



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

For Taxable Year January 1, 2006 - December 31, 2006  
Or Other Taxable Year Beginning \_\_\_\_\_, 2006,  
Ending \_\_\_\_\_, 20\_\_

**5-F**

Check this block  if application for Federal extension is attached or enter confirmation number \_\_\_\_\_

Federal Employer Identification Number	Name of Estate or Trust		
	Name and Title of Fiduciary		
↑ You must enter your FEIN above ↑ For Privacy Act Notification, see instructions	Address of Fiduciary (Number and Street or Rural Route)		
	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 (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 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		



WEB

<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		
<b>NONRESIDENTS ONLY:</b>			
23. Tax on amount on Line 22 (From Tax Table on page 11) .....	23		
24. Income Percentage $\frac{\text{(Line 16a)}}{\text{(Line 16)}} = \text{_____ \%}$			
25. TAX: Residents (From Tax Table, page 11) 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		
31. Tax paid on your behalf by Partnership(s) .....	31		
32. Total payments and credits (add Line 30 and Line 31) .....	32		
33. Balance of Tax Due (Line 29 less Line 32) .....	33		
34. Overpayment (Line 32 less Line 29) .....	34		
35. Credit to 2007 Tax .....	35		
36. Refund (Line 34 less Line 35) .....	36		

<b>SIGN HERE</b>	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.	<input type="checkbox"/>	<b>Pay amount on Line 33 in full.</b> <b>Write FEIN on check or money order and make payable to:</b> 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)		
	Signature of Preparer Other than Fiduciary _____ Address _____ Date _____ Fed. ID. No. _____		
Division Use    1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____			

<b>SCHEDULE A</b>		<b>NET PROFITS FROM BUSINESS</b>	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)	
37.				
38.	TOTAL (Enter here and on Page 1, Line 8) (If loss enter ZERO) .....			38

<b>SCHEDULE B</b>		<b>NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY</b>	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)
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

<b>SCHEDULE C</b>		<b>NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS, AND COPYRIGHTS</b>	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	
43.						
44.	TOTALS .....					
45.	Net Income (Combine Columns b, c, d, and e) (Enter here and on Page 1, Line 10) (If loss enter ZERO) .....					45

<b>SCHEDULE D</b>		<b>BENEFICIARIES' SHARES OF INCOME</b>	Attach New Jersey 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	
46.						
47.	TOTAL (Enter amount from Line 47A on Page 1, Line 15) (Enter amount from Line 47B on Schedule G, Line 10) .....			47A	47B	

<b>SCHEDULE E</b>		<b>CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION</b>	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	
49.	Income Subject to Tax by New Jersey. (From Page 1, Line 16) .....		49	
50.	Maximum Allowable Credit (48) _____ x _____ = .....		50	
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	

<b>SCHEDULE F</b>		<b>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 _____	% = \$ _____	



Division of Taxation  
**Beneficiary's Share of Income**

For Calendar Year 2006, or Fiscal Year Beginning \_\_\_\_\_, 2006 and ending \_\_\_\_\_, 20\_\_\_\_\_

<b>PART I General Information</b>					
<b>Beneficiary Information</b>			<b>Estate or Trust Information</b>		
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"/>  <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"/>		

<b>PART II Beneficiary's Share of Income</b>		
	<b>Total Distribution</b>	<b>New Jersey Source Income Distributed</b>
Net Income From Estate or Trust		

## **Beneficiary Reporting Instructions**

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 NJ-K-1 income**

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.

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.