"/> Grantor <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Final NJK-1 <input type="checkbox"/> Member of Composite Return <input type="checkbox"/> Amended NJK-1		Check Applicable Box Estate <input type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Trust <input type="checkbox"/> <input type="checkbox"/> Grantor Trust <input type="checkbox"/> <input type="checkbox"/>	

PART II Beneficiary's Share of Income			
	Total Distribution	New Jersey Source Income Distributed	Tax Paid by Partnerships and Distributed
Net Income From Estate or Trust			

PART III Grantor's Share of Income		
	Everywhere Income	NJ Source Income
Interest NJ Exempt _____		
Dividends NJ Exempt _____		
Net profits or loss from business		
Net gains, income or loss from disposition of property		
Net gains, income or loss from rents, royalties, patents and copyrights		
Distributive share of partnership income or loss		
Net pro rata share of S corporation income or loss		
Other Income - state nature _____		
Tax paid by partnership(s) on behalf of trust		

Beneficiary and Grantor Reporting of Income

For gross income tax reporting purposes, the net income earned by an estate or trust does not retain its character, i.e., interest, partnership income; rather it is a specified income category - Net Gains or Income Derived Through Estates or Trusts.

The net income from an estate or trust actually distributed or required to be distributed during the taxable year is taxable to the beneficiary in the income category, Net Income From Estates and Trusts. In completing New Jersey Form NJ-1040, NJ-1040NR or NJ-1041 the income is included on the line Other Income.

Beneficiary Reporting of NJK-1 Income and Tax Paid by Partnerships and Distributed

Resident Individual, Estate or Trust - Include the Total Distribution on Form NJ-1040 or Form NJ-1041, Other Income.

Nonresident Individual - Include the Total Distribution on Form NJ-1040NR, in Column A, Other Income. Include the New Jersey Source Income Distributed in Column B, Other Income. Include the Tax Paid by Partnerships and Distributed on Form NJ-1040NR, Line 46.

Nonresident Estate or Trust - Include the Total Distribution on Form NJ-1041, Other Income. Include the New Jersey Source Income Distributed on Schedule G, Other Income. Include the Tax Paid by Partnerships and Distributed on Form NJ-1041, Line 31a.

Grantor Reporting of NJK-1 Share of Income and Tax Paid by Partnerships on Behalf of Trust

Resident Grantor - Include the Everywhere Income amounts in each category of income on Form NJ-1040.

Nonresident Grantor - Include the Everywhere Income amounts in each category of income on Form NJ-1040NR, Column A. Include the New Jersey Source Income amounts in each category of income in Column B. Include Tax Paid by Partnerships on Behalf of Trust on Line 46.

NEW JERSEY GROSS INCOME TAX
BUSINESS ALLOCATION SCHEDULE

Use this schedule if business activities are carried on both inside and outside New Jersey or
if business activities are carried on 100% outside New Jersey.

This form must be enclosed and filed with your New Jersey Income Tax return.

Enter name, address and Social Security/Federal Employer Identification Number as shown on the Form NJ-1040NR, Form NJ-1041 or Form NJ-1065.

Legal name of taxpayer	Social Security Number/Federal EIN		
Trade name of business if different from legal name above	For the Taxable Year Ending (Month, Day, Year)		
Address (number and street or rural route)			
City or Post Office	State	Zip Code	

Section 1 - Business Locations

List all places BOTH INSIDE AND OUTSIDE New Jersey where business is carried on.

	(a) Street Address	(b) City and State	(c) Description of Business Location	(d) Check One	
				RENT	OWN
1.					
2.					
3.					
4.					

Section 2 - Average Values

ASSETS (See instructions)	Average Values			
	Column A Everywhere		Column B New Jersey	
1. Real Property Owned	1.		1.	
2. Real and Tangible Property Rented	2.		2.	
3. Tangible Personal Property Owned	3.		3.	
4. TOTALS (Add Lines 1-3 in each column)	4.		4.	

Section 3 - Business Allocation Percentage

1.	Average Values of Property:				
	a. In New Jersey (from Section 2, Column B, Line 4)	1a			
	b. Everywhere (from Section 2, Column A, Line 4)	1b			
	c. Percentage in New Jersey. (Divide Line 1a by Line 1b)		1c		%
2.	Total Receipts from All Sales, Services and Other Business Transactions:				
	a. In New Jersey	2a			
	b. Everywhere	2b			
	c. Percentage in New Jersey (Divide Line 2a by Line 2b)		2c		%
3.	Wages, Salaries and Other Personal Compensation Paid During the Year:				
	a. In New Jersey	3a			
	b. Everywhere	3b			
	c. Percentage in New Jersey. (Divide Line 3a by Line 3b)		3c		%
4.	Sum of New Jersey Percentages. (Add Lines 1c, 2c and 3c)		4		%
5.	Business Allocation Percentage. (Divide the total on Line 4 by 3; if less than 3 fractions, see instructions)		5		%