# NJ-1041
# 2014

040FW01140

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

For Taxable Year January 1, 2014 - December 31, 2014
Or Other Taxable Year Beginning _____, 2014,
Ending _____, 20____

**5-F** Check this box ☐ if application for Federal extension is enclosed or enter confirmation number _____

| *Federal Employer Identification Number* | Name of Estate or Trust | |
|---|---|---|
| ▲ You must enter your FEIN above ▲ | Name and Title of Fiduciary | |
| *For Privacy Act Notification, see instructions* | Address of Fiduciary (Number and Street or Rural Route) | Change of Address ☐ |
| Check Amount (See Line 35) ☐,☐☐☐,☐☐☐.☐☐ | 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 _____ Type of Trust _____
3. ☐ Nonresident Estate - Date of decedent's death and State _____
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 (Schedule NJ-BUS-1, Part I, Line 4) ..... | | | 8 | |
| 9. | Net gains or income from disposition of property (From Schedule A, Line 42) ..... | | | 9 | |
| 10. | Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part II, Line 4) .... | | | 10 | |
| 11. | Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part III, Line 4) (Enclose Schedule NJK-1) . | | | 11 | |
| 12. | Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part IV, Line 4) (Enclose 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 B, Line 44A) ..... | | | 15 | |
| 16. | Total Income (Line 14 minus Line 15) ..... | | | 16 | |
| 16a. | NONRESIDENTS: NJ Income from Schedule E, 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. | Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11) ..... | 20 | | | |
| 21. | Total deductions and exemption (Add Lines 17, 18, 19, and 20) ..... | | | 21 | |
| 22. | Taxable Income (Line 16 less Line 21) ..... | | | 22 | |

040FW02140

| Federal Employer Identification Number | Name of Estate or Trust<br>Name and Title of Fiduciary |
|---|---|

| | | | | |
|---|---|---|---|---|
| 23. | Taxable Income (From Page 1, Line 22) | 23 | | |
| | **NONRESIDENTS ONLY:** | | | |
| 24. | Tax on amount on Line 23 (From Tax Table on page 15) | 24 | | |
| 25. | Income Percentage (Line 16a) / (Line 16) = % | | | |
| 26. | TAX: Residents (From Tax Table, page 15). Check box ☐ if not subject to tax and enclose certification (See instruction page 7)<br>Nonresidents (Multiply amount from Line 24 ____ x ____% from Line 25) | 26 | | |
| 27. | Credit for income or wage taxes paid by New Jersey estates, or trusts to other jurisdictions (From Schedule C, Line 49) | 27 | | |
| 28. | Balance of Tax (Subtract Line 27 from Line 26) | 28 | | |
| 29. | Sheltered Workshop Tax Credit | 29 | | |
| 30. | Balance of Tax after Credit (Subtract Line 29 from Line 28) | 30 | | |
| 31. | New Jersey income tax previously paid | 31 | | |
| 32a. | Tax paid on your behalf by Partnership(s) From NJK-1s (enclose) | 32a | | |
| 32b. | Tax paid on your behalf by Partnership(s) and Distributed (From Sch. B, Line 44C) | 32b | | |
| 32c. | Balance of tax paid on your behalf by Partnership(s) (Subtract Line 32b from Line 32a) | 32c | | |
| 33. | Total New Jersey Income Tax Withheld (From enclosed withholding statements. See instructions) | 33 | | |
| 34. | Total payments and credits (Add Lines 31, 32c, and 33) | 34 | | |
| 35. | Balance of Tax Due (Line 30 less Line 34) (Enter check amount on Page 1) | 35 | | |
| 36. | Overpayment (Line 34 less Line 30) | 36 | | |
| 37. | Credit to 2015 Tax | 37 | | |
| 38. | Refund (Line 36 less Line 37) | 38 | | |

**SIGN HERE**

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

I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) ☐

Signature of Preparer Other than Fiduciary (If NJ-1040-O is enclosed, check box) ☐ Federal Identification Number

Firm Name Federal Employer Identification Number

**Pay amount on Line 35 in full. Write FEIN 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.**

**Division Use** 1____ 2____ 3____ 4____ 5____ 6____ 7____

| Federal Employer Identification Number | Name of Estate or Trust | Name and Title of Fiduciary |
|---|---|---|
| | | |

## SCHEDULE A 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. Enclose 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 | |

## SCHEDULE B BENEFICIARIES' SHARES OF INCOME

Enclose New Jersey Schedule NJK-1

| | Name and Address of Each Beneficiary | Indicate Residency Status | Social Security Number | DISTRIBUTIONS Column A Total Income | Column B NJ Source Income | Column C Tax Paid by Partnerships |
|---|---|---|---|---|---|---|
| 43. | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 44. | TOTAL (Enter amount from Line 44A on Page 1, Line 15) (Enter amount from Line 44B on Schedule E, Line 10) (Enter amount from Line 44C on Page 2, Line 32b) | | | 44A | 44B | 44C |

## SCHEDULE C CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION

A copy of other state or political subdivision tax return must be retained with your records.

| | | | |
|---|---|---|---|
| 45. | Income actually taxed by other jurisdiction during tax year (indicate name _____) | 45 | |
| | *(Do not combine the same income taxed by more than one jurisdiction.) Amount on Line 45 cannot exceed amount on Line 46* | | |
| 46. | Income Subject to Tax by New Jersey. (From Page 1, Line 16) | 46 | |
| 47. | Maximum Allowable Credit (45) _____ x _____ = (New Jersey Tax, Line 26, Page 2) (Divide Line 46 into Line 45) (46) | 47 | |
| 48. | Income tax paid to other jurisdiction | 48 | |
| 49. | Credit Allowed. (Enter lesser of Line 47 or Line 48 here and on Page 2, Line 27) | 49 | |

## SCHEDULE D ALLOCATION OF BUSINESS INCOME TO NEW JERSEY

See instructions if other than Formula Basis of allocation is used. Enclose Form NJ-NR-A with 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 _____ % = $ _____

**NOTE:** For tax year 2012 and after, the sections for listing income (losses) in the categories Net Profits From Business and Net Gains or Income From Rents, Royalties, Patents, and Copyrights have been eliminated from this page. Use Part I and Part II of Schedule NJ-BUS-1 (Form NJ-1041) to report that information.

# SCHEDULE E
**(FORM NJ-1041)**

# 2014

## 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) | 9. | | |
| 10. New Jersey source income distributed to beneficiaries (From Schedule B, Line 44B) | 10. | | |
| 11. New Jersey income (Line 9 less Line 10). (Enter here and on Line 16a) | 11. | | |

SCHEDULE
# NJ-BUS-1
(Form NJ-1041)

## NEW JERSEY GROSS INCOME TAX
## BUSINESS INCOME SUMMARY SCHEDULE

# 2014

| Name of Estate or Trust as shown on Form NJ-1041 | Name and Title of Fiduciary | Federal Employer Identification Number |
|---|---|---|
| | | |

## PART I NET PROFITS FROM BUSINESS

List the net profit (loss) from business(es). See instructions.

| | Business Name | Social Security Number/ Federal EIN | Profit or (Loss) |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | Net Profit or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 8. If loss, enter ZERO on Line 8.) . . . . . 4. | | |

## PART II 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. See instructions.
Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights

| | Source of Income or Loss. If rental real estate, enter physical address of property. | Social Security Number/ Federal EIN | Type - Enter number from list above | Income or (Loss) |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 10. If loss, enter ZERO on Line 10.) . . . . . 4. | | | |

## PART III DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME

List the distributive share of income (loss) from partnership(s). See instructions.

| | Partnership Name | Federal EIN | Share of Partnership Income or (Loss) |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | Distributive Share of Partnership Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 11. If loss, enter ZERO on Line 11.) . . . . . 4. | | |

## PART IV NET PRO RATA SHARE OF S CORPORATION INCOME

List the pro rata share of income (loss) from S corporation(s). See instructions.

| | S Corporation Name | Federal EIN | Pro Rata Share of S Corporation Income or (Loss) |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | Net Pro Rata Share of S Corporation Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 12. If loss, enter ZERO on Line 12.) . . . . . 4. | | |

SCHEDULE
# NJ-BUS-2
(Form NJ-1041)

NEW JERSEY GROSS INCOME TAX
## ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT

# 2014

| Name of Estate or Trust as shown on Form NJ-1041 | Name and Title of Fiduciary | Federal Employer Indentification Number |
|---|---|---|
| | | |

| | | Column A<br>Reportable Regular Business Income | | Column B<br>Alternative Business Income/(Loss) | |
|---|---|---|---|---|---|
| **PART I** | **INCOME (LOSS)** | | | | |
| 1. | Net Profits From Business | 1a. | | 1b. | |
| 2. | Net Gain or Income From Rents, Royalties, Patents, and Copyrights | 2a. | | 2b. | |
| 3. | Distributive Share of Partnership Income | 3a. | | 3b. | |
| 4. | Net Pro Rata Share of S Corporation Income | 4a. | | 4b. | |
| 5. | Loss Carryforward From Tax Year 2013 | | | 5b. | ( ) |
| 6. | Totals | 6a. | | 6b. | |
| **PART II** | **ADJUSTMENT CALCULATION** | | | | |
| 7. | Total Regular Business Income | 7. | | | |
| 8. | Total Alternative Business Income/(Loss). (If loss, enter zero) | 8. | | | |
| 9. | Business Increment (Line 7 minus Line 8) | 9. | | | |
| 10. | Adjustment Percentage | 10. | 0.30 | | |
| 11. | Alternative Business Calculation Adjustment (Line 9 x 0.30) | 11. | | | |
| **PART III** | **LOSS CARRYFORWARD TO TAX YEAR 2015** | | | | |
| 12. | Loss Carryforward to Tax Year 2015 | | | 12. | ( ) |

### Instructions

Line 1a. Enter the amount from Line 8 of Form NJ-1041.

Line 1b. Enter the amount from Part I, Line 4 of Schedule NJ-BUS-1 (Form NJ-1041).

Line 2a. Enter the amount from Line 10 of Form NJ-1041.

Line 2b. Enter the amount from Part II, Line 4 of Schedule NJ-BUS-1 (Form NJ-1041).

Line 3a. Enter the amount from Line 11 of Form NJ-1041.

Line 3b. Enter the amount from Part III, Line 4 of Schedule NJ-BUS-1 (Form NJ-1041).

Line 4a. Enter the amount from Line 12 of Form NJ-1041.

Line 4b. Enter the amount from Part IV, Line 4 of Schedule NJ-BUS-1 (Form NJ-1041).

Line 5b. Enter the amount from Line 12 of your 2013 Schedule NJ-BUS-2 (Form NJ-1041).

Line 6a. Enter the total of Lines 1a through 4a.

Line 6b. Enter the total of Lines 1b through 5b, netting gains with losses.

Line 7. Enter the amount from Line 6a of this schedule.

Line 8. Enter the amount from Line 6b of this schedule. If loss, enter zero here.

Line 9. Subtract Line 8 from Line 7. If the result is zero, also enter zero on Line 11 and on Line 20 of Form NJ-1041, and continue with Line 12.

Line 10. The adjustment percentage for tax year 2014 is 30% (0.30).

Line 11. Multiply the amount on Line 9 by 30% (0.30). Enter here and on Line 20 of Form NJ-1041.

Line 12. If the amount on Line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

SCHEDULE
# NJK-1
(Form NJ-1041)
2014

STATE OF NEW JERSEY
Division of Taxation
# Beneficiary's or Grantor's Share of Income

For Calendar Year 2014, or Fiscal Year Beginning _____, 2014 and ending _____, 20_____

## PART I General Information

| Beneficiary or Grantor Information | Estate or Trust Information |
|---|---|
| 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**

| | Resident | Nonresident |
|---|---|---|
| Individual | ☐ | ☐ |
| Trust | ☐ | ☐ |
| Tax-Exempt Entity | ☐ | ☐ |
| Grantor | ☐ | ☐ |

☐ Final NJK-1
☐ Amended NJK-1
☐ Member of Composite Return

**Check Applicable Box**

| | Resident | Nonresident |
|---|---|---|
| Estate | ☐ | ☐ |
| Trust | ☐ | ☐ |
| Grantor Trust | ☐ | ☐ |

## PART II Beneficiary's Share of Income

| | Total Distribution | New Jersey Source Income Distributed | Tax Paid by Partnerships and Distributed |
|---|---|---|---|
| Net Income From Estate or Trust | | | |

## PART III Grantor's Share of Income

| | Everywhere Income | NJ Source Income |
|---|---|---|
| Interest NJ Exempt _____ . . . . . | | |
| Dividends NJ Exempt _____ . . . . . | | |
| Net profits or loss from business . . . . . | | |
| Net gains, income or loss from disposition of property . . . . . | | |
| Net gains, income or loss from rents, royalties, patents and copyrights | | |
| Distributive share of partnership income or loss . . . . . | | |
| Net pro rata share of S corporation income or loss . . . . . | | |
| Other Income - state nature _____ . | | |
| Tax paid by partnership(s) on behalf of trust . . . . . | | |

THIS FORM MAY BE REPRODUCED

## Beneficiary and Grantor Reporting of Income

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 NJK-1 Income and Tax Paid by Partnerships and Distributed

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. Include the Tax Paid by Partnerships and Distributed on Form NJ-1040NR, Line 47.

Nonresident Estate or Trust - Include the Total Distribution on Form NJ-1041, Other Income. Include the New Jersey Source Income Distributed on Schedule E, Other Income. Include the Tax Paid by Partnerships and Distributed on Form NJ-1041, Line 32a.

### Grantor Reporting of NJK-1 Share of Income and Tax Paid by Partnerships on Behalf of Trust

Resident Grantor - Include the Everywhere Income amounts in each category of income on Form NJ-1040.

Nonresident Grantor - Include the Everywhere Income amounts in each category of income on Form NJ-1040NR, Column A. Include the New Jersey Source Income amounts in each category of income in Column B. Include Tax Paid by Partnerships on Behalf of Trust on Line 47.

**NJ-NR-A**
(9-12)

**NEW JERSEY GROSS INCOME TAX**

# BUSINESS ALLOCATION SCHEDULE

Use this schedule if business activities are carried on both inside and outside New Jersey or if business activities are carried on 100% outside New Jersey.

*This form must be enclosed and filed with your New Jersey Income Tax return.*

Enter name, address and Social Security/Federal Employer Identification Number as shown on the Form NJ-1040NR, Form NJ-1041 or Form NJ-1065.

| Legal name of taxpayer | Social Security Number/Federal EIN |
|---|---|
| Trade name of business if different from legal name above | For the Taxable Year Ending (Month, Day, Year) |
| Address (number and street or rural route) | |
| City or Post Office State Zip Code | |

## Section 1 - Business Locations

List all places BOTH INSIDE AND OUTSIDE New Jersey where business is carried on.

| | (a) Street Address | (b) City and State | (c) Description of Business Location | (d) Check One RENT | (d) Check One OWN |
|---|---|---|---|---|---|
| 1. | | | | ☐ | ☐ |
| 2. | | | | ☐ | ☐ |
| 3. | | | | ☐ | ☐ |
| 4. | | | | ☐ | ☐ |

## Section 2 - Average Values

| | ASSETS (See instructions) | | Average Values Column A Everywhere | | Average Values Column B New Jersey |
|---|---|---|---|---|---|
| 1. | Real Property Owned | 1. | | 1. | |
| 2. | Real and Tangible Property Rented | 2. | | 2. | |
| 3. | Tangible Personal Property Owned | 3. | | 3. | |
| 4. | TOTALS (Add Lines 1-3 in each column) | 4. | | 4. | |

## Section 3 - Business Allocation Percentage

| | | | | | |
|---|---|---|---|---|---|
| 1. | Average Values of Property: | | | | |
| | a. In New Jersey (from Section 2, Column B, Line 4) | 1a | | | |
| | b. Everywhere (from Section 2, Column A, Line 4) | 1b | | | |
| | c. Percentage in New Jersey. (Divide Line 1a by Line 1b) | | | 1c | % |
| 2. | Total Receipts from All Sales, Services and Other Business Transactions: | | | | |
| | a. In New Jersey | 2a | | | |
| | b. Everywhere | 2b | | | |
| | c. Percentage in New Jersey (Divide Line 2a by Line 2b) | | | 2c | % |
| 3. | Wages, Salaries and Other Personal Compensation Paid During the Year: | | | | |
| | a. In New Jersey | 3a | | | |
| | b. Everywhere | 3b | | | |
| | c. Percentage in New Jersey. (Divide Line 3a by Line 3b) | | | 3c | % |
| 4. | Sum of New Jersey Percentages. (Add Lines 1c, 2c and 3c) | | | 4 | % |
| 5. | Business Allocation Percentage. (Divide the total on Line 4 by 3; if fewer than 3 fractions, see instructions) | | | 5 | % |

# NJ-1040NR-V

2014

N J Gross Income Tax

Nonresident Payment Voucher

SOCIAL SECURITY NUMBER

LAST NAME, FIRST NAME AND INITIAL

STREET ADDRESS

CITY, STATE, ZIP CODE

MAKE YOUR CHECK PAYABLE TO 'STATE OF NEW JERSEY - TGI'.
WRITE YOUR SOCIAL SECURITY # AND TAX YEAR ON YOUR CHECK.

RETURN THIS VOUCHER WITH YOUR PAYMENT

**State of New Jersey**
**Division of Taxation**
**Revenue Processing Center**
**PO Box 244**
**Trenton, NJ 08646-0244**

Enter amount of payment here:

$

01309000000000000000014121600000000000

Please cut on dotted lines