

**NJ-1041  
2002**

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

For Taxable Year January 1, 2002 - December 31, 2002

**5-F** Or Other Taxable Year Beginning \_\_\_\_\_, 2002, Ending \_\_\_\_\_, 20\_\_\_\_

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

<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 _____	
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 _____	
	_____
	Name of State

**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 33) . . . . .	8		
9.	Net gains or income from disposition of property (From Schedule B, Line 37) . . . . .	9		
10.	Net gains or income from rents, royalties, patents, and copyrights (From Schedule C, Line 40) . . . . .	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 42A) . . . . .	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 11) . . . . .	21		
22.	Income Percentage _____ (Line 16a) = _____ % (Line 16)			

23.	TAX: Residents (From Tax Table, Page 11)			
	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 47) . . . . .	25		
26.	Tax paid on your behalf by Partnership(s) . . . . .	26		
27.	Total payments and credits (Add Lines 24, 25 and 26) . . . . .	27		
28.	Balance of Tax Due (Line 23 less Line 27) . . . . .	28		
29.	Overpayment (Line 27 less Line 23) . . . . .	29		
30.	Credit to 2003 Tax . . . . .	30		
31.	Refund (Line 29 less Line 30) . . . . .	31		

<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.	<b>Pay amount on Line 28 in full.</b> 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 e-check or credit card.
	_____ Signature of Fiduciary or Officer Representing Fiduciary <span style="float:right">Date</span>	
	I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) <input type="checkbox"/>	
	_____ Signature of Preparer Other than Fiduciary <span style="float:right">Date</span> <span style="float:right">Fed. ID. No.</span>	



<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	
41.									
42.	TOTAL (Enter amount from Line 42A on page 1, Line 15) (Enter amount from Line 42B on Schedule G, Line 10) . . . . .					42A		42B	

<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 retained with your records.	
43.	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 43 cannot exceed amount on Line 44</i>	43		
44.	Income Subject to Tax by New Jersey. (From Page 1, Line 16) . . . . .	44		
45.	Maximum Allowable Credit (43) _____ x _____ = _____ (Divide Line 44 into Line 43) (44) (New Jersey Tax, Line 23, Page 1)	45		
46.	Income tax paid to other jurisdiction . . . . .	46		
47.	Credit Allowed. (Enter lesser of Line 45 or Line 46 here and on Page 1, Line 25) . . . . .	47		

<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 _____	% = \$ _____