

☐ Check if amended return

Resident Decedent – Form IT-R

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

(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
<div><div></div><div>New Jersey County</div><div>Fractional or percent interest <input type="text"/></div><div>Street address with number, unit</div><div>Lot(s) Block</div><div>Municipality</div><div>Owner(s) name(s)/Property Title</div><div><input type="checkbox"/> Check if there is a mortgage lien against this property reported on Schedule D.</div></div>				
<div><div></div><div>New Jersey County</div><div>Fractional or percent interest <input type="text"/></div><div>Street address with number, unit</div><div>Lot(s) Block</div><div>Municipality</div><div>Owner(s) name(s)/Property Title</div><div><input type="checkbox"/> Check if there is a mortgage lien against this property reported on Schedule D.</div></div>				
<div><div></div><div>New Jersey County</div><div>Fractional or percent interest <input type="text"/></div><div>Street address with number, unit</div><div>Lot(s) Block</div><div>Municipality</div><div>Owner(s) name(s)/Property Title</div><div><input type="checkbox"/> Check if there is a mortgage lien against this property reported on Schedule D.</div></div>				
<b>Total</b> of all New Jersey real property listed on this Schedule (carry forward to main schedule)....				

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

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## Schedule B – Closely Held Businesses

(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
<p>Business name: _____</p> <p>Federal EIN: _____</p> <p>Type of Business: _____</p> <p>Is this a Family Limited Partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No (See instructions)</p> <p>Decedent's percentage of ownership: _____</p> <p>Number of shares held (if applicable): _____</p>			
Attach any of the below information which is applicable to this business. Check box(es) indicating which documents are attached:			
<div><input type="checkbox"/> Partnership agreement</div> <div><input type="checkbox"/> Schedules K &amp; K-1 of Form 1065 Partnership Return for last full year prior to death</div> <div><input type="checkbox"/> Form 1120 US Corporation Income Tax Return for last full year prior to death</div> <div><input type="checkbox"/> Financial statements for three full years prior to death</div> <div><input type="checkbox"/> Buy-Sell agreement</div> <div><input type="checkbox"/> Certified Business appraisal (if available)</div>			
<p>Business name: _____</p> <p>Federal EIN: _____</p> <p>Type of Business: _____</p> <p>Is this a Family Limited Partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No (See instructions)</p> <p>Decedent's percentage of ownership: _____</p> <p>Number of shares held (if applicable): _____</p>			
Attach any of the below information which is applicable to this business. Check box(es) indicating which documents are attached:			
<div><input type="checkbox"/> Partnership agreement</div> <div><input type="checkbox"/> Schedules K &amp; K-1 of Form 1065 Partnership Return for last full year prior to death</div> <div><input type="checkbox"/> Form 1120 US Corporation Income Tax Return for last full year prior to death</div> <div><input type="checkbox"/> Financial statements for three full years prior to death</div> <div><input type="checkbox"/> Buy-Sell agreement</div> <div><input type="checkbox"/> Certified Business appraisal (if available)</div>			
<p>Business name: _____</p> <p>Federal EIN: _____</p> <p>Type of Business: _____</p> <p>Is this a Family Limited Partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No (See instructions)</p> <p>Decedent's percentage of ownership: _____</p> <p>Number of shares held (if applicable): _____</p>			
Attach any of the below information which is applicable to this business. Check box(es) indicating which documents are attached:			
<div><input type="checkbox"/> Partnership agreement</div> <div><input type="checkbox"/> Schedules K &amp; K-1 of Form 1065 Partnership Return for last full year prior to death</div> <div><input type="checkbox"/> Form 1120 US Corporation Income Tax Return for last full year prior to death</div> <div><input type="checkbox"/> Financial statements for three full years prior to death</div> <div><input type="checkbox"/> Buy-Sell agreement</div> <div><input type="checkbox"/> Certified Business appraisal (if available)</div>			
<p>Business name: _____</p> <p>Federal EIN: _____</p> <p>Type of Business: _____</p> <p>Is this a Family Limited Partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No (See instructions)</p> <p>Decedent's percentage of ownership: _____</p> <p>Number of shares held (if applicable): _____</p>			
Attach any of the below information which is applicable to this business. Check box(es) indicating which documents are attached:			
<div><input type="checkbox"/> Partnership agreement</div> <div><input type="checkbox"/> Schedules K &amp; K-1 of Form 1065 Partnership Return for last full year prior to death</div> <div><input type="checkbox"/> Form 1120 US Corporation Income Tax Return for last full year prior to death</div> <div><input type="checkbox"/> Financial statements for three full years prior to death</div> <div><input type="checkbox"/> Buy-Sell agreement</div> <div><input type="checkbox"/> Certified Business appraisal (if available)</div>			
<b>Total</b> of all closely held businesses listed on this Schedule (carry forward to main schedule) ....			

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### Schedule B-1 – Financial Institution Accounts

(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
—	Institution/Account Number _____ _____ Name(s) on account _____ _____			
—	Institution/Account Number _____ _____ Name(s) on account _____ _____			
—	Institution/Account Number _____ _____ Name(s) on account _____ _____			
—	Institution/Account Number _____ _____ Name(s) on account _____ _____			
—	Institution/Account Number _____ _____ Name(s) on account _____ _____			
—	Institution/Account Number _____ _____ Name(s) on account _____ _____			
—	Institution/Account Number _____ _____ Name(s) on account _____ _____			
—	Institution/Account Number _____ _____ Name(s) on account _____ _____			
<b>Total</b> of all financial institution accounts listed on this Schedule (carry forward to main schedule).				

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## Schedule B-2 – Stock / Co-ops

## Part I – Stocks

(A) Name of Corporation/ Registered Owner(s)	(B) Ticker Symbol	(C) Check Box if NJ Corp.	(D) Number of Shares	(E) Per Share Value on Date of Death	(F) Total Market Value  (Col D x Col E)	(G) Value of Decedent's Equity	Division Use Only
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
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		<input type="checkbox"/>					
Total – Part I .....							

**Part II – Co-ops:** Report shares held by the decedent in a co-op.

(A) Name of Company Issuing the Shares of Co-op	(B) Registered Owner and Address of Co-op	(C) Number of Shares	(D) Total Market Value	(E) Value of Decedent's Equity	Division Use Only
	Name: _____ Address: _____ _____				
	Name: _____ Address: _____ _____				
	Name: _____ Address: _____ _____				
Total – Part II .....					
Total of all stocks listed on this Schedule (carry forward to main schedule).....					

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**Schedule B-3 – Municipal and Corporate Bonds**

(A) Name of Bond and Registered Owner	(B) Date of Death Value	(C) Value of Decedent's Equity	Division Use Only
<b>Total</b> of all municipal and corporate bonds listed on this Schedule (carry forward to main schedule) .....			

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## Schedule B-4 – All Other Property

[illegible]

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## Schedule C – Transfers

### Part I – Transfers during decedent's lifetime

(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

(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 transfers (carry forward to main schedule) .....					

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**Schedule C – Transfers**

**Part III – Payable on Death Policies/Plans**

(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		
		Estate	Estate		
		Estate	Estate		
		Estate	Estate		
		Estate	Estate		
		Estate	Estate		
		Estate	Estate		

Total – Part III (Section A and Section B) (carry forward to main schedule) .....

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## Schedule D – Deductions Claimed

### 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	Name(s):		
Counsel Fees <input type="checkbox"/> <input type="checkbox"/>	Name(s):		
CPA/Enrolled Agent Fees <input type="checkbox"/> <input type="checkbox"/>			
Executor's or Administrator's Commissions (Commissions must be reported on your Income Tax return)	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
<b>Section A – Mortgages on Real Property reported on Schedule A (date of death balances only)</b>			
1.			
2.			
3.			
4.			
5.			
<b>Section B – Debts associated with the Sale of the Decedent's Real Property</b>			
1.			
2.			
3.			
4.			
5.			
Total – Part II (Section A and Section B) (carry forward to main schedule) .....			

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## Schedule D – Deductions Claimed

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
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Total of Part III of all deductions claimed listed on this Schedule (carry forward to main schedule) .....			

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## Schedule E – Beneficiaries

### Part I – Beneficiaries

(A) Beneficiary and address of each person who has an interest (vested, contingent, or otherwise) in this estate	(B) Relationship to Decedent	(C) Tax Class	Interest of Beneficiary in Estate		(F) Age*
			(D) Fractional/percentage of residuary estate and/or specific asset	(E) Dollar Amount	
Name: _____ Address: _____ _____					
Name: _____ Address: _____ _____					
Name: _____ Address: _____ _____					
Name: _____ Address: _____ _____					
Name: _____ Address: _____ _____					
Name: _____ Address: _____ _____					
Name: _____ Address: _____ _____					
Name: _____ Address: _____ _____					
Name: _____ Address: _____ _____					
Name: _____ Address: _____ _____					
Name: _____ Address: _____ _____					
Name: _____ Address: _____ _____					
Name: _____ Address: _____ _____					
Name: _____ Address: _____ _____					
Name: _____ Address: _____ _____					

\*Beneficiary Age as of the date of the decedent's death is only required if the beneficiary is receiving a life estate or contingent interest in any part of the estate. (See Instructions)