NJ-1041 **2019**



New Jersey Income Tax Fiduciary Return

5	-F	For Tax Year January 1, 2019 – Dece	ember 31, 2019,	Or Ot	ther Ta	ax Year	Beginr	ning				, 2019, En	ding 20	
		Check this box \square if application for fe	ederal extension	is end	closed	or ent	er confi	rmation	numbe	r				
	Federa	al Employer Identification Number	Name of Estate	e or Tr	ust									
			Name and Title	e of Fid	duciar	у								
	You	must enter your FEIN above	Address of Fid	uciary	(Num	ıber an	d Stree	t or Rura	al Rout	e)		Chang	ge of Addre	ess 🔲
Fo	or Priva	acy Act Notification, see instructions		,	`					, 			,	
			City, Town, Pos	st Offic	ce					S	tate	Z	IP Code	
	RES	SIDENCY STATUS: (check only ONE b	oox)									<u> </u>		
	1.	Resident Estate – Date of dec	cedent's death		-									
	2.	Resident Trust – Date trust o	created		_					_				
	3.	Nonresident Estate – Date of dec	cedent's death a	nd sta	te .					1	Туре	e of Trust		
,	4. 🗆	Nonresident Trust – Date trust o	created and state	Э	_					} -	Nam	ne of State		
		estate was closed or trust terminated,			te the	date			•					
	BERNA	ATIONAL Do you wish to design	nate \$1	_	YES		NO	No	te: If yo	ou check	the "YES" b	ox, it will no	ut	
		NS FUND of your taxes for this			ILO		NO		incr	rease the	tax or reduc	ce the refun	d	,
NO		Nonresident estates and trusts, see												1
6.		stTax-Exempt Inter									6.			\vdash
7.		endsTax-Exempt Divi									7.			-
8.	Net pr	rofits from business (Schedule NJ-BUS	S-1, Part 1, line 4	4)							8.			
9.	Net ga	ains or income from disposition of prop	perty (From Sche	edule /	A, line	44)					9.			-
10.	Net ga	ains or income from rents, royalties, pa	atents, and copy	rights	(Sche	edule N	J-BUS-	1, Part I	I, line 4	4)	10.			
11.	Distrib	outive Share of Partnership Income (S	chedule NJ-BUS	S-1, Pa	art III,	line 4)	(Enclos	e Sched	lule NJ	K-1)	11.			
12.	Net pr	ro rata share of S Corporation Income	(Schedule NJ-BI	US-1,	Part I\	V, line 4	l) (Encl	ose Sch	edule N	NJ-K-1)	12.			
13.	Other	Income – State Nature									13.			
14.	Gross	Income (Add lines 6 through 13) If \$1	0,000 or less, se	ee inst	tructio	ns					14.			
15.	Distrib	outions (From Schedule B, line 46A)									15.			
16.	Total I	Income (Subtract line 15 from line 14)									16.			
16a.	NONF	RESIDENTS: NJ Income from Schedu	le E, line 11	16a	١.									
17.	Incom	ne Commissions				17.								
18.	Exem	ption – Enter \$1,000 (Part-year taxpay	ers, see instruct	tions)		18.								
19.	Health	h Enterprise Zone Deduction				19.								
20.		native Business Calculation Adjustmen edule NJ-BUS-2, line 11)				20.								
21.	Total	deductions and exemption (Add lines	17 through 20)								21.			
22.	Taxab	ole Income (Subtract line 21 from line 1	16)								22.			



	Federal Employer Identification Number	Name	of Estate or Trust							
	-	Name :	and Title of Fiduciary							
		r vario	and this of Fladolary							
23.	Taxable Income (From Page 1, line 22)				23.					
	NONRESIDENTS ONLY:									
24.	Tax on amount on line 23 (From Tax Table on page 16)	. 24.								
25.	Income Percentage (Line 16a) =% (Line 16)									
26.	TAX: Residents (From Tax Table, page 16). Check box if not subject (See instruction page 7)	ct to tax	and enclose certification	n.		'				
	Nonresidents (Multiply amount from line 24 x	_% from	ı line 25)		26.					
27.	Credit for income or wage taxes paid by New Jersey estates or trusts to other jurisdictions (From Schedule C, line 51)	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.	Penalty for Underpayment of Estimated Tax (See instructions) Check box if Form NJ-2210 is enclosed				31.					
32.	Total Tax and Penalty (Add lines 30 and 31)				32.					
33.	New Jersey Income Tax previously paid	ersey Income Tax previously paid								
34a.	Tax paid on your behalf by Partnership(s) (See instructions)	34a.								
34b.	Tax paid on your behalf by Partnership(s) and Distributed (From Schedule B, line 46C)	34b.								
34c.	Balance of tax paid on your behalf by Partnership(s) (Subtract line 34b	from lin	e 34a)		34c.					
35.	Total New Jersey Income Tax Withheld (From enclosed withholding state	tements	s. See instructions)		35.					
36.	Total payments and credits (Add lines 33, 34c, and 35)				36.					
37.	Balance of Tax Due (Subtract line 36 from line 32)				37.					
38.	Overpayment (Subtract line 32 from line 36)				38.					
39.	Credit to 2020 Tax				39.					
40.	Refund (Subtract line 39 from line 38)	<u></u>			40.		L			
	Under penalties of perjury, I declare that I have examined this return, including ac best of my knowledge and belief, it is true, correct, and complete. If prepared by a on all information of which the preparer has any knowledge.					Pay amount on line 37 full. Write FEIN on che or money order and ma payable to:	ck			
	, ,					1. 7				
HERE	Signature of Fiduciary or Officer Representing Fiduciary		Date			State of New Jersey – Division of Taxation Revenue Processing C PO Box 888 Trenton, NJ 08646-0888	enter			
SIGN	I authorize the Division of Taxation to discuss my return and enclosures with my p	reparer	(below)			You may also pay by e	-check			
SIC						or credit card.				
	Signature of Preparer Other than Fiduciary (If NJ-1040-0 is enclosed, check box)									
	Firm Name	Federa	l Employer Identification Nu	mber						
Divi	sion Use 1 2 3 4	!	56	7						
										

NJ-10	041 2019														Page	3
Fede	eral Employer Ide	entification Numbe	:r	Nam	ne of Est	tate or T	rust				Name and	Title of	Fiducia	ary		
sc	HEDULE A	NET GAINS OF DISPOSITION									rived from the					
	(a) Kind of property	/ and description	(b) Date acquired (Mo., day,	ed	(c) Date sold (Mo., da	e d	(d) Gross	s sales p	rice	adjuste	or other based (see instruction of expense of	uctions)	(f)		n or (loss) minus e)	
41.				\dashv		\Rightarrow							\perp			
42.	· ·	vistributions										. 42.				
43. 44.		lines 41, 42, and		here	and on F	Page 1,	line 9)	(If loss,	enter Z	ERO)		43.				
SC	HEDULE B	BENEFICIARIES	S' SHARES	S OF	INCOME	E Enc	lose Ne	ew Jerse	y Sche	edule NJ	K-1					
	Name and Addres	ss of Each Benefician	ry Reside Statu	ency	Social S	Security N	Number	1	Column		Col	Column B NJ Source Income		Column C Tax Paid by Partner		ershins
45.									7.00		110 000			laxie	and by I ditile	T
					<u> </u>	<u> </u>	 	<u> </u>								<u> </u>
46.	(Enter	r amount from line r amount from line r amount from line	e 46B on So	chedu	ule E, line	e 10)		46A.			46B.			46C.		
sc	HEDULE C		FOR INCO				ES				e or politica			ax		
47.	See instruction	ly taxed by both Nas page 10. (Indicane the same inconstit on line 48.	ate jurisdict	tion na	ame)							
48.	1	t to Tax by New J	• '		•											
49.	(Divide line 47 b	, ,	3)			((New Je	ersey Tax	from lir	ne 26)	49	_				_
50. 51.		d to other jurisdict . (Enter lesser of li														+-
		`														
SC	HEDULE D		ATION OF E	BUSII	NESS IN	ICOME					than Formu with Form I			location	is used.	
Ente	er below the line n	Percentage (Fronting and Amount to determine a	nt of each i	item c	of busine				Form	NJ-1041	that is requ	ired to	be allo	ocated a	ınd multiply	/ by
	From Line I	No	\$		x			% =	\$							
	From Line !	No	\$		x	·		% =	\$							

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 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 Stre	For the Tax 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.					
Net profits from business		3.					
4. Net gains or income from disposition of	property	4.					
5. Net gains or income from rents, royaltie	es, patents, and copyrights	5.					
Distributive share of partnership income.	3	6.					
7. Net pro rata share of S corporation inco	ome	7.					
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 46B)	10.					
11. New Jersey income (Subtract line 10 fr	om line 9) Enter here and on line 16a	11.					

Nam	e of Estate or Trust as shown on Form NJ-1041		Name and Title of Fiduciary				Federal Employer Identification Number			
•	Schedule NJ-BUS-1 (Form NJ-1041)		Jersey Gross Income Tax iness Income Summary Schedule							
Pa	rt I Net Profits From Busine	ess	List the	net prof	it (los	s) from bus	iness(es). Se	ee Instructions.		
	Business Name		Social Security Federal E		-/		Profit or (Loss)			
1. 2.										
3.					_				<u> </u>	
4.	Net Profit or (Loss). (Add lines 1, 2, and line 8, NJ-1041. If loss, enter ZERO on I	er here and on		4.						
Pa	Part II 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 enter physical address of property	Federal FIN number			ype – Enter umber from list above	ber from Income or (L				
1.										
2.										
3.										
4.	Net Income or (Loss). (Add lines 1, 2, ar (Enter here and on line 10, NJ-1041. If le		er ZERO on line 10.)		4.				
Pa	art III Distributive Share of Pa	artners	ship Income				ve share of i	ncome (loss) ructions.		
	Partnership Name		Federal EIN	Share of Partne Income or (Lo				tax paid on your behal by Partnerships		
1.										
2.										
3.										
4.	Distributive Share of Partnership Income (Add lines 1, 2, and 3.) (Enter here and If loss, enter ZERO on line 11.)									
5.	Total Share of tax paid on your behalf by 1, 2, and 3.) Enter total here and include									
Pá	art IV Net Pro Rata Share of	S Corp	ooration Incom				share of inco	ome (usable See instructions.		
	S Corporation Name		Federal E	IN		Pro Rata Share of S Corporation Income or (Usable Loss)				
1.										
2.										
3.				1	_					
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 12, NJ-1041.									

If loss, enter ZERO on line 12.)

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

Schedule NJ-BUS-2

New Jersey Gross Income Tax (Form NJ-1041) Alternative Business Calculation Adjustment

2019

			Column B						
PAR	RT 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 2018				5b.	()		
6.	Totals	6a.			6b.				
PAF	TII 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.	().50					
11.	Alternative Business Calculation Adjustment (line 9 x 0.50)	11.							
PAR	T III Loss Carryforward to Tax Year 202	20							
12.	Loss Carryforward to Tax Year 2020				12.	()		

Instructions

Line 1a.	Enter the amount from line 8, Form NJ-1041.
Line 1b.	Enter the amount from Part I, line 4, Schedule NJ-BUS-1 (Form NJ-1041).
Line 2a.	Enter the amount from line 10, Form NJ-1041.
Line 2b.	Enter the amount from Part II, line 4, Schedule NJ-BUS-1 (Form NJ-1041).
Line 3a.	Enter the amount from line 11, Form NJ-1041.
Line 3b.	Enter the amount from Part III, line 4, Schedule NJ-BUS-1 (Form NJ-1041).
Line 4a.	Enter the amount from line 12, Form NJ-1041.
Line 4b.	Enter the amount from Part IV, line 4, Schedule NJ-BUS-1 (Form NJ-1041).
Line 5b.	Enter the amount from line 12 of your 2018 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 2019 is 50% (0.50).
Line 11.	Multiply the amount on line 9 by 50% (0.50). Enter here and on line 20 of Form NJ-1041.
Line 12.	If the amount on 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Schedule NJK-1

(Form NJ-1041)

New Jersey Division of Taxation Beneficiary's or Grantor's Share of Income

2019

For Calendar Year 2019 or FIS	cai Year Beginning	, 2019 and Ending	, 20					
PART I General	Information							
Beneficiary or Grantor Informa	tion	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	e ZIP Code					
Check Applicable Box Reside Individual Trust Tax-Exempt Entity Grantor Final NJK-1 Amended NJK-1	ent Nonresident □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Check Applicable Box Res Estate Trust Grantor Trust	ident Nonresident					
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 Sha	re 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 dispos	sition of property							
Net gains, income or loss from rents,	royalties, patents, and copyrights							
Distributive share of partnership incor	me or loss							
Net pro rata share of S corporation in	come or loss							
Other Income – state nature								
Tax paid by partnership(s) on behalf of	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 tax 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 50.

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 34a.

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 50.

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 a	nd filed with your	New Je	rsey Income Tax return.					
Ente	er name, address, and Social Security/	federal employer identification numb	er as shown on F	orm NJ-	-1040NR, Form NJ-1041,	or Fo	rm NJ-1065.			
Lega	al name of taxpayer				Social Security Number/Federal EIN					
Trac	le name of business if different from le	gal name above		For the Tax Year Ending (Month, Day, Year)						
Add	ress (number and street or rural route)									
City	or Post Office	State	ZIP Code							
	ction 1 – Business Loc									
List	all places BOTH INSIDE AND OUTSID	DE New Jersey where business is ca	irried on.		,		(d) Che	ock One		
	(a) Street Address (b) City and State (c) D			cription	of Business Location		Rent	Own		
1.							П	П		
2.										
3.										
4.										
						Ш				
Se	ction 2 – Average Value	es								
					Average	Value	es			
Ass	sets (See Instructions)			Column A Everywhere		Column New Jers				
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 colui	mn)		4.		4.				
Se	ction 3 - Business Allo	cation Percentage								
Ave	rage Values of Property:									
1a.	In New Jersey (From Section 2, colu	mn B, line 4)		1a.						
1b.	Everywhere (From Section 2, column	n A, line 4)		1b.						
1c.	Percentage in New Jersey (Divide lin	e 1a by line 1b)				1c.		%		
Tota	l Receipts from All Sales, Services, an	d Other Business Transactions:								
2a.	In New Jersey			2a.						
2b.	Everywhere			2b.						
2c.	Percentage in New Jersey (Divide lin	e 2a by line 2b)				2c.		%		
Wag	les, Salaries, and Other Personal Com									
3а.	In New Jersey			3a.						
3b.	Everywhere			3b.						
3c.	Percentage in New Jersey (Divide lin	e 3a by 3b)				3c.		%		
4.						4.		%		
5. Business Allocation Percentage. (Divide the total on line 4 by 3; if less than 3 fractions,										
	see instructions)					5.		%		