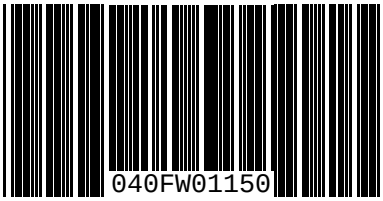
NJ-1041
2015



State of New Jersey
GROSS INCOME TAX FIDUCIARY RETURN

For Taxable Year January 1, 2015 - December 31, 2015
Or Other Taxable Year Beginning _____, 2015,
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

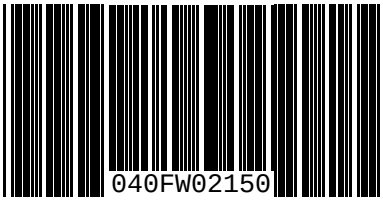
RESIDENCY STATUS: (check only ONE box)

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 _____ } _____ Name of State
4. ☐ Nonresident Trust - Date trust created and 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		



Federal Employer Identification Number	Name of Estate or Trust 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) 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 2016 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 properly taxed by both New Jersey and other jurisdiction during tax year. See instructions page 10. (Indicate jurisdiction name _____) *(Do not combine the same income taxed by more than one jurisdiction.) Amount on Line 45 cannot exceed amount on Line 46.*	45	
46.	Income Subject to Tax by New Jersey. (From Page 1, Line 16)	46	
47.	Maximum Allowable Credit (45) _____ x _____ = ... (Divide Line 46 into Line 45) (46) (New Jersey Tax, Line 26, Page 2)	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 _____ % = $ _____

SCHEDULE E
(FORM NJ-1041)

2015

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

2015

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 (usable loss) from S corporation(s). See instructions.

	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Usable 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

2015

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

			Column A			Column B	
PART I	**INCOME (LOSS)**		Reportable Regular Business Income			Alternative Business 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 2014				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.		0.40			
11.	Alternative Business Calculation Adjustment (Line 9 x 0.40)	11.					
PART III	**LOSS CARRYFORWARD TO TAX YEAR 2016**						
12.	Loss Carryforward to Tax Year 2016				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 2014 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 2015 is 40% (0.40).

Line 11. Multiply the amount on Line 9 by 40% (0.40). 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)
2015

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

For Calendar Year 2015, or Fiscal Year Beginning _____, 2015 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
(9-14)

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	OWN
1.				☐	☐
2.				☐	☐
3.				☐	☐
4.				☐	☐

Section 2 - Average Values

	ASSETS (See instructions)	Average Values			
		Column A Everywhere		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 less than 3 fractions, see instructions)			5	%

NJ-1041-V

2015

N J Gross Income Tax

Fiduciary Payment Voucher

FEDERAL IDENTIFICATION NUMBER (FEIN) -

LAST NAME, FIRST NAME AND INITIAL

STREET ADDRESS

CITY, STATE, ZIP CODE

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

RETURN THIS VOUCHER WITH YOUR PAYMENT

State of New Jersey
Division of Taxation
Revenue Processing Center
PO Box 888
Trenton, NJ 08646-0888

Enter amount of payment here:

$

0130900000000000000000151226000000000000

Please cut on dotted lines