

Transfer Inheritance Tax
PO Box 249
Trenton, NJ 08695-0249

STATE OF NEW JERSEY
Inheritance Tax Return
NON-RESIDENT DECEDENT
(Instructions on reverse side)

(67) For Division Use Only

Decedent's Name White Jack Decedent's S.S. No. 123-45-6789
(Last) (First) (Middle)

Date of Death (mm/dd/yy) 09/30/2009 State of Residence Pennsylvania Testate ☒ Intestate ☐

Mailing Address Name Larry Lawyer, Esq. Phone (215) 555-1000
to send all Street 1034 Walnut Street
correspondence City Philadelphia State PA Zip Code 19100

Do you expect to file a Federal Estate Tax Return? <input type="checkbox"/> Yes <input type="checkbox"/> No			
1. Schedule A Real Property	1.	58,000	
2. Schedule B Closely Held "Businesses"	2.	0	00
3. Schedule B(1)	3.	284,002	
4. Schedule E Transfers	4.	0	
5. Total Estate Wherever Situate (Add Lines 1 thru 4)	5.	342,002	00
6. Schedule C Deductions	6.	64,635	00
7. Net Estate Wherever Situate (Line 5, minus Line 6)	7.	277,367	00
8. Contingent Amount Included in Line 7 (See instructions on reverse side)	8.	0	00
9. Balance of Estate (Line 7, minus Line 8)	9.	277,367	00
10. Method Used for Tax Calculation: <input type="checkbox"/> Method 1 <input checked="" type="checkbox"/> Method 2 <input type="checkbox"/> Method 3 <input checked="" type="checkbox"/> Method 4			
11. Tax Due Based on Calculation Method (from attached worksheet)	11.	3,519	00
12. Compromise Tax Due on Line 8 Amount (See instructions on reverse side)	12.	0	00
13. Contingent Tax (See instructions on reverse side)	13.	0	00
14. Total Tax Due (Total - Line 11 thru Line 13)	14.	3,519	00
15. Interest Due (If applicable) (See instructions on reverse side)	15.	N/A	
16. Total Amount Due (Line 14, plus Line 15)	16.	3,519	00
17. Payment on Account (If applicable)	17.	0	
18. If Line 17 (Payments) is LESS THAN Line 16, Enter BALANCE DUE - PAY WITH FORM NR-PMT →	18.	3,519	00
19. If Line 17 (Payments) is MORE THAN Line 16 Enter REFUND AMOUNT →	19.	0	00

Deponent says, under penalty of perjury, "I declare that I have examined this return and all accompanying schedules 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

this _____ day of _____,

(Executor - Administrator - Heir-at-law)

Address: Larry Lawyer, Esq.
1034 Walnut Street
Philadelphia, PA 19100

Official Title (Notarized)



**SCHEDULE "A" REAL PROPERTY
NON-RESIDENT DECEDENT**
(See Instructions on reverse side)

White, Jack

123-45-6789

Decedent's Name

Decedent's Social Security Number

Description of Real Estate (List all real estate both outside and within New Jersey)	Full Assessed Value for Year of Death	Full Market Value at Date of Death	Value of Decedent's Equity (and how determined)	This Column for Division Use
I. Street and Number 124 Bayshore Road Municipality: Deal Lot: Block: 287 50 County: State: Monmouth NJ Owner of Record: Jack White Mortgage Balance: \$ 0 Mortgage Insurance: \$ 0	40,000.00	50,000.00	50,000.00 see attached appraisal	
147 State Street Camden 471 50 Camden NJ Jack White 0 0	3,000.00	8,000.00	8,000.00 see attached appraisal	
Has any of the real estate reported in this schedule been sold? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes is checked, submit a copy of the closing statement or HUD 1 Form				
Method 1 or 4, insert this total on page 1, lines 1, 5 and 9			58,000.00	
Method 2, insert this total on page 1, line 1				
Method 3, do not insert on page 1				

(If additional space is required, attach riders of the same size)

(continuation page) **SCHEDULE "A" REAL PROPERTY
NON-RESIDENT DECEDENT**
(See Instructions on reverse side)

White, Jack

Decedent's Name

123-45-6789

Decedent's Social Security Number

Description of Real Estate (List all real estate both outside and within New Jersey)	Full Assessed Value for Year of Death	Full Market Value at Date of Death	Value of Decedent's Equity (and how determined)	This Column for Division Use
<p>1. Street and Number 365 Main Street</p> <p>Municipality: Philadelphia</p> <p>Lot: Block: 18 265</p> <p>County: State: Philadelphia PA</p> <p>Owner of Record: Jack White and Jessie White</p> <p>Mortgage Balance: \$ 15,000 tenants by entirety</p> <p>Mortgage Insurance: \$ 0</p> <p>Has any of the real estate reported in this schedule been sold?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes is checked, submit a copy of the closing statement or HUD 1 Form</p>			Nontaxable tenants by entirety	
<p>Method 1 or 4, insert this total on page 1, lines 1, 5 and 9</p> <p>Method 2, insert this total on page 1, line 1</p> <p>Method 3, do not insert on page 1</p>			0.00	

SCHEDULE "B" CLOSELY HELD "BUSINESSES"
NON-RESIDENT DECEDENT
 (See Instructions on reverse side)

<u>White, Jack</u> <small>Decedent's Name</small>	<u>123-45-6789</u> <small>Decedent's Social Security Number</small>	
Name and Federal Identification Number of Any Sole Proprietorship, Partnership, Joint Venture and/or Closely Held Corporation in Which the Decedent Held Any Interest	Market Value at Date of Death	This Column for Division Use
1. None		
Insert this total on page 1, line 2	0.00	

SCHEDULE "B (1)" ALL OTHER PERSONAL PROPERTY
NON-RESIDENT DECEDENT
(See Instructions on reverse side)

White, Jack

Decedent's Name

123-45-6789

Decedent's Social Security Number

All Other Personal Property Owned Individually or Jointly; Indicate the Manner of Registration	Market Value at Date of Death	This Column for Division Use
<p>1.</p> <p>1. Household furnishings in Deal, NJ home (per attached appraisal) 2,500.00</p> <p>2. Household furnishings in Philadelphia, PA home (per attached appraisal) 15,000.00</p> <p>3. 2000 Cadillac CTS, good condition 50,000 miles, (per attached appraisal) 6,000.00</p> <p>4. 2000 Oldsmobile Alero, good condition 60,000 miles (per attached appraisal) 2,000.00</p> <p>5. Savings Account #17635 in 1st Pennsylvania Savings & Loan (including \$52.00 interest) 18,052.00</p> <p>6. Savings Account #12345 in Camden Savings Bank (including interest to date of death) 1,000.00</p> <p>7. CD #73620-B in Camden State Bank (including interest to date of death) 100,000.00</p> <p>8. Checking Account #7765 CityBank, Philadelphia, Pennsylvania 7,000.00</p> <p>9. Cash on hand at date of death 300.00</p> <p>10. 10,000 shares ABC, Inc. common, \$5.00 par value, \$7.50 per share on NYSE 75,000.00</p> <p>11. 1,000 DEF Corp. common, \$1.00 par value, \$45.00 per share on NYSE 45,000.00</p> <p>12. 10 \$1,000 S. Jersey Gas & Electric Co. First Mortgage Bonds, due date-9/30/2015 Coupon-10%, Interest payable March 30 and September 30, Mean value, date of death 116.50 (NYSE) (including interest to date of death) 12,150.00</p>		
<p>Method 1 or 4, insert this total on page 1, lines 3, 5 and 9</p> <p>Method 2, insert this total on page 1, line 3</p> <p>Method 3, do not insert on page 1</p>	<p align="right">284,002.00</p>	

**SCHEDULE "C" DEDUCTIONS CLAIMED
NON-RESIDENT DECEDENT
(See Instructions on reverse side)**

<u>White, Jack</u> Decedent's Name		<u>123-45-6789</u> Decedent's Social Security Number	
Debt or Claim of	Nature of Same	Amount	This Column for Division Use
See attached rider	Estimated Expenses for: <input checked="" type="checkbox"/> Administration (Attach an itemized list)	750.00	
Name(s): <u>Larry Lawyer, Esq.</u>	Counsel Fees:		
If more than 2 attach a rider	<input checked="" type="checkbox"/> Agreed Upon	8,000.00	
	<input type="checkbox"/> Estimated		
Name(s): <u>Larry Lawyer, Esq.</u>	Executor's or Administrator's Commissions	8,000.00	
	(Must not be claimed unless reported for Income Tax purposes.)		
SS# <u>125-50-5050</u>			
SS# _____			
	SUBTOTAL	16,750.00	
	(Insert on Worksheet 2 Line 4)		
Bond Funeral Home	Funeral	1,500.00	
Pennsylvania	Transfer taxes paid to other states	4,000.00	
	(itemize by state)		
	Other Deductions (list individually)		
Internal Revenue Service	Estimated 2009 income tax liability	3,500.00	
American Express	Due on charge card account no. 12345678	685.00	
Charles Jones, M.D.	Professional services related to last illness	450.00	
Samaritan Hospital	Services related to last illness-uninsured	125.00	
Camden State Bank	Demand note dated 09/30/2002, secured by CD #76320-B, including accrued interest	37,625.00	
Total of entire column. Insert this total on page 1, line 6		64,635.00	

SCHEDULE "D" NON-RESIDENT DECEDENT

White, Jack

Decedent's Name

123-45-6789

Decedent's Social Security Number

Details of Real and Tangible Personal Property subject to the jurisdiction of the State of New Jersey.

CONSENTS TO TRANSFER WILL BE GRANTED ONLY ON REAL ESTATE INCLUDED IN THIS SCHEDULE.

1. List below all New Jersey realty owned by decedent. 2. Also list all tangible goods, wares and merchandise in New Jersey. (Note: Waivers are not required to transfer any intangibles such as bank accounts, mortgages, or bonds and stocks of New Jersey corporations.)	Market Value of Decedent's Equity	This Column for Division Use
1. Real property located at 124 Bayshore Road, Township of Deal, Monmouth County, New Jersey, Lot 287 in Block 50 on Tax Map of Township of Deal	50,000.00	
2. Real property located at 147 State Street, City of Camden, County of Camden, New Jersey, Lot 471 in Block 50 on Tax Map of City of Camden	8,000.00	
3. Household furnishings in Deal, New Jersey home	2,500.00	

**SCHEDULE "E" TRANSFERS
NON-RESIDENT DECEDENT**

White, Jack

Decedent's Name

123-45-6789

Decedent's Social Security Number

(ALL QUESTIONS MUST BE ANSWERED)

1. Did decedent, within three years of death, transfer property, valued at \$500.00 or more, without receiving full financial consideration therefor? ☒ Yes ☐ No
2. Did decedent, at any time, transfer property, reserving (in whole or in part) the use, possession, income, or enjoyment of such property? ☐ Yes ☒ No
3. Did decedent, at any time, transfer property on terms requiring payment of income to decedent from a source other than such property? ☐ Yes ☒ No
4. Did decedent, at any time, transfer property, the beneficial enjoyment of which was subject to change because of a reserved power to alter, amend, or revoke, or which could revert to decedent under terms of transfer or by operation of law? ☐ Yes ☒ No
If answer to any of above questions is "yes", set forth a description of property transferred, the fair market value at date of death, dates of transfers, and to whom transferred. Submit copy of trust deed or, agreement, if any. (If transfers are claimed to be untaxable, also submit detailed statement of facts on which such claim is based, proof as to decedent's physical condition and copy of death certificate.)
5. Was decedent a participant in any pension plan that provided for payment of an annuity or lump sum on or after death to another? ☐ Yes ☒ No
6. Did decedent purchase or in any manner participate in any contract or plan providing for payment of an annuity or lump sum on or after death to another, *except life insurance contracts* payable to a designated beneficiary? ☐ Yes ☒ No
(Matured endowment policies, claim settlement certificates, supplementary contracts, annuity contracts and refunds thereunder and interest income certificates even though issued by an insurance company are not considered life insurance contracts.)
7. Was a single premium life insurance policy issued on decedent's life in conjunction with an annuity contract? ☐ Yes ☒ No
If answer to questions 5, 6 or 7 is "Yes", attach a copy of all such contracts, plans, and policies.
8. Were any accumulated dividends due on any contract of insurance? (If yes, list below) ☐ Yes ☒ No

Date of Transfer; Description of Property, Both Real and Personal: Actual Consideration If Any; Names and Relationship to Decedent or Donees, Assignees, Transferees, etc.	Market Value at Date of Death	This Column for Division Use
1. On January 1, 2007 decedent transferred to his son, John White, 1,000 shares of GHI, Inc. common stock valued at the date of his death at \$40,000. this gift was made at the occasion of his son's 21st birthday, for the life associated motive of making his son financially independent and responsible. Accordingly, said gift was not a transfer made in contemplation of death. See attached affidavit.	Nontaxable	
Method 1 or 4, insert total on Page 1, lines 4, 5, and 9 Method 2, insert total on Page 1, line 4 Method 3, do not insert on page 1	0.00	

Method 1 and 4 filers answer questions 1-4

Method 2 and 3 filers answer all questions

(If additional space is required, attach riders of the same size)

IT-NR - Page 12

ATTACH COPY OF WILL AND CODICILS HERE

Decedent's Name

Decedent's Social Security Number

In case of intestacy, the parentage of all collateral heirs (such as nieces, nephews, cousins, etc.) must be set forth. The relationship of step-parent, step-child, step-brother or step-sister must be so stated.

[illegible]

Deponent further says the following schedule contains the names of all beneficiaries who died before or after decedent's death:

NAME	DATE OF DEATH	DOMICILE AT DEATH
None		

Under authority of Federal law, the Division of Taxation of the Department of the Treasury of the State of New Jersey and the Internal Revenue Service have entered into a Federal/State Agreement for the mutual exchange of tax information for purpose of tax administration.

WORKSHEET 4
METHOD 4

DIRECT TAX WORKSHEET

Decedent's Name White, Jack

Decedent's SS NO 123-45-6789

This method is required to be used if the decedent either made a specific devise of New Jersey property, or owned New Jersey property with another as Joint Tenants with the Right of Survivorship, or transferred New Jersey property to another during the 3 year period prior to the decedent's date of death without receiving the total (actual) fair market value of the property transferred, or where the decedent transferred New Jersey real or tangible personal property but retained a right in the property for his/her lifetime. For a more complete description of the above situations see those given on page 6 for Method 4.

IMPORTANT INSTRUCTIONS

1. If the decedent made a specific devise of New Jersey real estate complete Schedule "A". Only include the New Jersey real estate. If there was a specific bequest of tangible personal property located in New Jersey complete Schedule B(1). Only include the New Jersey tangible personal property.
2. If the decedent owned New Jersey real estate or New Jersey tangible personal property as Joint Tenants with the Right of Survivorship complete Schedule A or Schedule B (1) or both, if both situations apply. Only include New Jersey real estate or New Jersey tangible personal property. Do not include any other assets.
3. If the decedent transferred New Jersey real estate or New Jersey tangible personal property during the 3 year period prior to his/her date of death without receiving the total (actual) fair market value of the property or if the decedent transferred New Jersey real estate or tangible personal property but retained a right in the property for his/her lifetime complete Schedule "E".

TAX COMPUTATION WORKSHEET

- | | | |
|---|---|------------------|
| 1. Enter total from Schedule A | 1 | <u>50,000.00</u> |
| 2. Enter total from Schedule B (1) | 2 | <u>2,500.00</u> |
| 3. Enter total from Schedule E | 3 | <u>0.00</u> |
| 4. Total of above lines 1, 2 and 3..... | 4 | <u>52,500.00</u> |
| 5. New Jersey Resident Tax on amount reported on line 4.....
(See page 2 of the instructions for classes of beneficiaries and tax rates) | 5 | <u>3,025.00</u> |
| 6. New Jersey Non-Resident Inheritance Tax - Same as line 5.....
(Insert this number on IT-NR page 1, line 11). | 6 | <u>3,025.00</u> |

Decedent's Name White, JackDecedent's SS NO 123-45-6789

For use when there are two (2) or more New Jersey taxable assets and at least one of them is specifically devised or jointly owned (joint tenants with right of survivorship), or transferred to one or more individuals within three (3) years of the decedent's death, or to take effect at or after the decedent's date of death and the other New Jersey taxable assets are held in the decedent's name alone or as tenants in common with another individual.

If the New Jersey taxable property or any amount thereof is specifically devised or jointly owned (joint tenants with right of survivorship), or transferred as indicated above, that amount is not subject to the ratio tax but rather is taxed directly to the devisee(s) or surviving joint tenant(s) at the resident tax rates.

TAX COMPUTATION WORKSHEET

- | | | |
|---|----|-------------------|
| 1. Direct tax on New Jersey taxable property specifically devised, jointly owned, or transferred as indicated above. Use worksheet 4, page 11 to compute the tax for this line..... | 1 | <u>3,025.00</u> |
| 2. Value of New Jersey taxable property not specifically devised, jointly owned, or transferred as indicated above..... | 2 | <u>8,000.00</u> |
| 3. Value of gross estate both in and outside of New Jersey (not including the New Jersey property specifically devised, jointly owned, or transferred as indicated above) (IT-NR, Page 1, Line 5 less New Jersey property described herein from worksheet 4, line 4)..... | 3 | <u>289,502.00</u> |
| 4. Ratio (Line 2 divided by Line 3) | 4 | <u>0.0276</u> |
| 5. Total of administration expenses, counsel fees, and commissions (from <u>subtotal line in Schedule "C"</u>)..... | 5 | <u>16,750.00</u> |
| 6. Amount of Line 5 to be deducted from New Jersey taxable property not specifically devised, jointly owned, or transferred as indicated above. (Line 4 multiplied by Line 5) | 6 | <u>462.00</u> |
| 7. Net New Jersey property subject to the ratio tax (Line 2 minus Line 6) | 7 | <u>7,538.00</u> |
| 8. Net estate wherever situate (not including the New Jersey property specifically devised, jointly owned, or transferred as indicated above) (IT-NR, Page 1, Line 7, less the New Jersey property described herein from worksheet 4, line 4)..... | 8 | <u>224,867.00</u> |
| 9. Ratio (Line 7 divided by Line 8) (not to exceed 100%)..... | 9 | <u>0.0335</u> |
| 10. New Jersey resident tax on amount reported on Line 8 above (See page 2 of the instructions for classes of beneficiaries and tax rates) | 10 | <u>14,743.00</u> |
| 11. New Jersey Non-Resident Ratio tax (Line 9 multiplied by Line 10)..... | 11 | <u>494.00</u> |
| 12. Total New Jersey Non-Resident direct tax and ratio tax (Line 1 plus Line 11) (Insert this amount on IT-NR page 1, Line 11)..... | 12 | <u>3,519.00</u> |

NOTE

In the event that any amount of the estate is contingent, the ratio calculated on Line 9 above should be applied to the resident compromise tax to compute the nonresident compromise tax due.

All decimals are to be rounded to four places.