

IT-R

Transfer Inheritance Tax
PO Box 249
Trenton, NJ 08695-0249

**New Jersey Division of Taxation
Inheritance Tax Return
Resident Decedent Cover Page**



Check if amended return

Estate Information:

Decedent's Name _____ Decedent's S.S. No. _____ / _____ / _____
Last First Middle

Also Known As (AKA) _____ **AKA:** If the decedent was also known by any other name(s) that would appear on a house deed, bank account, will, trust, tax return, etc., enter name(s) here.

Date of Death (mm/dd/yyyy) _____ / _____ / _____ NJ County of Residence _____

The Division of Taxation is requested to direct ALL correspondence and/or telecommunications regarding this estate to:

Name _____ Daytime Phone (_____) _____

Street 1 _____

Street 2 _____

City _____ State _____ ZIP Code _____

Email (optional) _____

- 1. **Last Will and Testament:** Did the decedent have a Last Will and Testament? Yes No
If Yes, submit a complete copy of the Will (including Codicils) and the Letters of Testamentary.
If No, submit a copy of the Letters of Administration or Affidavit of Next of Kin.
- 2. **Trusts:** Did the decedent have any Trust documents separate from the Last Will and Testament? Yes No
If Yes, submit a complete copy of the Trust(s) and any restatements or amendments of Trust.
- 3. **Income Tax Return:** Did the decedent file a federal Form 1040, for the full year prior to death? Yes No
If Yes, attach a copy. If the decedent did not or was not required to file a federal Form 1040 with the IRS, check No.
- 4. **Disclaimers:** Were there, or will there be, any disclaimers filed by a beneficiary renouncing whole or partial interest in a distribution from any part of the decedent's estate? Yes No
If Yes, submit a copy of the stamped disclaimer that was filed with the Surrogate's Court, or as approved by other agency.
- 5. **Virtual Currency:** Did the decedent own any convertible virtual currency at death, for example: Bitcoin? Yes No
If Yes, then submit valuation as of date of death. Report the value on Schedule B-4.

Certification of Summary Page amounts	Enter Total from IT-R Summary Page
Net Estate from Line 7 Summary Page	
Total Tax Due from Line 17 Summary Page	

Affiant says, under penalty of perjury, "I declare that I have examined this return and all accompanying schedules and to the best of my knowledge and belief, it is true, correct and complete." I hereby authorize the parties set forth above to act as the estate representative, to receive confidential information, and to make presentations on behalf of the estate.

My signature affirms that the information provided herein is true, correct and complete, and that **I will be held personally liable under penalties of perjury for making any false statements.** (N.J.S.A. 2C:28-1)

Subscribed and sworn before me

this _____ day of _____, _____

Official Title (Notarized)

Signature: _____
Circle one: Executor Administrator Heir-at-law

Print Name: _____

Address _____

Daytime Phone (_____) _____

IT-R (12-24)
 Transfer Inheritance Tax
 PO Box 249
 Trenton, NJ 08695-0249

**New Jersey Division of Taxation
 Inheritance Tax Return
 Resident Decedent Summary Page**

(67) For Division Use Only

Check if amended return

Decedent's Name _____ Decedent's S.S. No. _____ / _____ / _____
 Last First Middle

Date of Death (mm/dd/yyyy) _____ / _____ / _____ NJ County of Residence _____ Will No Will

Estate Value Calculation				Division Use Only	Total From Attached Schedules	
1.	New Jersey Real Property.... Total from Schedule A				1.	
2.	Closely Held Businesses..... Total from Schedule B				2.	
3.	All Other Personal Property.. Total from Schedule B1–B4 Recap				3.	
4.	Transfers Total from Schedule C				4.	
5.	Gross Estate Total lines 1 through 4.....				5.	
6.	Deductions..... Total from Schedule D				6.	
7.	Net Estate Subtract line 6 from line 5 (If zero or less, enter zero)....				7.	
8.	Contingent Amount included on line 7				8.	
9.	Balance of Estate – Subtract line 8 from line 7 (If line 8 is zero, enter amt from line 7)				9.	
	Tax Class	Total Beneficiaries in each Tax Class	Total Distribution for each Tax Class	Total Exemption for each Tax Class	Total Taxable Amount	Tax Calculation
10.	A - Spouse*		\$ _____	\$ _____	\$ _____ 0	10. 0
11.	A - Other		\$ _____	\$ _____	\$ _____ 0	11. 0
12.	C		\$ _____	\$ _____	\$ _____	12.
13.	D		\$ _____	\$ _____	\$ _____	13.
14.	E		\$ _____	\$ _____	\$ _____ 0	14. 0
	Total Distribution:		\$ _____	This amount should equal the amount on line 9		
15.	Compromise Tax Due on Line 8 Amount				15.	
16.	Contingent Tax.....				16.	
17.	Total Tax Due (Total lines 10 through 16).....				17.	
18.	Interest Due (if applicable)				18.	
19.	Total Amount Due (Add line 17 and line 18).....				19.	
20.	Payments made prior to filing return.....				20.	
21.	If line 20 is less than line 19, enter balance due. Pay this amount with Form IT-R				21.	
22.	If line 20 is more than line 19, enter refund amount				22.	

*Includes Civil Union Partners (See Instructions).

Division Use Only	
Category 1	23. <input type="checkbox"/> <input type="checkbox"/>
Category 2	24. <input type="checkbox"/> <input type="checkbox"/>
Category 3	25. <input type="checkbox"/> <input type="checkbox"/>
Category 4	26. <input type="checkbox"/> <input type="checkbox"/>
Verified _____	

Check if amended return

Decedent's Name	Date of Death	Decedent's Social Security Number
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Schedule A – New Jersey Real Property

Check if additional copies of the schedule are attached

(A) Description of New Jersey Real Estate (All fields required)	(B) Tax Assessed Value for year of death for entire property	(C) Full Market Value* at Date of Death	(D) Value of Decedent's Interest (Not including mortgage balances)	(E) Division Use Only
1. _____ New Jersey County Fractional or percent interest <input type="text"/> _____ Street address with number, unit _____ Lot(s) Block _____ Municipality _____ Owner(s) name(s)/Property Title <input type="checkbox"/> Check if there is a mortgage lien against this property reported on Schedule D.				
2. _____ New Jersey County Fractional or percent interest <input type="text"/> _____ Street address with number, unit _____ Lot(s) Block _____ Municipality _____ Owner(s) name(s)/Property Title <input type="checkbox"/> Check if there is a mortgage lien against this property reported on Schedule D.				
3. _____ New Jersey County Fractional or percent interest <input type="text"/> _____ Street address with number, unit _____ Lot(s) Block _____ Municipality _____ Owner(s) name(s)/Property Title <input type="checkbox"/> Check if there is a mortgage lien against this property reported on Schedule D.				
Total of all additional schedules (if none, enter zero)				
Total of all New Jersey real property. Enter here and on Form IT-R Summary Page, line 1.				

*Check if documentation that supports the reported full market value is included (see instructions)

Check if amended return

Decedent's Name	Date of Death	Decedent's Social Security Number
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Schedule B – Closely Held Businesses

Check if additional copies of the schedule are attached

(A) Business Information	(B) Market Value at Date of Death – Entire Business	(C) Market Value at Date of Death – Decedent's Share	Division Use Only
1. Business name: _____ Federal EIN: _____ Type of Business: _____ Is this a Family Limited Partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No (See instructions) Decedent's percentage of ownership: _____ Number of shares held (if applicable): _____			

Attach any of the below information which is applicable to this business. Check box(es) indicating which documents are attached:

- | | |
|--|---|
| <input type="checkbox"/> Partnership agreement | <input type="checkbox"/> Financial statements for three full years prior to death |
| <input type="checkbox"/> Schedules K & K-1 of Form 1065 Partnership Return for last full year prior to death | <input type="checkbox"/> Buy-Sell agreement |
| <input type="checkbox"/> Form 1120 US Corporation Income Tax Return for last full year prior to death | <input type="checkbox"/> Certified Business appraisal (if available) |

2. Business name: _____ Federal EIN: _____ Type of Business: _____ Is this a Family Limited Partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No (See instructions) Decedent's percentage of ownership: _____ Number of shares held (if applicable): _____			
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Attach any of the below information which is applicable to this business. Check box(es) indicating which documents are attached:

- | | |
|--|---|
| <input type="checkbox"/> Partnership agreement | <input type="checkbox"/> Financial statements for three full years prior to death |
| <input type="checkbox"/> Schedules K & K-1 of Form 1065 Partnership Return for last full year prior to death | <input type="checkbox"/> Buy-Sell agreement |
| <input type="checkbox"/> Form 1120 US Corporation Income Tax Return for last full year prior to death | <input type="checkbox"/> Certified Business appraisal (if available) |

3. Business name: _____ Federal EIN: _____ Type of Business: _____ Is this a Family Limited Partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No (See instructions) Decedent's percentage of ownership: _____ Number of shares held (if applicable): _____			
--	--	--	--

Attach any of the below information which is applicable to this business. Check box(es) indicating which documents are attached:

- | | |
|--|---|
| <input type="checkbox"/> Partnership agreement | <input type="checkbox"/> Financial statements for three full years prior to death |
| <input type="checkbox"/> Schedules K & K-1 of Form 1065 Partnership Return for last full year prior to death | <input type="checkbox"/> Buy-Sell agreement |
| <input type="checkbox"/> Form 1120 US Corporation Income Tax Return for last full year prior to death | <input type="checkbox"/> Certified Business appraisal (if available) |

Total of all additional schedules (if none, enter zero)		
Total of all closely held businesses. Enter here and on Form IT-R Summary Page, line 2 ...		

Check if amended return

Decedent's Name	Date of Death	Decedent's Social Security Number
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Schedule B-1 – Financial Institution Accounts Check if additional copies of the schedule are attached

Types of accounts held at a banking or financial institution that are required to be reported under Schedule B-1: **savings, checking, certificates of deposit, money markets, credit union accounts, IRAs, mutual funds, brokerage accounts.**

For brokerage accounts, report only the total value of the account. Submit the date of death account statement.

Registered Owners: For each account held at a bank or financial institution which the decedent owned individually or jointly*, report the names of all registered owner(s) and named beneficiaries on the account **as they appear on the most recent statement** issued by the institution prior to death.

*Joint Tenants: If a surviving joint tenant is claiming partial ownership, proof of contribution must be provided. See Schedule B-1 instructions.

(A) Name of Institution, Last Four Digits of Account Number, and Registered Owners	(B) Full Date of Death Value	(C) Value of Decedent's Equity	Division Use Only
1. Institution/Account Number _____ _____ Name(s) on account _____ _____			
2. Institution/Account Number _____ _____ Name(s) on account _____ _____			
3. Institution/Account Number _____ _____ Name(s) on account _____ _____			
4. Institution/Account Number _____ _____ Name(s) on account _____ _____			
5. Institution/Account Number _____ _____ Name(s) on account _____ _____			
6. Institution/Account Number _____ _____ Name(s) on account _____ _____			
Total of all additional schedules (if none, enter zero)			
Total of all financial institution accounts. Enter here and on Schedule B1–B4 Recap, line 1.....			

Check if amended return

Decedent's Name	Date of Death	Decedent's Social Security Number
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Schedules B1–B4 Recap – All Other Personal Property

Enter totals from each of the following schedules:

1. Schedule B-1: Financial Institution Accounts	
2. Schedule B-2: Stock/Co-ops	
3. Schedule B-3: Municipal and Corporate Bonds	
4. Schedule B-4: All Other Property	
5. Total Lines 1–4 Enter here and on Form IT-R Summary Page, line 3	

Note: If there are no assets reported on any of these schedules or if a specific schedule is not applicable to the decedent, enter zero on the line corresponding to that schedule.

Check if amended return

Decedent's Name	Date of Death	Decedent's Social Security Number
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Schedule C – Transfers

Check if additional copies of the schedule are attached

Part I – Transfers during decedent's lifetime

1. Did the decedent, within 3 years of date of death, transfer property valued at \$500 or more without receiving full financial consideration for the property? **(required)** Yes No

If yes, list all such transfers below (if additional space is needed to report a transfer, use multiple lines)

(A) Date of Transfer	(B) Describe Property Transferred (See instructions)	(C) Name of Transferee	(D) Relationship of Transferee to Decedent	(E) Market Value of Property as of Date of Death	Division Use Only
Total – Part I					

Part II – Incomplete Transfers

2. Did the decedent at any time prior to death transfer property without receiving full financial consideration, while still reserving (in whole or in part) the use, possession, enjoyment of, or income from the property? **(required)** Yes No

If yes, list all such transfers below (if additional space is needed to report a transfer, use multiple lines)

(A) Date of Transfer	(B) Describe Property Transferred (See instructions)	(C) Name of Transferee	(D) Relationship of Transferee to Decedent	(E) Market Value of Property as of Date of Death	Division Use Only
Total – Part II					

Total of Part I and Part II of all additional schedules (if none, enter zero)

Check if amended return

Decedent's Name	Date of Death	Decedent's Social Security Number
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Schedule C – Transfers

Check if additional copies of the schedule are attached

Part III – Payable on Death Policies/Plans

3. Did the decedent own or participate in any pension plan, annuity, contract, or policy that provided for any kind of payment (lump sum or annuity) to a beneficiary or the Estate upon the decedent's death, other than life insurance payable to a beneficiary? **(required)** Yes No

If yes, list all such policies below (if necessary, attach additional schedules):

Under **Section A**, report any plan, annuity, or contract payable on death to a named beneficiary (except life insurance payable to a named beneficiary).

Under **Section B**, report any plan, annuity, contract or policy payable on death to the estate as named beneficiary (including life insurance payable to the estate).

Dividend accumulations, post mortem dividends, terminal dividends, and premium refunds on life insurance contracts, although payable at the same time as the life insurance proceeds, are not considered part of the life insurance proceeds of the policy. These are taxable to the beneficiary as transfers taking effect at or after the death of the insured, and should be reported on the schedule below, *even if the policy is payable to a named beneficiary*.

Annuities payable over a term of years should be reported at present value as of date of death.

(A) Type of Policy	(B) Name of Company Issuing Policy and Policy Number	(C) Name of Beneficiary*	(D) Relationship of Beneficiary to Decedent	(E) Date of Death Value of Payment Proceeds	Division Use Only
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Section A – Pension plans, annuities, or contracts payable on death to a named beneficiary:

*If there are multiple beneficiaries under a policy, each beneficiary and their proceeds should be reported on a separate line.

Section B – Pension plans, annuities, contracts or policies payable on death to the estate as beneficiary:

		Estate	Estate		
		Estate	Estate		
		Estate	Estate		
		Estate	Estate		
		Estate	Estate		
		Estate	Estate		

Total – Part III (Section A and Section B).....

Total of Part III of all additional schedules (if none, enter zero).....

Total of all transfers (Part I, Part II, Part III, and totals of all additional schedules). Enter here and on Form IT-R Summary Page, line 4.....

Check if amended return

Decedent's Name	Date of Death	Decedent's Social Security Number
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Schedule D – Deductions Claimed

Check if additional copies of the schedule are attached

Part I – Allowable Estate Administration Expenses

(A) Type of Expense	(B) Name of Business/Person Paid	(C) Amount	Division Use Only
Funeral (list additional funeral expenses in Part III): _____	Name(s): _____		
Administration (list additional expenses in Part III): _____ _____ _____	Name(s): _____		
Professional Fees: Estimated/Agreed Counsel Fees <input type="checkbox"/> <input type="checkbox"/>	Name(s): _____		
CPA/Enrolled Agent Fees <input type="checkbox"/> <input type="checkbox"/>	Name(s): _____		
Executor's or Administrator's Commissions <i>(Commissions must be reported on your Income Tax return)</i>	Name(s): _____ SS# _____ / _____ / _____ Name: _____ SS# _____ / _____ / _____		
Total - Part I.....			

Part II – Real Property Debts of the Decedent

(A) Type of Expense	(B) Name of Business/Person Owed	(C) Amount	Division Use Only
Section A – Mortgages on Real Property reported on Schedule A (date of death balances only)			
1.			
2.			
3.			
4.			
Section B – Debts associated with the Sale of the Decedent's Real Property			
1.			
2.			
3.			
4.			
Total - Part II (Section A and Section B).....			

Check if amended return

Decedent's Name	Date of Death	Decedent's Social Security Number
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Schedule D – Deductions Claimed

Check if additional copies of the schedule are attached

Part III – Other administration/funeral expenses or debts of the decedent as of the date of death

(A) Type of Expense	(B) Name of Business/Person Owed	(C) Amount	Division Use Only
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
Total – Part III			
Total of all additional schedules (Part I, Part II, and Part III) (if none, enter zero)			
Total of all deductions claimed (Part I, Part II, and Part III). Enter here and on Form IT-R Summary Page, line 6			

