

**NJ-1041  
2000**

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

For Taxable Year January 1, 2000 - December 31, 2000

**5-F** Or Other Taxable Year Beginning \_\_\_\_\_ 2000, Ending \_\_\_\_\_, 20\_\_\_\_\_

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, 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	_____	Name of 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 _____			

**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 32)	.....		8		
9.	Net gains or income from disposition of property (From Schedule B, Line 36)	.....		9		
10.	Net gains or income from rents, royalties, patents, and copyrights (From Schedule C, Line 39)	.....		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)	.....		14		
15.	Distributions (From Schedule D Line 41A)	.....		15		
16.	Total Income (Line 14 minus Line 15)	.....		16		
16a.	NONRESIDENTS: NJ Income from Schedule G, Line 11	.....	<input type="text"/>			
17.	Income Commissions	.....	<input type="text"/>	17		
18.	Exemption - Enter \$1,000 (part year taxpayers - see Instructions)	.....	<input type="text"/>	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)	.....	<input type="text"/>	21		
22.	Income Percentage _____ (Line 16a) = _____ % (Line 16)					

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	.....	<input type="text"/>	24		
25.	Credit for income or wage taxes paid by New Jersey estates or trusts to other jurisdictions (From Schedule E, Line 46)	.....	<input type="text"/>	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		
29.	Credit to 2001 Tax	.....		29		
30.	Refund (Line 28 less Line 29)	.....		30		

<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 27 in full. Write Federal ID number on check or money order and make payable to:</b>  <b>STATE OF NEW JERSEY - TGI</b> <b>Division of Taxation</b> <b>Revenue Processing Center</b> <b>PO Box 888</b> <b>Trenton, NJ 08646-0888</b>		
	_____ 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>			Fed. ID. No. _____		

<b>SCHEDULE A NET PROFITS FROM BUSINESS</b>		List below the type of business, address and net profit (loss) from each business carried on individually by the taxpayer. Attach Federal Schedule C or F.
TYPE OF BUSINESS	ADDRESS	NET PROFIT (LOSS)
31.		
32.	TOTAL (Enter here and on Page 1, Line 8) (If loss enter ZERO) .....	32

<b>SCHEDULE B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY</b>		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. Attach 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)
33.					
34.	Capital Gains Distributions .....				34
35.	Other Net Gains .....				35
36.	Net Gains (Add Lines 33, 34 and 35) (Enter here and on Page 1, Line 9) (If loss enter ZERO) .....				36

<b>SCHEDULE C NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS</b>		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. Attach Federal Schedule E.			
(a) Kind of Property	(b) Net Rental Income (loss)	(c) Net Income From Royalties	(d) Net Income From Patents	(e) Net Income From Copyrights	
37.					
38.	TOTALS .....	(b)	(c)	(d)	(e)
39.	Net Income (Combine Columns, b, c, d and e) (Enter here and on Page 1, Line 10) (If loss enter ZERO) .....				39

<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
40.				
41.	TOTAL (Enter amount from Line 41A on page 1, Line 15) (Enter amount from Line 41B on Schedule G, Line 10) .....		41A	41B

<b>SCHEDULE E CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTIONS</b>		A copy of other state(s) or political subdivision tax return(s) must be attached to Form NJ-1041.
42.	Income Subject to Tax by Other Jurisdiction(s). Name(s) .....	42
43.	Income Subject to Tax by New Jersey. (From Page 1, Line 16) .....	43
44.	Maximum Allowable Credit (42) _____ x _____ = _____ (Divide Line 43 into Line 42) (43) (New Jersey Tax, Line 23, Page 1)	44
45.	Income tax paid to other jurisdictions .....	45
46.	Credit Allowed. (Enter lesser of Line 44 or Line 45 here and on Page 1, Line 25) .....	46

<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 _____ % = \$ _____