IT-Estate 2017 (07-17)

PO Box 249

Transfer Inheritance Tax

STATE OF NEW JERSEY **Resident Decedent** 

**ESTATE TAX RETURN 2017** 

(68)	For	Division	Use	Only
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(Instructions on reverse side)

Trenton, NJ 08695-0249 THIS FORM TO BE USED FOR DECEDENTS WITH DATES OF DEATH ON OR AFTER JANUARY 1, 2017, BUT BEFORE JANUARY 1, 2018 Decedent's Name Jones Decedent's S.S. No. 456-78-9010 Rebecca (Last) (First) (Middle) Date of Death (mm/dd/yy) 01/10/17 County of Residence Morris Testate X Intestate Daytime Phone (973) 789-4560 Name Max Jones Mailing Address to send all Street 35 Pinnacle Point correspondence\* City Randolph \*See Instructions Zip Code 07869 3,125,000 20,000 3,105,000.00 b. State Death Tax Deduction for other states (See instructions) 11,250 3,093,750.00 4. Tentative New Jersey Estate Tax – enter amount calculated from the NJ Estate Tax website calculator ....... 83,318.02 (See Note to Line 4 in Instructions) 5. Credit for New Jersey Inheritance Tax Paid (DO NOT INCLUDE INTEREST OR PENALTY) ..... 6. Enter the portion of the tax attributable to property located outside of New Jersey from line 4 of Schedule E-3 attached ..... 6. 6,665.44 7. Total Credits – Add lines 5 & 6 and enter here ...... 6,665.44 8. 76,652.58 9. Interest and Penalty Due (See instructions) ..... 10. Total Amount Due – Add lines 8 and 9 ...... 10. 76,652.58 11. Payment on Account (if any) ...... 12. If line 11 is LESS THAN Line 10, subtract line 11 from line 10 enter BALANCE DUE -PAY THIS AMOUNT WITH FORM ET-PMT ..... 76,652.58 13. If line 11 is MORE THAN line 10, subtract line 10 from line 11 ENTER REFUND AMOUNT\*\* ..... 0.00 You must include a completed Federal form 706 even if you are not required to file with the IRS. Include a complete, legible copy of decedent's Last Will and Testament and all codicils thereto. Include a complete, legible copy of any trust agreements to which the decedent was a party. \*\*All applications for the refund of an overpayment in addition to the amount requested on line 13 of this return, must be made in writing within the three-year statutory period in accordance with and in the manner set forth in R.S. 54:38.3. (See Instructions for further information.) Affiant declares, under penalty of perjury: I have examined this return and all accompanying documents and to the best of my knowledge and belief, it is true, correct and complete. I hereby authorize the party(s) set forth above to act as the estate's representative, to receive confidential information, and to make presentations on behalf of the estate. Subscribed and sworn before me day of Signature: (Executor - Administrator - Heir-at-law) Print Name: Max Jones Official Title: 35 Pinnacle Point Address

Randolph, New Jersey 07869

DECEDENT'S NAM	1E	DECEDENT'S	S SOCIAL S	ECURITY NUMBER
Jones	Rebecca	456-78-9	9010	
SCHEDULE	E-3 Credit for portion of tax attributable to property	located outside New Je	ersey.	
In general, intai	ngible personal property is considered to be located in New Jers	ey regardless of where it	may actu	ally be located.
	e of property located outside New Jersey included on line 1 of th		1.	250,00
	Property	Value		
20 Hemlo	ck Drive, East Stroudsburg, Pennsylvania	250,000		
-				
Use separa	ate sheet if necessary			
2. New Jerse	y gross estate wherever located (amount listed on line 1 of the fi	rst page of this return)	2.	2 125 000 0
Tentative New Jersey Estate Tax (amount listed on line 4 of the first page of this return)		3.	3,125,000.0 83,318.0	
4. Allowable of	credit (divide line 1 by line 2 and multiply by line 3). Enter here a	and on line 6 of the first		
page of this	s return		4.	6.665.44

DECEDENT'S NAME		DECEDENT'S SOCIAL SECURITY NUMBER
Jones	Rebecca	456-78-9010

SCHEDULE E-4 Must be completed with return

## WAIVER REQUEST SCHEDULE NEW JERSEY REAL PROPERTY

Note: All items on this schedule must be reported on the Form 706

List all NEW JERSEY REAL PROPERTY in which the decedent held an interest.

- Report fractional shares *only* if the property was held as tenants-in-common.
- Do not report property held as tenants-by-the-entirety if spouse/civil union partner is surviving.
- Tax waivers will not be issued for assets not listed on this schedule.

1. Decedent's Share	100%	
County	Morris	
Street and Number	35 Pinnacle Point	
Municipality:	Randolph	
Lot:	119.31	
Block:	208	
Title/Owner(s) of Record:	Rebecca Jones	
2. Decedent's Share		
Title/Owner(s) of Record:		and minute shows the total or the transfer of
3. Decedent's Share		
County		-
Street and Number		
Municipality:		
Lot:		-
Block:		-
Title/Owner(s) of Record:		

DECEDENT'S NAME		DECEDENT'S SOCIAL SECURITY NUMBER
Jones	Rebecca	456-78-9010

SCHEDULE E-5 Must be completed with return

## WAIVER REQUEST SCHEDULE NEW JERSEY BANK ACCOUNTS/CREDIT UNIONS/BROKERAGE ACCOUNTS

Note: All items on this schedule must be reported on the Form 706

List all assets held in **New Jersey** banking institutions <u>on which decedent's name is listed</u>. (This may include checking accounts, savings accounts, money markets, CD's, and IRA's.)

- (A) Include the name of each bank or institution and account number(s). (Multiple accounts in one bank may be grouped together, but each account must be listed separately.)
- (B) State all names registered on each account.
- (C) List only the full date of death balance of each account on this schedule.
- Tax waivers will not be issued for assets not listed on this schedule.

Brokerage Accounts must list total value of account, rather than individual assets.

(A) New Jersey Accounts	(B) Registered Name(s)	(C) Full Date of Death Value
Wells Fargo, N.A. checking account no. 12345000	Rebecca Jones	100,000
Fidelity Investments brokerage account no. 67890000	Rebecca Jones	1,000,000

DECEDENT'S NAME		DECEDENT'S SOCIAL SECURITY NUMBER
Jones	Rebecca	456-78-9010

SCHEDULE E-6 Must be completed with return

## WAIVER REQUEST SCHEDULE NEW JERSEY STOCK ONLY

Note: All items on this schedule must be reported on the Form 706

List ONLY stock incorporated in the State of New Jersey on which decedent's name is listed.

- (A) Report the number of shares owned of each stock.
- (B) List the name of the company and (C) all names registered on each stock.
- Tax waivers will not be issued for assets not listed on this schedule.

Stocks held in a Brokerage Account should <u>not</u> be listed on this schedule – include them in Account Total on Schedule E-5.

(A) Number of Shares	(B) Name of Stock	(C) Registered Names

DECEDENT'S NAME		DECEDENT'S SOCIAL SECURITY NUMBER
Jones	Rebecca	456-78-9010

SCHEDULE E-7 Must be completed with return

## WAIVER REQUEST SCHEDULE NEW JERSEY MUNICIPAL & CORPORATE BONDS

Note: All items on this schedule must be reported on the Form 706

List all NEW JERSEY investment bonds on which decedent's name is registered.

- Provide name of company or entity holding bond and all terms of bond.
- List all names registered on bond.
- Tax waivers will not be issued for assets not listed on this schedule.

Bonds held in a Brokerage Account should <u>not</u> be reported on this schedule – include them in Account Total on Schedule E-5.

(A) Par Value	(B) Investment Bonds – Individually or Jointly Owned	(C) Registered Name(s)
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