

**NJ-1041
2009**



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

For Taxable Year January 1, 2009 - December 31, 2009
Or Other Taxable Year Beginning _____, 2009,
Ending _____, 20__

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

| | | | |
|--|---|-------|----------|
| Federal Employer Identification Number | 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) | | |
| For Privacy Act Notification, see instructions | 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 _____
3. Nonresident Estate - Date of decedent's death and State _____ } Type of Trust
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**



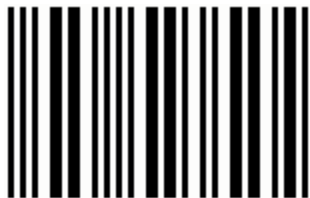
Do you wish to designate \$1 of your taxes for this fund?

| | |
|-----|----|
| 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 (From Schedule A, Line 38) | 8 | | |
| 9. | Net gains or income from disposition of property (From Schedule B, Line 42) | 9 | | |
| 10. | Net gains or income from rents, royalties, patents, and copyrights (From Schedule C, Line 45) | 10 | | |
| 11. | Distributive Share of Partnership Income (Enclose Schedule NJK-1) | 11 | | |
| 12. | Net pro rata share of S Corporation Income (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 D Line 47A) | 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. | Health Enterprise Zone Deduction | 19 | | |
| 20. | Total deductions and exemption (Add Lines 17, 18, and 19) | 20 | | |
| 21. | Taxable Income (Line 16 less Line 20) | 21 | | |



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

| | | | |
|---|----|--|--|
| 22. Taxable Income (from Page 1, Line 21) | 22 | | |
|---|----|--|--|

| | | | |
|--|----|--|--|
| NONRESIDENTS ONLY: | | | |
| 23. Tax on amount on Line 22 (From Tax Table on page 15) | 23 | | |
| 24. Income Percentage $\frac{\text{(Line 16a)}}{\text{(Line 16)}} = \text{_____} \%$ | | | |

| | | | |
|--|-----|--|--|
| 25. TAX: Residents (From Tax Table, page 15) Nonresidents (Multiply amount from Line 23 _____ x _____ % from Line 24) | 25 | | |
| 26. Credit for income or wage taxes paid by New Jersey estates or trusts to other jurisdictions (From Schedule E, Line 52) | 26 | | |
| 27. Balance of Tax (Subtract Line 26 from Line 25) | 27 | | |
| 28. Sheltered Workshop Tax Credit | 28 | | |
| 29. Balance of Tax after Credit (Subtract Line 28 from Line 27) | 29 | | |
| 30. New Jersey income tax previously paid | 30 | | |
| 31a. Tax paid on your behalf by Partnership(s) From NJK-1s (enclose) | 31a | | |
| 31b. Tax paid on your behalf by Partnership(s) and Distributed From Line 47C | 31b | | |
| 31c. Balance of tax paid on your behalf by Partnership(s) (Subtract Line 31b from 31a) | 31c | | |
| 32. Total payments and credits (Add Line 30 and Line 31c) | 32 | | |
| 33. Balance of Tax Due (Line 29 less Line 32) | 33 | | |
| 34. Overpayment (Line 32 less Line 29) | 34 | | |
| 35. Credit to 2010 Tax | 35 | | |
| 36. Refund (Line 34 less Line 35) | 36 | | |

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|--|--|
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|--|--|

| | | |
|------------------|--|---|
| 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. | Pay amount on Line 33 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. |
| | _____ 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 Date Fed. ID. No. | |

| | |
|---------------------|---|
| 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 PROFITS FROM BUSINESS List below the type of business, address, and net profit (loss) from each business carried on individually by the taxpayer. Enclose Federal Schedule C or F.

| | TYPE OF BUSINESS | ADDRESS | NET PROFIT (LOSS) |
|-----|---|---------|-------------------|
| 37. | | | |
| 38. | TOTAL (Enter here and on Page 1, Line 8) (If loss enter ZERO) | | 38 |

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. 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 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. Enclose 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 | |
|-----|--|---------------------------------|----------------------------------|--------------------------------|-----------------------------------|----|
| 43. | | | | | | |
| 44. | TOTALS | | (b) | (c) | (d) | |
| 45. | Net Income (Combine Columns b, c, d, and e) (Enter here and on Page 1, Line 10) (If loss enter ZERO) | | | | | 45 |

SCHEDULE D 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 | | | | |
| 46. | | | | | | | | | | |
| 47. | TOTAL (Enter amount from Line 47A on Page 1, Line 15) (Enter amount from Line 47B on Schedule G, Line 10) (Enter amount from Line 47C on Page 2, Line 31b) | | | 47A | 47B | 47C | | | | |

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.

| | | | |
|-----|---|----|--|
| 48. | Income actually taxed by other jurisdiction during tax year (indicate name _____) | 48 | |
| 49. | Income Subject to Tax by New Jersey. (From Page 1, Line 16) | 49 | |
| 50. | Maximum Allowable Credit (48) _____ x _____ = | 50 | |
| | (Divide Line 49 into Line 48) (49) _____ (New Jersey Tax, Line 25, Page 2) | | |
| 51. | Income tax paid to other jurisdiction | 51 | |
| 52. | Credit Allowed. (Enter lesser of Line 50 or Line 51 here and on Page 2, Line 26) | 52 | |

SCHEDULE F ALLOCATION OF BUSINESS INCOME TO NEW JERSEY See instructions if other than Formula Basis of allocation is used. Enclose 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 _____ % = \$ _____

Beneficiary's or Grantor's Share of Income

For Calendar Year 2009, or Fiscal Year Beginning _____, 2009 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 Individual <input type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Trust <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tax-Exempt Entity <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Grantor <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Final NJK-1 <input type="checkbox"/> Member of Composite Return <input type="checkbox"/> Amended NJK-1 | | | Check Applicable Box Estate <input type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Trust <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Grantor Trust <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |

| 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 | | |

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 46.

Nonresident Estate or Trust - Include the Total Distribution on Form NJ-1041, Other Income. Include the New Jersey Source Income Distributed on Schedule G, Other Income. Include the Tax Paid by Partnerships and Distributed on Form NJ-1041, Line 31a.

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 46.

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

N J Gross Income Tax

2009

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:

\$

| | | | | | | | | | | | |
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