NJ-1041
1994

State of New Jersey
GROSS INCOME TAX FIDUCIARY RETURN

For Taxable Year January 1, 1994-December 31, 1994

5-F Or Other Taxable Year Beginning _____ 1994, Ending _____ , 19 _____

Check this block ☐ if application for Federal extension is attached.

Federal Employer Identification Number	NAME OF ESTATE OR TRUST
	NAME AND TITLE OF FIDUCIARY
For Privacy Act Notification, see instructions.	ADDRESS OF FIDUCIARY (NUMBER AND STREET OR RURAL ROUTE)
	CITY, VILLAGE OR 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 _____
4. ☐ Nonresident Trust —Date trust created _____

_____ 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			6		
7.	Dividends			7		
8.	Net profits from business (From Schedule A, Line 30)			8		
9.	Net gains or income from disposition of property (From Schedule B, Line 34)			9		
10.	Net gains or income from rents, royalties, patents, and copyrights (From Schedule C, Line 37)			10		
11.	Distributive Share of Partnership Income			11		
12.	Net pro rata share of S Corporation Income			12		
13.	Other Income—State Nature _____			13		
14a	NONRESIDENTS: NJ Income from Schedule G, Line 9	14a				
14b	Total Income (Add Lines 6 through 13)			14b		
15.	Income Commissions			15		
16.	Gross Income (Line 14b minus Line 15)			16		
17.	Deductions for distribution to beneficiaries (From Sch. D Line 39)	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 14a) / (Line 14b) = _____ %					
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 during taxable period	24				
25.	Credit for income or wage taxes paid by New Jersey estates or trusts to other jurisdictions (From Schedule E, Line 44)	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		

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.

Pay amount on line 27 in full. Write Federal ID Number on check or money order and make payable to:
State of New Jersey—T.G.I.
Division of Taxation
CN 888
Trenton, N.J. 08646-0888

Division Use 1_____ 2_____ 3_____ 4_____ 5_____ 6_____ 7_____

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

	TYPE OF BUSINESS	ADDRESS	NET PROFIT (LOSS)
29.			
30.	TOTAL (Enter here and on Page 1, Line 8) (If loss enter ZERO)	30	

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.

	(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)
31.						
32.	Capital Gains Distributions				32	
33.	Other Net Gains				33	
34.	Net Gains (Add Lines 31, 32 and 33) (Enter here and on Page 1, Line 9) (If loss enter ZERO)				34	

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.

	(a) Kind of Property	(b) Net Rental Income (loss)	(c) Net Income From Royalties	(d) Net Income From Patents	(e) Net Income From Copyrights
35.					
36.	TOTALS	(b)	(c)	(d)	(e)
37.	Net Income (Combine Columns, b, c, d and e) (Enter here and on Page 1, Line 10) (If loss enter ZERO)			37	

SCHEDULE D — BENEFICIARIES' SHARES OF INCOME

	Name of Each Beneficiary	Indicate Residency Status	Address of each beneficiary. If mailing address differs from home address, give both.	Social Security Number	Amount Distributed During Taxable Period
38.					
39.	TOTAL (Enter here and on Page 1, Line 17)				39

SCHEDULE E — CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTIONS

A copy of other state(s) or political subdivison tax return(s) must be attached to Form NJ-1041.

40.	Income Subject to Tax by Other Jurisdiction(s). Name(s)	40	
	(Do not combine the same income taxed by more than one jurisdiction.)		
41.	Income Subject to Tax by New Jersey. (From Page 1, Line 16)	41	
42.	Maximum Allowable Credit (40) _____ x _____ = (New Jersey Tax, Line 23, Page 1) (41)	42	
	(Divide Line 41 into Line 40)		
43.	Income tax paid to other jurisdictions	43	
44.	Credit Allowed. (Enter lesser of Line 42 or Line 43 here and on Page 1, Line 25)	44	

SCHEDULE F — ALLOCATION OF BUSINESS INCOME TO NEW JERSEY

See instructions if other than Formula Basis of allocation is used.
Attach 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 _____ % = $ _____

SCHEDULE G

(FORM NJ-1041)

1994

NEW JERSEY GROSS INCOME TAX

NEW JERSEY INCOME OF NONRESIDENT ESTATES AND TRUSTS

All nonresident estates and trusts must complete this schedule and file it with the New Jersey Gross Income Tax Fiduciary Return (Form NJ-1041).

Enter name, address and Federal Employer Identification Number as shown on Form NJ-1041

Name of Estate or Trust	Federal Employer Identification Number
Name and Title of Fiduciary	
Address of Fiduciary (Number and Street or Rural Route)	For the Taxable Year Ended (Month, Day, Year)
City, Town, Post Office State Zip Code	

INCOME FROM NEW JERSEY SOURCES:	Net losses in one category cannot be applied against income in another. In case of a net loss in any category, enter "zero" for that category.		**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) (Enter here and on Line 14a, Form NJ-1041)	9.		