N	J-1041 1992		State of No GROSS INC FIDUCIARY	OM	Ε ΤΑΧ ઁ								
<u>H</u>			ble Year January 1, 199										
[			eginning					, 19					
5-F		Check this	s block 🔲 if application for	or Fed	eral extension is at	tached.		<u>.</u>					
	Federal Employe Identification Num		NAME OF ESTATE OR TRUST										
			NAME AND TITLE OF FIDUCIARY										
	For Privacy Act Notified see instructions		ADDRESS OF FIDUCIARY (NUMBER AND STREET OR RURAL ROUTE)										
			CITY, VILLAGE OR POST OFFICE				STATE	ZIP CODE					
	RESIDENCY STATUS:	<ul> <li>Date of decent</li> <li>Date trust creater</li> <li>Date of decent</li> <li>Date trust creater</li> </ul>	dent's death		}		NAME O	F STATE	-				
			signate \$1 of your taxes for thi			NO	BOX	IF YOU CHECK THE ") IT WILL NOT INCREASE OR REDUCE THE REFU	E THE				
	NOTE: If taxpayer is a no	onresident estate	or trust and income apportio	nment	is necessary, complet	e Form N							
6.	Interest						6	T	1				
7.	Dividends						7						
8.	Net profits from business		8										
9.	Net gains or income fror	9		1									
10.	-	10		1									
11.	Net gains or income from rents, royalties, patents, and copyrights (From Schedule C, Line 32)								+				
12.	Other Income-State Nati	12		+									
			13a		+								
13a	Total Income (Add lines 6 through 12)												
13b								1	+				
			······································	<del>, , ,</del>	•••••	· · · · · ·	13c	<u>_</u>					
14.			· · · · · · · · · · · · · · · · · · ·	<b>├</b> ───┼									
15.		· · · · · · · · · · · · ·	, ,					1					
16.	I otal deductions and exe	emption (Add Line	es 14 and 15)		••••		16						
17.		···· · · · · · · · · · · · · · · · · ·					17						
18.				<b>T</b>	••••••		18						
19. 20.	Credit for income or wat	taxes paid by N	lew Jersev estates or trusts										
21.					••••••		21		1				
22.	Balance of Tax Due (Lin	ie 18 less Line 21	)				22		-				
23.	Overpayment (Line 21 le	ess Line 18)	´ • • • • • • • • • • • • • • • • • • •				23						
	statements, and to the t person other than taxpa knowledge.	alties of perjury, I declare that I have examined this return, including accompanying schedules and , and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a lier than taxpayer, this declaration is based on all information of which the preparer has any TURE OF FIDUCIARY OR OFFICER REPRESENTING FIDUCIARY DATE TURE OF FIDUCIARY OR OFFICER REPRESENTING FIDUCIARY DATE					ake						
	3c       Gross Income (Line 13a minus Line 13b)         4.       Deductions for distribution to beneficiaries (From Sch. D Line 34)       14         5.       Exemption - Enter \$1,000 (part year taxpayers - see Instructions)       15         6.       Total deductions and exemption (Add Lines 14 and 15)       15         7.       Taxable Income (Line 13c less Line 16)       19         8.       TAX: (From Tax Rate Schedule on Page 4)       19         9.       New Jersey Income Tax previously paid during taxable period       19         0.       Credit for income or wage taxes paid by New Jersey estates or trusts to other jurisdictions (From Schedule E, Line 39)       20         11.       Total payments and credits (Add Lines 19 and 20)       20         12.       Balance of Tax Due (Line 18 less Line 21)       0         13.       Overpayment (Line 21 less Line 18)       11         14.       Information of which it knowledge and belief, it is true, correct, and complex person other than taxpayer, this declaration is based on all information of which it knowledge.         14.       SIGNATURE OF PREPARER OTHER THAN FIDUCIARY       DATE         Division       SIGNATURE OF PREPARER OTHER THAN FIDUCIARY       ADDRESS       DATE					<b>1</b> 0.	CN 8 Tren	388 ton, N.J. 08646-0888					
1	Division				6	7							

s	CHEDULE A ROM BUSIN		.ist below th ndividually			, address and	l net pro	fit (lo	ss) from ea	ch bi	usines	s carrie	ed on		
	TYPE OF BUSINESS			ADDRESS						NET PROFIT (LOSS)					
24.															
25.	TOTAL (Enter here and on Page 1,	Line 8) (if Lo	oss enter Z	ERO)					25						
s	CHEDULE B NET GAINS O DISPOSITION			List th dispos	e net gains sition of pro	s or income, le operty includir	ess net ng real o	loss, er per	derived fro sonal whet	m the ner ta	e sale, ingible	exchar or inta	nge, or oth Ingible.	er	
	(a) Kind of property and description	aco	Date [ acquired		Date (d) Gross sold sales price		e	(e) Cost or other basis a adjusted (see instruction and expense of sale			s as tions) ale	s) (f) Gain or (loss) (d less e)			;)
26.												1	<u> </u>		
					······					-		1			
27.	Capital Gains Distributions	· · · · · · · · · · · · · · · · · · ·									27				
28.	Other Net Gains										28				
29.	Net Gains (Add Lines 26, 27 and 2	<li>B) (Enter her</li>	re and on F	age 1, L	ine 9) (if l	oss Enter ZE	RO)				29		······································		
SC	CHEDULE C NET GAINS OF ROYALTIES, P	R INCOME F		ITS,	royalties	net gains or i s, patents, and	d copyrig	ghts i	as reported	on y	our Fe	deral li	ncome Ta	of rei x Retu	nts, Irn.
	(a) (b) Net Re Kind of Property Income (			(c) Net Income (d) Net			Net Inco From Pat	me		(e) Net Income From Copyrights					
30.					1										
					;							1			
31.	TOTALS	. (b)			(C)			(d)				(e)			
32.	Net Income (Combine Columns, b,	c, d and e) (	(Enter here	and on I	Page 1, Lii	ne 10) (if Los			0)		32				
sc	CHEDULE D BENEFICIARIE	S SHARE O	FINCOME	E								4			<u>.</u>
	Name of Each Beneficiary	Beneficiary Residency			ddress of each beneficiary. If mailing address differs n home address, give both.			Social Security Number			Amount Distributed During Taxable Period				
33.															
															<u> </u>
34.	TOTAL (Enter here and on Page 1,	Line 14)	•••••				I				34				
sc	HEDULE E CREDIT FOR IN PAID TO OTHE	COME OR	WAGE TA		А сору	of other state						L n(s) mu	ist be attac	ched t	0
35.	Income Subject to Tax by Other Juri	sdiction(s).	Name(s) .								35				
•	(Do not combine the same income														
36.	Income Subject to Tax by New Jersey. (From Page 1, Line 13c)								36						
37.	Maximum Allowable Credit	(35)			X _			_		=	37				
	(Divide Line 36 into Line 35)	(36)				(New Jersey	Tax, Li	ne 18	3, Page 1)	ŀ					
38.	fncome tax paid to other jurisdictions	· · · · · · · · · · ·	· · · · · · ·	•••••	· · · <b>· · · · ·</b> ·				•••••		38				
39.	Credit Allowed. (Enter lesser of Line	37 or Line 3	38 here and	t on Page	e 1, Line 2	0)				[	39				