

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

For Taxable Year January 1, 2001 - December 31, 2001

**5-F** Or Other Taxable Year Beginning \_\_\_\_\_ 2001, Ending \_\_\_\_\_, 20\_\_\_\_

Check this block  if application for Federal extension is attached.

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

RESIDENCY STATUS: (check only ONE box)

1. <input type="checkbox"/> Resident Estate	- Date of decedent's death _____	Type of Trust _____
2. <input type="checkbox"/> Resident Trust	- Date trust created _____	
3. <input type="checkbox"/> Nonresident Estate	- Date of decedent's death and State _____	Name of State _____
4. <input type="checkbox"/> Nonresident Trust	- Date trust created and State _____	
5. If estate was closed or trust terminated, check box <input type="checkbox"/> 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 32)		8		
9.	Net gains or income from disposition of property (From Schedule B, Line 36)		9		
10.	Net gains or income from rents, royalties, patents, and copyrights (From Schedule C, Line 39)		10		
11.	Distributive Share of Partnership Income (Attach Schedule NJK-1)		11		
12.	Net pro rata share of S Corporation Income (Attach 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 41A)		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.	Total deductions and exemption (Add Lines 17 and 18)		19		
20.	Taxable Income (Line 16 less Line 19)		20		

**NONRESIDENTS ONLY:**

21.	Tax on amount on Line 20 (From Tax Table on Page 9)	21		
22.	Income Percentage (Line 16a) = _____ % (Line 16)			

23.	TAX: Residents (From Tax Table, Page 9)			
	Nonresidents (Multiply amount from Line 21 _____ x _____ % from Line 22) . . . . .	23		
24.	New Jersey Income Tax previously paid	24		
25.	Credit for income or wage taxes paid by New Jersey estates or trusts to other jurisdictions (From Schedule E, Line 46)	25		
26.	Total payments and credits (Add Lines 24 and 25)	26		
27.	Balance of Tax Due (Line 23 less Line 26)	27		
28.	Overpayment (Line 26 less Line 23)	28		
29.	Credit to 2002 Tax	29		
30.	Refund (Line 28 less Line 29)	30		

**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.

\_\_\_\_\_  
Signature of Fiduciary or Officer Representing Fiduciary Date \_\_\_\_\_

I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below)

\_\_\_\_\_  
Signature of Preparer Other than Fiduciary Address \_\_\_\_\_ Date \_\_\_\_\_ Fed. ID. No. \_\_\_\_\_

**Pay amount on Line 27 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 888 Trenton, NJ 08646-0888 You may also pay by credit card or e-check.**

**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. Attach Federal Schedule C or F.

TYPE OF BUSINESS		ADDRESS	NET PROFIT (LOSS)
31.			
32.	TOTAL (Enter here and on Page 1, Line 8) (If loss enter ZERO) .....		32

**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. Attach 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)
33.					
34.	Capital Gains Distributions .....				34
35.	Other Net Gains .....				35
36.	Net Gains (Add Lines 33, 34 and 35) (Enter here and on Page 1, Line 9) (If loss enter ZERO) .....				36

**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. Attach 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	
37.					
38.	TOTALS .....	(b)	(c)	(d)	
39.	Net Income (Combine Columns, b, c, d and e) (Enter here and on Page 1, Line 10) (If loss enter ZERO) .....				39

<b>SCHEDULE D BENEFICIARIES' SHARES OF INCOME</b> Attach Federal Schedule K-1									
	Name and Address of Each Beneficiary	Indicate Residency Status	Social Security Number			Column A Total Distributions		Column B NJ Source Income Distributed	
40.									
41.	TOTAL (Enter amount from Line 41A on page 1, Line 15) (Enter amount from Line 41B on Schedule G, Line 10)					41A		41B	

<b>SCHEDULE E CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION</b>				A copy of other state or political subdivision tax return must be attached to Form NJ-1041.	
42.	Income actually taxed by other jurisdiction during tax year (indicate name _____) . . . . . <i>(Do not combine the same income taxed by more than one jurisdiction.) Amount on Line 42 cannot exceed amount on Line 43</i>	42			
43.	Income Subject to Tax by New Jersey. (From Page 1, Line 16) . . . . .	43			
44.	Maximum Allowable Credit (42) _____ x _____ = _____ (Divide Line 43 into Line 42) (43) (New Jersey Tax, Line 23, Page 1)	44			
45.	Income tax paid to other jurisdiction . . . . .	45			
46.	Credit Allowed. (Enter lesser of Line 44 or Line 45 here and on Page 1, Line 25) . . . . .	46			

<b>SCHEDULE F ALLOCATION OF BUSINESS INCOME TO NEW JERSEY</b>		See instructions if other than Formula Basis of allocation is used. Attach Form NJ-NR-A to Form NJ-1041.	
<b>BUSINESS ALLOCATION PERCENTAGE (From Form NJ-NR-A)</b>			
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 _____	% = \$ _____
From Line No. _____	\$ _____	x _____	% = \$ _____