

NJ-1041 1994

State of New Jersey GROSS INCOME TAX FIDUCIARY RETURN

For Taxable Year January 1, 1994-December 31, 1994

5-F Or Other Taxable Year Beginning _____ 1994, Ending _____, 19 _____

Check this block if application for Federal extension is attached.

| | | | |
|---|---|-------|----------|
| Federal Employer Identification Number | NAME OF ESTATE OR TRUST | | |
| | NAME AND TITLE OF FIDUCIARY | | |
| For Privacy Act Notification, see instructions. | ADDRESS OF FIDUCIARY (NUMBER AND STREET OR RURAL ROUTE) | | |
| | CITY, VILLAGE OR 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 _____
 3. Nonresident Estate —Date of decedent's death _____
 4. Nonresident Trust —Date trust created _____
- } _____ 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..... | 6 | | |
| 7. | Dividends..... | 7 | | |
| 8. | Net profits from business (From Schedule A, Line 30)..... | 8 | | |
| 9. | Net gains or income from disposition of property (From Schedule B, Line 34)..... | 9 | | |
| 10. | Net gains or income from rents, royalties, patents, and copyrights (From Schedule C, Line 37)..... | 10 | | |
| 11. | Distributive Share of Partnership Income..... | 11 | | |
| 12. | Net pro rata share of S Corporation Income..... | 12 | | |
| 13. | Other Income—State Nature..... | 13 | | |
| 14a. | NONRESIDENTS: NJ Income from Schedule G, Line 9..... | 14a | | |
| 14b. | Total Income (Add Lines 6 through 13)..... | 14b | | |
| 15. | Income Commissions..... | 15 | | |
| 16. | Gross Income (Line 14b minus Line 15)..... | 16 | | |
| 17. | Deductions for distribution to beneficiaries (From Sch. D Line 39)..... | 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 9)..... | 21 | | |
| 22. | Income Percentage $\frac{\text{(Line 14a)}}{\text{(Line 14b)}} = \text{_____} \%$ | | | |

| | | | | |
|-----|---|----|--|--|
| 23. | TAX: Residents (From Tax Table, Page 9) Nonresidents (Multiply amount from Line 21 _____ x _____ % from Line 22)..... | 23 | | |
| 24. | New Jersey Income Tax previously paid during taxable period..... | 24 | | |
| 25. | Credit for income or wage taxes paid by New Jersey estates or trusts to other jurisdictions (From Schedule E, Line 44)..... | 25 | | |
| 26. | Total payments and credits (Add Lines 24 and 25)..... | 26 | | |
| 27. | Balance of Tax Due (Line 23 less Line 26)..... | 27 | | |
| 28. | Overpayment (Line 26 less Line 23)..... | 28 | | |

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

 SIGNATURE OF PREPARER OTHER THAN FIDUCIARY ADDRESS DATE FED. ID. NO.

Pay amount on line 27 in full.
Write Federal ID Number on check or money order and make payable to:
**State of New Jersey—T.G.I.
Division of Taxation
CN 888
Trenton, N.J. 08646-0888**

SCHEDULE A NET PROFITS FROM BUSINESS List below the type of business, address and net profit (loss) from each business carried on individually by the taxpayer

| | TYPE OF BUSINESS | ADDRESS | NET PROFIT (LOSS) |
|-----|---|---------|-------------------|
| 29. | | | |
| 30. | TOTAL (Enter here and on Page 1, Line 8) (If loss enter ZERO) | | 30 |

SCHEDULE B 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.

| | (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) |
|-----|---|---|-------------------------------------|--------------------------|---|-------------------------------------|
| 31. | | | | | | |
| 32. | Capital Gains Distributions | | | | | 32 |
| 33. | Other Net Gains | | | | | 33 |
| 34. | Net Gains (Add Lines 31, 32 and 33) (Enter here and on Page 1, Line 9) (If loss enter ZERO) | | | | | 34 |

SCHEDULE C 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 as reported on your Federal Income Tax Return. If you have passive losses for Federal purposes, see instructions.

| | (a) Kind of Property | (b) Net Rental Income (loss) | (c) Net Income From Royalties | (d) Net Income From Patents | (e) Net Income From Copyrights | |
|-----|--|---------------------------------|----------------------------------|--------------------------------|-----------------------------------|----|
| 35. | | | | | | |
| 36. | TOTALS | (b) | (c) | (d) | (e) | |
| 37. | Net Income (Combine Columns, b, c, d and e) (Enter here and on Page 1, Line 10) (If loss enter ZERO) | | | | | 37 |

SCHEDULE D BENEFICIARIES' SHARES OF INCOME

| | Name of Each Beneficiary | Indicate Residency Status | Address of each beneficiary. If mailing address differs from home address, give both. | Social Security Number | Amount Distributed During Taxable Period |
|-----|---|---------------------------|---|------------------------|--|
| 38. | | | | | |
| 39. | TOTAL (Enter here and on Page 1, Line 17) | | | | 39 |

SCHEDULE E CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTIONS A copy of other state(s) or political subdivision tax return(s) must be attached to Form NJ-1041.

| | | | |
|-----|--|----|--|
| 40. | Income Subject to Tax by Other Jurisdiction(s). Name(s)..... <i>(Do not combine the same income taxed by more than one jurisdiction.)</i> | 40 | |
| 41. | Income Subject to Tax by New Jersey. (From Page 1, Line 16) | 41 | |
| 42. | Maximum Allowable Credit (40) _____ x _____ = (Divide Line 41 into Line 40) (41) (New Jersey Tax, Line 23, Page 1) | 42 | |
| 43. | Income tax paid to other jurisdictions | 43 | |
| 44. | Credit Allowed. (Enter lesser of Line 42 or Line 43 here and on Page 1, Line 25) | 44 | |

SCHEDULE F ALLOCATION OF BUSINESS INCOME TO NEW JERSEY See instructions if other than Formula Basis of allocation is used. Attach Form NJ-NR-A to 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 G
(FORM NJ-1041)

1994

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) (Enter here and on Line 14a, Form NJ-1041) | 9. | | | |