

New Jersey
Income Tax Fiduciary Return
Electing Small Business Trust

5-F

For Taxable Year January 1, 2019 – December 31, 2019

Or Other Tax Year Beginning _____, 2019, Ending _____, 20_____

Check this box if application for federal extension is attached or enter confirmation number _____

| | | | |
|---|--|---|----------------|
| Federal Employer Identification Number | | Name of Trust | |
| Residency Status <input type="checkbox"/> Resident Trust <input type="checkbox"/> Nonresident Trust | | Name and Title of Fiduciary | |
| | | Address of Fiduciary (Number and Street of Rural Route) | |
| | | City, Town, Post Office | State ZIP Code |

PART I – S CORPORATION INCOME

| | | | |
|---|----|--|--|
| 1. Net pro rata share of S corporation income (Attach Schedule(s) NJ-K-1). (If loss enter "0") | 1. | | |
| 2. Net gain or loss from disposition of S corporation's assets | 2. | | |
| 3. Net gain or loss from disposition of S corporation stock | 3. | | |
| 4. Net gain from disposition of property (Combine line 2 and line 3). (If loss enter "0") | 4. | | |
| 5. Taxable S corporation portion of income (Add line 1 and line 4) | 5. | | |
| 6. Tax due on S corporation portion of income | 6. | | |
| 7. Credit for income taxes paid to other jurisdictions on S corporation portion of income (From Part I Schedule E, line 56) | 7. | | |
| 8. Balance of tax due on S corporation portion of income (line 6 minus line 7)..... | 8. | | |

PART II ESBT NON S CORPORATION INCOME

Resident Trust: Complete PART II only if the ESBT has non S corporation income.

Nonresident Trust: Complete PART II only if the ESBT has non S corporation income from New Jersey sources.

In case of a net loss in any category, enter "0" for that category.

| | | | |
|---|-----|--|--|
| 9. Interest..... Tax-Exempt Interest _____ | 9. | | |
| 10. Dividends..... Tax-Exempt Dividends _____ | 10. | | |
| 11. Net profits from business (From Part II, Schedule A, line 42)..... | 11. | | |
| 12. Net gains or income from disposition of property (From Part II, Schedule B, line 46)..... | 12. | | |
| 13. Net gains or income from rents, royalties, patents, and copyrights (From Part II, Schedule C, line 49)..... | 13. | | |
| 14. Distributive Share of Partnership Income (Enclose Schedule NJK-1)..... | 14. | | |
| 15. Net pro rata share of S Corporation Income (Enclose Schedule NJ-K-1)..... | 15. | | |
| 16. Other Income – State Nature _____ | 16. | | |
| 17. Gross Income (Add lines 9 through 16) If \$10,000 or less, see NJ-1041 instructions..... | 17. | | |

| | | | | |
|---|--|------------------|---|----------------------|
| SIGN HERE | Election Statement: I declare that this trust is a federal Electing Small Business Trust and consents to be taxed as a New Jersey Electing Small Business Trust for Tax Year 2019. | | Pay amount on line 37 in full. Write federal ID number on check or money order and make payable to: State of New Jersey–TGI Division of Taxation Revenue Processing Center PO Box 648 Trenton, NJ 08646-0648 | |
| | 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. | | | |
| | _____ Signature of Fiduciary or Officer Representing Fiduciary | | _____ Date | |
| _____ Signature of Preparer Other than Fiduciary | | _____ Address | _____ Date | _____ Fed. ID No. |

| Federal Employer Identification Number | Name of Trust | Name and Title of Fiduciary |
|--|---------------|-----------------------------|
| 18. Gross Income (From line 17)..... | | 18. |
| 19. Distributions (From Part II, Schedule D line 51A)..... | | 19. |
| 20. Total Income (Subtract line 19 from line 18)..... | | 20. |
| 20a. NONRESIDENTS: NJ Income from Part II, Schedule G, line 11..... | 20a. | |
| 21. Income Commissions | 21. | |
| 22. Exemption – Enter \$1,000 (Part-year taxpayers, see instructions) | 22. | |
| 23. Health Enterprise Zone Deduction | 23. | |
| 24. Total deductions and exemption (Add lines 21, 22, and 23)..... | | 24. |
| 25. Taxable Income (Subtract line 24 from line 20) | | 25. |
| NONRESIDENTS ONLY: | | |
| 26. Tax on amount on line 25 (From Tax Rate Schedule) | 26. | |
| 27. Income Percentage $\frac{\text{(Line 20a)}}{\text{(Line 20)}} = \text{_____} \%$ | | |
| 28. TAX: Residents (From Tax Rate Schedule) | | |
| Nonresidents (Multiply amount from line 26 _____ x _____% from line 27) | | 28. |
| 29. Credit for income taxes paid on non S corporation income (From Part II Schedule E line 56) | | 29. |
| 30. Balance of tax due on non S corporation portion of income (Subtract line 29 from line 28) | | 30. |
| 31. Total tax due on S corporation and non S corporation income (Add line 8 and line 30)..... | | 31. |
| 32. Estimated payments/prior year credits and tax credits..... | | 32. |
| 33. Tax paid by partnerships (Attach Schedule(s) NJK-1)..... | 33. | |
| 34. Tax paid by partnerships and distributed | 34. | |
| 35. Balance of tax paid by partnerships (Subtract line 34 from line 33) | | 35. |
| 36. Total payments and credits (Add line 32 and line 35)..... | | 36. |
| 37. Balance of tax due (Subtract line 36 from line 31)..... | | 37. |
| 38. Overpayment..... | | 38. |
| 39. Credit to 2020 tax | | 39. |
| 40. Refund..... | | 40. |

| | | |
|--|---------------|-----------------------------|
| Federal Employer Identification Number | Name of Trust | Name and Title of Fiduciary |
|--|---------------|-----------------------------|

**PART II
SCHEDULE A**

**Net Profits
From Business**

List 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) |
|-----|--|---------|-------------------|
| 41. | | | |
| | | | |
| | | | |
| 42. | TOTAL (Enter here and on Page 1, line 11) (If loss enter zero) | | 42. |

**PART II
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) |
|-----|---|---|-------------------------------------|--------------------------|---|-------------------------------------|
| 43. | | | | | | |
| | | | | | | |
| 44. | Capital Gains Distributions | | | | | 44. |
| 45. | Other Net Gains..... | | | | | 45. |
| 46. | Net Gains (Add lines 43, 44, and 45) (Enter here and on Page 1, line 12) (If loss enter zero) | | | | | 46. |

**PART II
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 |
|-----|--|------------------------------------|-------------------------------------|-----------------------------------|--------------------------------------|
| 47. | | | | | |
| | | | | | |
| 48. | TOTALS..... | (b) | (c) | (d) | (e) |
| 49. | Net Income (Combine columns b, c, d, and e) (Enter here and on Page 1, line 13) (If loss enter zero) | | | | 49. |

**PART II
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 | | | |
| 50. | | | | | | | | | |
| | | | | | | | | | |
| 51. | TOTAL(Enter amount from line 51A on Part II, line 19) (Enter amount from line 51B on Part II, Schedule G, line 10) (Enter amount from line 51C on Page 2, line 34)..... | | | 51A. | | 51B. | | 51C. | |

| | | |
|--|---------------|-----------------------------|
| Federal Employer Identification Number | Name of Trust | Name and Title of Fiduciary |
|--|---------------|-----------------------------|

**PART I
SCHEDULE E**

**Credit For Income Taxes Paid To Other
Jurisdiction on S Corporation Income**

A copy of other state or political subdivision tax return must be retained with your records

| | | | | |
|-----|--|-----|--|--|
| 52. | S Corporation income actually taxed by other jurisdiction during tax year (indicate name _____) (Do not combine the same income taxed by more than one jurisdiction.) Amount on line 52 cannot exceed amount on line 53. | 52. | | |
| 53. | S Corporation Income Subject to Tax by New Jersey. (From Page 1, line 5)..... | 53. | | |
| 54. | Maximum Allowable Credit (52) _____ x _____ = _____ (Divide line 52 by line 53) (53) (NJ Tax on S Corporation Income, Page 1 line 6) | 54. | | |
| 55. | Income tax paid to other jurisdiction on S Corporation Income..... | 55. | | |
| 56. | Credit Allowed. (Enter lesser of line 54 or line 55 here and on Page 1, line 7) | 56. | | |

**PART II
SCHEDULE E**

**Credit For Income Taxes Paid To Other
Jurisdiction on Non S Corporation Income**

A copy of other state or political subdivision tax return must be retained with your records.

| | | | | |
|-----|--|-----|--|--|
| 52. | Non S Corporation income actually taxed by other jurisdiction during tax year (indicate name _____) (Do not combine the same income taxed by more than one jurisdiction.) Amount on line 52 cannot exceed amount on line 53. | 52. | | |
| 53. | Non S Corporation Income Subject to Tax by New Jersey. (From Page 2, line 20) | 53. | | |
| 54. | Maximum Allowable Credit (52) _____ x _____ = _____ (Divide line 52 by line 53) (53) (NJ Tax on non S Corporation Income, Page 2, line 28) | 54. | | |
| 55. | Income tax paid to other jurisdiction on non S corporation income..... | 55. | | |
| 56. | Credit Allowed. (Enter lesser of line 54 or line 55 here and on Page 2, line 29) | 56. | | |

| | | |
|--|---------------|-----------------------------|
| Federal Employer Identification Number | Name of Trust | Name and Title of Fiduciary |
|--|---------------|-----------------------------|

**PART II
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 with Form NJ-1041SB.

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-1041SB that 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 _____ % = \$ _____

**PART II
SCHEDULE G**

New Jersey Non S Corporation Income of Nonresident Trust

| Non S Corporation Income From New Jersey Sources: | New Jersey Income |
|---|------------------------------|
| 1. Interest..... | 1. |
| 2. Dividends..... | 2. |
| 3. Net profits from business..... | 3. |
| 4. Net gains or income from disposition of property..... | 4. |
| 5. Net gains or income from rents, royalties, patents, and copyrights..... | 5. |
| 6. Distributive share of partnership income..... | 6. |
| 7. Net pro rata share of S corporation income..... | 7. |
| 8. Other Income – State Nature _____ | 8. |
| 9. TOTAL INCOME FROM NEW JERSEY SOURCES (Add lines 1 through 8)..... | 9. |
| 10. New Jersey source income distributed to beneficiaries (From Part II, Schedule D line 51B)..... | 10. |
| 11. New Jersey income (Subtract line 10 from line 9). (Enter here and on Part II, line 20a)... | 11. |

2019 New Jersey Tax Rate Schedule for Form NJ-1041SB

Tax Rate for S Corporation Source Income .1075

Tax Rates for Non S Corporation Source Income:

| | | Step 1 Enter Part II Line 25 | Step 2 Multiply Part II Line 25 by: | | Step 3 Subtract | Your Tax |
|-------------|--------------|------------------------------------|---|---------|--------------------|----------|
| Over | But not over | | | | | |
| \$ 0 | \$ 20,000 | _____ | x .014 | = _____ | - \$ 0 | = _____ |
| \$ 20,000 | \$ 35,000 | _____ | x .0175 | = _____ | - \$ 70.00 | = _____ |
| \$ 35,000 | \$ 40,000 | _____ | x .035 | = _____ | - \$ 682.50 | = _____ |
| \$ 40,000 | \$ 75,000 | _____ | x .05525 | = _____ | - \$ 1,492.50 | = _____ |
| \$ 75,000 | \$ 500,000 | _____ | x .0637 | = _____ | - \$ 2,126.25 | = _____ |
| \$ 500,000 | \$ 5,000,000 | _____ | x .0897 | = _____ | - \$ 15,126.25 | = _____ |
| \$5,000,000 | and over | _____ | x .1075 | = _____ | - \$ 104,126.25 | = _____ |

Schedule NJK-1
(Form NJ-1041SB)

New Jersey
Division of Taxation
Beneficiary's Share of Income

2019

For Calendar Year 2019 or Fiscal Year Beginning _____, 2019 and Ending _____, 20_____

| PART I General Information | | | | | |
|---|-------|----------|--|-------|----------|
| Beneficiary Information | | | Trust Information | | |
| Federal Identification Number | | | Federal Identification Number | | |
| Name | | | Name of Trust | | |
| Street Address | | | Name of Fiduciary | | |
| | | | Street Address | | |
| City | State | ZIP Code | City | State | ZIP Code |
| Check Applicable Box Resident Nonresident Individual <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Final NJK-1 <input type="checkbox"/> Amended NJK-1 | | | Check Applicable Box Resident Nonresident 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 Trust | | | |

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 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 Tax 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.

| 1. | (a) Street Address | (b) City and State | (c) Description of Business Location | (d) Check One | |
|----|--------------------|--------------------|--------------------------------------|--------------------------|--------------------------|
| | | | | Rent | Own |
| 1. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | | | | | | | |
|---|---|-----|--|-----|--|---|--|
| Average Values of Property: | | | | | | | |
| 1a. | In New Jersey (From Section 2, column B, line 4) | 1a. | | | | | |
| 1b. | Everywhere (From Section 2, column A, line 4) | 1b. | | | | | |
| 1c. | Percentage in New Jersey (Divide line 1a by line 1b) | | | 1c. | | % | |
| Total Receipts from All Sales, Services, and Other Business Transactions: | | | | | | | |
| 2a. | In New Jersey | 2a. | | | | | |
| 2b. | Everywhere | 2b. | | | | | |
| 2c. | Percentage in New Jersey (Divide line 2a by line 2b) | | | 2c. | | % | |
| Wages, Salaries, and Other Personal Compensation Paid During the Year: | | | | | | | |
| 3a. | In New Jersey | 3a. | | | | | |
| 3b. | Everywhere | 3b. | | | | | |
| 3c. | Percentage in New Jersey (Divide line 3a by 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. | | % | |

NJ-1041SB Instructions

The New Jersey Electing Small Business Trust (ESBT) election. A federal Electing Small Business Trust makes an election to be taxed as a New Jersey Electing Small Business Trust by filing a New Jersey Income Tax Fiduciary Return, Form NJ-1041SB, and signing the election statement at the bottom of the return.

S corporation portion of income. For the S corporation portion of income, the ESBT waives its right to claim a minimum taxable income threshold, an exemption, deductions for distributions and for income commissions, and consents to have all of the trust's income taxed at the maximum tax rate in effect.

Non S corporation portion of income. For the non S corporation portion of income, the ESBT can claim a minimum taxable income threshold if total income from the non S corporation portion, after distributions but before exemptions or deductions, is less than the filing threshold. In addition, non S corporation income can be reduced by an exemption, and deductions can be taken for the distributions and income commissions sourced to the non S corporation portion income.

Federal S corporation that did not make the New Jersey S election. If the trust has S corporation income earned outside of New Jersey from federal S corporations that did not make the New Jersey S election or if the trust did not receive NJ-K-1(s), a Reconciliation Worksheet B or Worksheet B – Liquidated must be completed to determine the trust's reportable income for New Jersey Income Tax purposes. Reconciliation Worksheet B and Worksheet B – Liquidated are contained in Tax Topic Bulletin GIT-9S, *Income From S Corporations*.

Credit for taxes paid to other jurisdictions. A resident trust may be eligible for a credit for taxes paid to other jurisdictions if S corporation income and the gain on disposition of the S corporation assets, and/or the non S corporation income were taxed by both New Jersey and another jurisdiction. A credit is not allowed for any tax imposed by another jurisdiction on S corporation source income that is allocated to New Jersey based on the corporation's New Jersey allocation factor.

Separate credit calculations must be made for the S corporation portion of income using Part I, Schedule E, and for the non S corporation portion of income using Part II Schedule E, and for each jurisdiction. Information on calculating the credit can be found in Tax Topic Bulletin GIT-3B, *Credit For Taxes Paid to Other Jurisdictions (Business/Nonwage Income)*.

Part I Instructions

Line 1 – Net pro rata share of S corporation income

In case of a net loss, enter "0" on line 1. For Gross Income Tax purposes, interest paid on indebtedness incurred to purchase S corporation stock is not deductible by a shareholder.

Resident trust. Enter the total of pro rata share of S corporation income reported on the NJ-K-1(s) received from New Jersey electing S corporation(s) or from the Reconciliation Worksheet B or Worksheet B – Liquidated prepared for the trust.

Nonresident trust. Enter the trust's S corporation income allocated to New Jersey reported on the NJ-K-1(s) received from New Jersey electing S corporation(s) or from the Reconciliation Worksheet B or Worksheet B – Liquidated prepared for the trust.

Line 2 – Net gain or loss from disposition of S corporation's assets

Resident trust. Enter the total gain/loss from disposition of S corporation's assets reported on the NJ-K-1(s) received from New Jersey electing S corporation(s) or from the Reconciliation Worksheet B – Liquidated prepared for the trust.

Nonresident trust. Enter the trust's net gain from disposition of S corporation's assets allocated to New Jersey reported on the NJ-K-1(s) received from New Jersey electing S corporation(s) or from the Reconciliation Worksheet B – Liquidated prepared for the trust. In case of a net loss, enter "0" on line 2.

Line 3 – Net gain or loss from disposition of S corporation stock

Resident trust. Enter the net gain or loss from the disposition of S corporation stock and distributions in excess of the adjusted basis of the S corporation stock. The gain or loss and taxable excess distribution must be determined using the New Jersey adjusted basis of the stock. Information on calculating the New Jersey adjusted basis and the New Jersey gain or loss on disposition of S corporation shares can be found in Tax Topic Bulletin GIT-9S, *Income From S Corporations*.

Nonresident trust. Make no entry on line 3.

Line 4 – Net gain from disposition of property

Combine line 2 and line 3 and enter the net gain. In case of a net loss, enter "0" on line 4.

Line 5 – Taxable S corporation portion of income

Add line 1 and line 4.

Line 6 – Tax due on S corporation portion of income

Multiply line 5 by .1075.

Line 7 – Credit for income taxes paid to other jurisdictions on S corporation portion of income (Resident Trust Only)

To determine the credit(s) allowed for income taxes paid to other jurisdictions on S corporation portion of income, complete Part I, Schedule(s) E.

Part I, Schedule E. A separate credit calculation must be made for each jurisdiction for which the resident trust is claiming a credit for taxes paid on S corporation income and/or a gain from disposition of the S corporation's assets.

A credit is not allowed for any tax imposed by another jurisdiction on S corporation income or on gain from disposition of the S corporation's assets allocated to New Jersey based on the corporation's New Jersey allocation factor.

In calculating the credit, the income in the numerator, line 52, must be included in the denominator, line 53. The tax paid to the other jurisdiction is limited to the tax actually paid to the other jurisdiction on the amount of income reported in the numerator. The New Jersey tax amount used in the calculation on line 54 is limited to the New Jersey tax reported on Part I, line 6.

Total the credit(s) allowed from line 56 and enter the result on line 7. Include all credit calculations with the return.

Line 8 – Balance of tax due on S corporation portion of income

Subtract line 7 from line 6.

Part II Instructions – Non S Corporation Income

Part II lines 9–30 are for the reporting of non S corporation income, deductions, and credits.

A **Resident Trust** must complete Part II if it has non S corporation income.

A **Nonresident Trust** must complete Part II, and Part II, Schedule G, if it has non S corporation income from New Jersey sources, whether or not distributed.

Complete applicable Part II Schedules and include with return. For line-by-line instructions, see the instructions for the Fiduciary Income Tax Return, Form NJ-1041.

Line 19 – Distributions

Enter total distributions of non S corporation income from Part II, Schedule D, line 51A. Do not include distributions of S corporation income reported in Part I.

Line 21 – Income Commissions

Enter income commissions paid or accrued and that are specifically related to the non S corporation gross income reported on line 18, Part II. Do not include any income commissions paid or accrued on S corporation income reported in Part I.

Line 29 – Credit for income taxes paid to other jurisdictions on non S corporation income (Resident Trust Only)

To determine the credit(s) for income taxes paid to other jurisdictions on non S corporation portion of income, complete Part II, Schedule(s) E.

Part II, Schedule E. A separate credit calculation must be made for each jurisdiction for which the resident trust is claiming a credit for taxes paid on non S corporation income.

In calculating the credit, the income in the numerator, line 52, must be included in the denominator, line 53. The tax paid to the other jurisdiction is limited to the tax actually paid to the other jurisdiction on the amount of income reported in the numerator. The New Jersey tax amount used in the calculation on line 54 is limited to the New Jersey tax reported on Part II, line 28.

Total the credit(s) allowed from line(s) 56 and enter the result on Part II, line 29. Include all credit calculations with the return.

Line 30 – Balance of tax due on non S corporation portion of income

Subtract line 29 from line 28.

Line 31 – Total tax due on S corporation and non S corporation income

Add line 8 and line 30.

Line 32 – Estimated payments/prior year credits and tax credits

Enter the total of estimated tax payments, prior year credits, and the Sheltered Workshop Tax Credit from Partnership or LLC and include NJK-1 with return.

Line 33 – Tax paid by partnerships

Enter the tax paid by partnerships on behalf of a nonresident trust and tax distributed to a nonresident trust from a nonresident estate or trust. Copies of the trust's partnership NJK-1(s) (Form NJ-1065) and beneficiary NJK-1(s) (Form NJ-1041) must be included with the return.

Line 34 – Tax paid by partnerships and distributed (Nonresident Trust Only)

Enter the amount from Part II, Schedule D, line 51C.

Line 35 – Balance of tax paid by partnerships

Subtract line 34 from line 33.

Line 36 – Total payments and credits

Enter the total of lines 32 and 35.

Lines 37 and 38 – If line 36 is less than line 31, enter the balance due on line 37. If line 36 is more than line 31, enter the overpayment on line 38.

For information and instructions for calculating late penalties and interest and estimated tax payments, see the instructions for the Fiduciary Income Tax Return, Form NJ-1041.

Line 37 – Balance of tax due

Enclose payment by check or money order payable to “State of New Jersey – TGI” and a completed payment voucher (Form NJ-1041-V) and mail to: State of New Jersey–TGI, Division of Taxation, Revenue Processing Center, PO Box 648, Trenton, NJ 08646-0648.

Line 39 – Credit to 2020 tax

Enter amount of overpayment from line 38 you wish to credit to 2020.

Line 40 – Refund

Subtract line 39 from line 38.

Signature and Date

The return must be signed and dated by the individual fiduciary or by the authorized officer of the organization receiving, having custody or control and management of the income of the trust, and having the authority to make the election.

Instructions For Schedule NJK-1 (Form NJ-1041SB)

A resident beneficiary is subject to New Jersey Income Tax on the ESBT’s net non S corporation income actually distributed or required to be distributed during the tax year.

A nonresident beneficiary is subject to New Jersey Income Tax on the ESBT’s net non S corporation income sourced to New Jersey that was actually distributed or required to be distributed during the tax year.

Prepare a Schedule NJK-1 for each beneficiary using the information listed on Part II, Schedule D, Form NJ-1041SB. Include the NJK-1(s) with Form NJ-1041SB.