

State of New Jersey
GROSS INCOME TAX
FIDUCIARY RETURN

For Taxable Year January 1, 2003 - December 31, 2003

5-F Or Other Taxable Year Beginning _____, 2003, 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		
↑ You must enter your FEIN above ↑	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 2004 Tax	30		
31.	Refund (Line 29 less Line 30)	31		

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) <input type="checkbox"/>			
	_____ Signature of Preparer Other than Fiduciary			Address _____ Date _____ Fed. ID. No. _____

Pay amount on Line 28 in full.
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.

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. Attach Federal Schedule C or F.
TYPE OF BUSINESS	ADDRESS	NET PROFIT (LOSS)
32.		
33.	TOTAL (Enter here and on Page 1, Line 8) (If loss enter ZERO)	33

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. 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)
34.					
35.	Capital Gains Distributions				35
36.	Other Net Gains				36
37.	Net Gains (Add Lines 34, 35 and 36) (Enter here and on Page 1, Line 9) (If loss enter ZERO)				37

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. 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	
38.					
39.	TOTALS	(b)	(c)	(d)	(e)
40.	Net Income (Combine Columns, b, c, d and e) (Enter here and on Page 1, Line 10) (If loss enter ZERO)				40

SCHEDULE D	BENEFICIARIES' SHARES OF INCOME	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

SCHEDULE E	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.
43.	Income actually taxed by other jurisdiction during tax year (indicate name _____)	43
44.	Income Subject to Tax by New Jersey. (From Page 1, Line 16)	44
45.	Maximum Allowable Credit (43) _____ x _____ =	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

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)

2003

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 D Line 42B)	10.		
11. New Jersey income (Line 9 less Line 10). (Enter here and on Line 16a)	11.		