## New Jersey Income Tax Fiduciary Return

5-F
For Tax Year January 1, 2019 - December 31, 2019, Or Other Tax Year Beginning , 2019, Ending 20 $\qquad$
Check this box $\square$ if application for federal extension is enclosed or enter confirmation number $\qquad$



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## SCHEDULE D ALLOCATION OF BUSINESS INCOME See instructions if other than Formula Basis of allocation is used.

 TO NEW JERSEY Enclose Form NJ-NR-A with 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 that is required to be allocated and multiply by allocation percentage to determine amount of income from New Jersey sources.
From Line No. $\quad \$ \ldots$

# 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 <br> Identification Number |
| :--- | :--- |
| Name and Title of Fiduciary |  |
| Address of Fiduciary (Number and Street or Rural Route) | For the Tax Year Ended <br> (Month, Day, Year) |
| City, Town, Post Office | ZIP Code |


| INCOME FROM NEW JERSEY SOURCES: <br> 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 B, line 46B)................... | 10. |  |  |
| 11. New Jersey income (Subtract line 10 from line 9) Enter here and on line 16a ............................. | 11. |  |  |


| Name 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)

New Jersey Gross Income Tax Business Income Summary Schedule


|  | Net Gains or Income rt \|| From Rents, Royalties, Patents, and Copyrights | List the net gains or $n$ form of rents, royaltie Type of Property: 1-Rental real estate | income, less patents, and <br> Royalties 3- |  | erived from or See instruction <br> 4-Copyrights |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Source of Income or Loss. If rental real estate, enter physical address of property. | Social Security Number/ Federal EIN | Type - Enter number from list above |  | ncome or (Loss) |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. | Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 10, NJ -1041. If loss, e | ZERO on line 10.) | 4. |  |  |


| Part III Distributive Share of Partnership Income |  | List the distributive share of income (loss) <br> from partnership(s). See instructions. |  |  |
| :--- | :---: | :---: | :---: | :---: |
|  | Fartnership Name | Federal EIN | Share of Partnership <br> Income or (Loss) | Share of tax paid on your behalf <br> by Partnerships |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. | Distributive Share of Partnership Income or (Loss). <br> (Add lines 1, 2, and 3.) (Enter here and on line 11, NJ-1041. <br> If loss, enter ZERO on line 11.) |  |  |  |
| 5. | Total Share of tax paid on your behalf by Partnerships (Add lines <br> 1, 2, and 3.) Enter total here and include on line 34a. |  |  |  |

## Part IV Net Pro Rata Share of S Corporation Income

|  | S Corporation Name | Federal EIN |
| :--- | :--- | :--- |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. | Net Pro Rata Share of S Corporation Income or (Usable Loss). <br> (Add lines 1, 2, and 3.) (Enter here and on line 12, NJ-1041. <br> If loss, enter ZERO on line 12.) |  |

List the pro rata share of income (usable loss) from $S$ corporation(s). See instructions.

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

## Schedule NJ-BUS-2 <br> (Form NJ-1041)

New Jersey Gross Income Tax Alternative Business Calculation Adjustment


## PART II Adjustment Calculation

| 7. | Total Regular Business Income | 7. |  |  |
| ---: | :--- | ---: | ---: | ---: |
| 8. | Total Alternative Business Income/(Loss). <br> (If loss, enter zero) | 8. |  |  |
| 9. | Business Increment <br> (line 7 minus line 8) | 9. | 10. | 0.50 |
| 10. | Adjustment Percentage | 11. |  |  |
| 11. | Alternative Business Calculation <br> Adjustment (line 9 x 0.50) |  |  |  |

PART III Loss Carryforward to Tax Year 2020
12. Loss Carryforward to Tax Year 2020

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 6 b . Enter the total of lines 1 b through 5 b , netting gains with losses.
Line 7. Enter the amount from line 6 a of this schedule.
Line 8. Enter the amount from line 6 b 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 6 b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.
Keep a copy of this schedule for your records

# New Jersey <br> Division of Taxation Beneficiary's or Grantor's Share of Income 

2019

| 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 | Check Applicable Box <br> Resident <br> Estate <br> Trust <br> Grantor Trust | Nonresident $\square$ |


| 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 <br> 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 ......................................... |  |  |

This Form May Be Reproduced

## 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.
(7-19)
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 Form NJ-1040NR, Form NJ-1041, or Form NJ-1065.

| Legal name of taxpayer |  |
| :--- | :--- |
| Trade name of business if different from legal name above |  |
| Address (number and street or rural route) | State |
| City or Post Office |  |

Social Security Number/Federal EIN

For the Tax Year Ending (Month, Day, Year)

## 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 |  |  |  |  |  |
| 1. |  |  |  | $\square$ | $\square$ |  |
| 2. |  |  |  | $\square$ | $\square$ |  |
| 3. |  |  |  | $\square$ | $\square$ |  |
| 4. |  |  |  | $\square$ | $\square$ | $\square$ |

## Section 2 - Average Values

| Assets (See Instructions) | Average Values <br>  <br> New Jersey |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  | Real Property Owned | Column A <br> Everywhere |  | Column B |  |
| 2. | Real and Tangible Property Rented | 1. |  | 1. |  |
| 3. | Tangible Personal Property Owned | 2. |  | 2. |  |
| 4. | TOTALS (Add lines 1-3 in each column) | 3. |  | 3. |  |

## Section 3 - Business Allocation Percentage



