

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

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

(67) For Division Use Only

Decedent's Name Smith Jane L Decedent's S.S. No. 111-22-3333

Date of Death (mm/dd/yyyy) 01/10/2010 County of Residence Union Testate ☒ Intestate ☐

Authorized Representative Name Larry Lawyer, Esq. Daytime Phone (973) 643-1234  
to receive all correspondence Street 900 Broad Street  
City Newark State New Jersey Zip Code 07102

1. Real Property	Total carried forward from - Schedule A	1.	300,000	00					
2. Closely Held "Businesses"	Total carried forward from - Schedule B	2.	0	00					
3. All Other Personal Property	Total carried forward from - Schedule B(1) Recapitulation	3.	477,000	00					
4. Transfers	Total carried forward from - Schedule C	4.	0	00					
5. Gross Estate	Total Lines 1 thru 4	5.	777,000	00					
6. Deductions	Total carried forward from - Schedule D	6.	50,695	00					
7. Net Estate	Total - Line 5, minus Line 6 (If less than zero enter "0")	7.	726,305	00					
8. Contingent Amount Included in Line 7 (See explanation on reverse side)		8.							
9. Balance of Estate (Line 7, minus Line 8)		9.	726,305	00					
<table><tr><th>Class</th><th>Number of Beneficiaries</th><th>Total</th><th>Exempt</th><th>Taxable</th></tr></table>		Class	Number of Beneficiaries	Total	Exempt	Taxable	TAX		
Class	Number of Beneficiaries	Total	Exempt	Taxable					
10. A (Spouse/Civil Union Partner)	\$	/	\$	/	10.				
11. A (Other)	1	\$ 526,305/00	\$ 526,305/00	\$ 0/00	11.	0	00		
12. C	1	\$ 200,000/00	\$ 25,000/00	\$ 175,000/00	12.	19,250	00		
13. D	\$	/	\$	/	13.				
14. E	\$	/	\$	/	14.				
15. Compromise Tax Due on Line 8 Amount (See explanation on reverse side)					15.				
16. Contingent Tax (See explanation on reverse side)					16.				
17. Total Tax Due (Total - Line 10 thru Line 16)					17.	19,250	00		
18. Interest Due (If applicable) (See explanation on reverse side)					18.				
19. Total Amount Due (Line 17, Plus Line 18)					19.	19,250	00		
20. Payment on Account (If applicable)					20.				
21. If Line 20 (Payments) is LESS THAN Line 19, Enter BALANCE DUE -	PAY THIS AMOUNT WITH FORM IT-PMT				21.	19,250	00		
22. If Line 20 (Payments) is MORE THAN Line 19, Enter REFUND AMOUNT					22.	0	00		

23. Are any questions in Schedule "C" answered yes? 23. Yes ☐ No ☐
24. Have or will you file or are you required to file a Federal Estate Tax Return? 24. Yes ☐ No ☐
25. Has or will any disclaimer been filed? If so, attach copy 25. Yes ☐ No ☐
26. If the decedent died after December 31, 2001, did the decedent's taxable estate plus adjusted taxable gifts for Federal estate tax purposes under the provision of the Internal Revenue Code in effect on December 31, 2001 exceed \$675,000? 26. Yes ☐ No ☐

If yes, by how much \$ 177,305

Indicate which letters were issued and where issued:

Letters of Administration ☐ Letters Testamentary ☒ State of NJ County of Union

SUBMIT A FULL COPY OF THE DECEDENT'S WILL, CODICILS, TRUSTS, AND A COPY OF THE LAST FULL YEAR'S FEDERAL INCOME TAX RETURN.

Affiant 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(ies) 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 \_\_\_\_\_, \_\_\_\_\_ Signature: John Jones (Executor - Administrator - Heir-at-law)

Print Name: John Jones  
Address: 200 Morris Avenue  
Union, New Jersey 07083

Official Title (Notarized)

THIS FORM MAY BE REPRODUCED

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

Decedent's Name		Decedent's Social Security Number			
Description of New Jersey Real Estate		Full Assessed Value for Year of Death	Full Market Value at Date of Death	Value of Decedent's Interest and (How Determined)	This Column for Division Use
<b>Smith Jane L</b> 1. Street and Number 200 Stuyvesant Avenue Municipality: Union Lot:                      Block: 10                      100 County: Union Title/Owner of Record: Jane L. Smith		100,000.00	300,000.00	300,000.00 Value per appraisal	
2. Street and Number  Municipality:  Lot:                      Block:  County:  Title/Owner of Record:					
3. Street and Number  Municipality:  Lot:                      Block:  County:  Title/Owner of Record:					
4. Street and Number  Municipality:  Lot:                      Block:  County:  Title/Owner of Record:					
Insert this total on page 1, line 1 .....				300,000.00	

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

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

Smith Jane L

Decedent's Name

111-22-3333

Decedent's Social Security Number

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		
2.		
3.		
4.		
Insert this total on page 1, line 2 .....	0.00	

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

**SCHEDULE "B (1)" RECAPITULATION - ALL OTHER PERSONAL PROPERTY**  
**RESIDENT DECEDENT**  
(See Instructions Below)

Smith Jane L  
Decedent's Name

111-22-3333  
Decedent's Social Security Number

**• BRING FORWARD TOTALS FROM EACH OF THE FOLLOWING SCHEDULES:**

1) SCHEDULE B-1: BANK ACCOUNTS/BROKERAGE ACCOUNTS	100,000.00
2) SCHEDULE B-1: STOCK	350,000.00
3) SCHEDULE B-1: INVESTMENT BONDS	0.00
4) SCHEDULE B-1: ALL OTHER PROPERTY	27,000.00
<b>TOTAL LINES 1-4</b> <b>Insert this total on Page 1, Line 3 "All Other Personal Property"</b>	<b>477,000.00</b>

**GENERAL INSTRUCTIONS FOR SCHEDULE "B (1)"**

List all other personal property (excluding that on Schedule B) including all tangible personal property located permanently in New Jersey.

These schedules must disclose not only all other personal property owned individually by the decedent but also all other personal property standing in joint names (such as United States Savings Bonds, bank accounts, shares of stock, etc.) which may be claimed by another or others as survivors.

Unless the surviving joint tenant is also a Class A beneficiary (see General Instructions), the transfer of ownership to a surviving joint tenant or tenants pursuant to a joint tenancy with the right of survivorship is a transfer subject to tax. The deceased joint tenant is deemed to have been the absolute owner of the property and the survivor/survivors are presumed to have received a devise or bequest of the whole and not a part of the property. This presumption can be rebutted to the extent that the survivor can prove contributions out of funds separate and apart from those that originated in the decedent. All joint assets including those passing to exempt beneficiaries and those claimed not to have belonged to the decedent must be listed, with full market value as of date of death.

These schedules must list all other intangible personal property such as, but not limited to, United States Savings Bonds; treasury certificates; cash on hand; cash in the bank; deposits in Federal or State Credit Unions; mutual funds; bonds and mortgages; promissory notes; claims; accounts receivables; corporate bonds; corporate stocks; accrued interest; dividends; salaries or wages; insurance payable to the estate or its representatives; interest in any undistributed estate or income from any property held in trust under the will or agreement of another, even though physically located outside the state at the time of death.

Waivers are not required for automobiles, household goods, accrued wages or mortgages, but these items must be reported on Schedule B-1 "All Other Property".

A membership certificate or stock in a New Jersey housing corporation held in the name of the decedent and a surviving spouse/civil union partner or domestic partner as joint tenants with the right of survivorship is exempt, if it entitled them to use it as their principal residence; however, a waiver is required for this transfer in the estate of a resident decedent.

SCHEDULE B (I) - BANK ACCOUNTS/BROKERAGE ACCOUNTS  
RESIDENT DECEDENT

Smith Jane L

Decedent's Name

111-22-3333

Decedent's Social Security Number

This schedule may include checking accounts, savings accounts, money markets, credit unions, CD's, brokerage accounts, mutual funds, and IRA's.

(A) Include the name of each bank or institution on which decedent's name appears.

1) State all names registered on each account, along with account number of each.

2) *Multiple accounts in one bank may be grouped together, but each account must be listed separately.*

(B) Report the full date of death balance of each account in "Date of Death Value" column.

1) BROKERAGE ACCOUNTS require account totals only on this schedule.

2) Brokerage statements must be included with the return.

(C) List decedent's equity in account (If 100% , amount will be the same as (B).)

1) *Claims for partial ownership must be supported in supplemental affidavits.*

(A) Bank Accounts - Individually or Jointly Owned	(B) Date of Death Value	(C) Decedent's Equity	Division Use Only
Checking account #123450000 JPMorgan Chase, Union, New Jersey in the name of Jane L. Smith	100,000.00	100,000.00	
Insert this total on SCHEDULE B-1 Recapitulation, Line 1		100,000.00	

(If additional space is required, attach riders of the same size. All forms may be reproduced)

**SCHEDULE B (1) - STOCK  
RESIDENT DECEDENT**

**DO NOT INCLUDE STOCK HELD IN A BROKERAGE ACCOUNT ON THIS SCHEDULE**

Smith Jane L

Decedent's Name

111-22-3333

Decedent's Social Security Number

- (A) Report the number of shares owned of each stock.  
 (B) List the name of the company and all names registered on each stock.  
 (C) List the state of registration for each corporation (ie., NJ, DE, MD, etc.), if known.  
 (D) Report the per-share market value of each stock as of the date of death.  
 (E) Full market value of all shares (number of shares x per share value).  
 (F) Total value of decedent's equity (*Claims for partial ownership must be supported in supplemental affidavits*).  
 (List accrued dividends as of date of death along with each item.)

(A) Number of Shares	(B) Name of Stock - Registered Owner(s)	(C) State of Inc.	(D) Date of Death Per Share Value	(E) Total Market Value	(F) Decedent's Equity	Division Use Only
3,500	ABC, Inc. common par value \$1.00 in the name of Jane L. Smith	DE	100.00	350,000.00	350,000.00	
Insert this total on SCHEDULE B-1 Recapitulation, Line 2 .....					350,000.00	

(If additional space is required, attach riders of the same size. All forms may be reproduced.)

**SCHEDULE B (1) - MUNICIPAL & CORPORATE BONDS**

**RESIDENT DECEDENT**

***DO NOT INCLUDE BONDS HELD IN A BROKERAGE ACCOUNT ON THIS SCHEDULE***

Smith Jane L

Decedent's Name

111-22-3333

Decedent's Social Security Number

(A) Provide name of company or entity holding bond and all terms of bond.

1) List all names registered on each bond.

(B) Report full date of death value of bonds.

1) Include accrued dividends as of date of death.

(C) List decedent's equity in bond (If 100% , amount will be the same as (B)).

*Note: U.S. Savings Bonds should be listed on Schedule B-1 "All Other Property".*

(A) Bonds - Individually or Jointly Owned	(B) Date of Death Value	(C) Decedent's Equity	Division Use Only
None			
Insert this total on SCHEDULE B-1 Recapitulation, Line 3 .....		0.00	

(If additional space is required, attach riders of the same size. All forms may be reproduced)

**SCHEDULE B (1) - ALL OTHER PROPERTY  
RESIDENT DECEDENT**

Smith Jane L

Decedent's Name

111-22-3333

Decedent's Social Security Number

List all other property owned by the decedent, including (but not limited to):

- U.S. Obligations (Savings Bonds or Treasury Certificates)
- Automobiles or other vehicles
- Personal property, collections, furniture, etc.
- Mortgages and notes owned by decedent
- Cash and uncashed checks
- Interest in a prior estate
- Accounts receivable

Other Property - Individually or Jointly Owned	Date of Death Value	Division Use Only
Automobile-2003 BMW 325i see attached appraisal	20,000.00	
Jewelry-gold Rolex watch	5,000.00	
Clothing and miscellaneous personal property	2,000.00	
Insert this total on SCHEDULE B-1 Recapitulation, Line 4 .....	27,000.00	

(If additional space is required, attach riders of the same size. All forms may be reproduced)



**SCHEDULE "C" TRANSFERS  
RESIDENT DECEDENT**

Smith Jane L

Decedent's Name

111-22-3333

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 the 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 photostatic copies 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 of Donees, Assignees, Transferees, etc.	Market Value at Date of Death	This Column for Division Use
1.		
Insert this total on page 1, line 4 .....	0.00	

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

**SCHEDULE "D" DEDUCTIONS CLAIMED**  
**RESIDENT DECEDENT**  
(See Instructions on reverse side)

Smith Jane L

Decedent's Name

111-22-3333

Decedent's Social Security Number

Debt or Claim of	Nature of Same	Amount	This Column for Division Use
Name: <u>White Funeral Parlor</u>	Estimated Expenses for: <input checked="" type="checkbox"/> Funeral ..... <input type="checkbox"/> Administration .....	10,000.00	
Name: <u>Larry Lawyer, Esq.</u>	Counsel Fees: <input type="checkbox"/> Agreed Upon ..... <input checked="" type="checkbox"/> Estimated .....	20,000.00	
Names: <u>John Jones</u>  <u>SS# 22-33-4444</u>	Executor's or Administrator's Commissions (Must not be claimed unless reported for Income Tax purposes.)	19,695.00	
SS# _____			
List Mortgages Here: <u>None</u>			
	Other Deductions (list individually) <u>American Express</u> <u>due on charge card</u> <u>710565992545002</u>	800.00	
	<u>PSE&amp;G</u> <u>electric bill</u>	200.00	
Insert this total on page 1, line 6 .....		50,695.00	

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

## ATTACH COPY OF WILL AND CODICILS HERE

111-22-3333

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

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.

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

STATE OF NEW JERSEY  
Resident Decedent  
**ESTATE TAX RETURN**  
(Instructions on reverse side)

Decedent's Name Smith Jane L Decedent's S.S. No. 111-22-3333  
(Last) (First) (Middle)

Date of Death (mm/dd/yy) 01/10/2010 County of Residence Union Testate ☒ Intestate ☐

Mailing Address Name Larry Lawyer, Esq. Daytime Phone (973) 643-1234  
to send all Street 900 Broad Street  
correspondence City Newark State New Jersey Zip Code 07102

## FOR DIVISION USE ONLY

Column A  
Simplified FormColumn B  
Form 706 (2001)

## Check Tax Method Selected and Complete Column A or Column B

Check Tax Method Selected and Complete Column A or Column B	Column A Simplified Form	Column B Form 706 (2001)
1. Enter the Gross Estate from line 5 of the New Jersey Form IT-R on line 1(a) OR the Gross Estate from page 1 line 1 of the 2001 Form 706 on line 1(b) .....	1(a) 777,000.00	1(b)
2. Enter Deductions from line 6 of the New Jersey Form IT-R on line 2(a) OR Deductions from page 1 line 2 of the 2001 Form 706 on line 2(b) .....	2(a) 50,695.00	2(b)
3. Enter the Net Estate from line 7 of the New Jersey Form IT-R on line 3(a) OR the Taxable Estate from page 1 line 3 of the 2001 Form 706 on line 3(b) .....	3(a) 726,305.00	3(b)
4. Enter Taxable assets not included as part of New Jersey inheritance tax Net Estate from line 3 Part C of Schedule E-1 attached .....	4(a) 150,000.00	
5. Enter Deductions from line 12 of Schedule E-2 attached .....	5(a) 0.00	
6. Enter Adjusted Taxable Gifts from page 1 Line 4 of the 2001 Form 706 .....		6(b)
7. Taxable Value - Add lines 3(a) and 4(a) and subtract line 5(a) .....	7(a) 876,305.00	
8. Enter Total Gift Taxes payable from page 1 line 9 of the 2001 Form 706 .....		8(b)
9. Enter the Allowable Unified Credit from page 1 line 13 of the 2001 Form 706 .....		9(b)
10. Tentative New Jersey Estate Tax - If taxable value is reported on line 7(a), use the attached worksheet to determine the tax and enter the tax so determined on line 10(a). If taxable estate is reported on line 3(b), enter the amount from page 1 line 15 of the 2001 Form 706 on line 10(b) .....	10(a) 26,462.24	10(b)
11. Credit for New Jersey Inheritance Tax Paid (DO NOT INCLUDE INTEREST OR PENALTY) .....	11(a) 19,250.00	11(b)
12. Enter the portion of the tax attributable to property located outside of New Jersey from line 4 of Schedule E-3 attached .....	12(a) 2,854.61	12(b)
13. Net New Jersey Estate Tax Due - line 10(a) minus lines 11(a) and 12(a) OR line 10(b) minus lines 11(b) and 12(b) (if less than zero, enter zero) .....	13(a) 4,357.63	13(b)
14. Interest and Penalty Due (See Instructions) .....	14(a) 0.00	14(b)
15. Total Amount Due - Add lines 13(a) and 14(a) OR lines 13(b) and 14(b) .....	15(a) 4,357.63	15(b)
16. Payment on Account (if any) .....	16(a) 0.00	16(b)
17. If line 16(a) is LESS THAN line 15(a) OR line 16(b) is LESS THAN line 15(b), Enter BALANCE DUE - PAY THIS AMOUNT WITH FORM ET-PMT .....	17(a) 4,357.63	17(b)
18. If line 16(a) is MORE THAN line 15(a) OR line 16(b) is MORE THAN line 15(b), Enter REFUND AMOUNT .....	18(a) 0.00	18(b)

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(ies) 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 \_\_\_\_\_ Signature: \_\_\_\_\_  
(Executor - Administrator - Heir-at-law)

Print Name: John JonesOfficial Title: \_\_\_\_\_ Address: 200 Morris AvenueUnion, New Jersey 07083

THIS FORM IS USED FOR DECEDENTS WITH DATES OF DEATH ON OR AFTER JANUARY 1, 2002

THIS FORM MAY BE REPRODUCED

DECEDENT'S NAME	SOCIAL SECURITY NUMBER
Smith Jane L	111-22-3333

**SCHEDULE E-1** Assets not included as part of Line 3(a) of the IT-Estate Return including real and tangible personal property located outside New Jersey, proceeds of any contract of insurance on the life of the decedent either owned by the decedent at death or transferred by the decedent within three years of death, and transfers made within three years of the decedent's death. The full value of QTIP property for which a marital deduction was elected for New Jersey or Federal purposes in the estate of a predeceased spouse/civil union partner, and any other property includable in the federal gross estate under the provision of the Internal Revenue Code in effect on 12/31/01.

PART A NON-NJ REAL PROPERTY	Full Assessed Value For Year of Death	Full Market Value For Year of Death	Value of Decedent's Interest and How Determined	This Column For Division Use Only
1. Street and Number 100 Main Street Municipality: Monticello, N.Y.. Lot/Block: Lot 6, Block 100 County: Sullivan Title/Owner of Record: Jane L. Smith	25,000.00	100,000.00	100,000.00	
2. Street and Number  Municipality:  Lot/Block:  County:  Title/Owner of Record:				
3. Street and Number  Municipality:  Lot/Block:  County:  Title/Owner of Record:				
4. If additional realty, attach separate sheet and insert total here .....				
5. Total equity in non-New Jersey real property .....	100,000.00			

DECEDENT'S NAME	SOCIAL SECURITY NUMBER
Smith Jane L	111-22-3333

PART B Non-New Jersey tangible personal property, proceeds of insurance, QTIP property, transfers within three years of death not included as part of Line 3(a) of the IT-Estate Return, and any other property includable in the federal gross estate under the provisions of the IRC in effect on 12/31/2001		Market Value at Date of Death	This Column For Division Use Only
1. The Prudential Insurance Company of America	1.	50,000.00	
2. \$50,000 face amount life insurance policy	2.		
3. on decedent- Beneficiary-Alice Smith	3.		
4.	4.		
5.	5.		
6.	6.		
7.	7.		
8.	8.		
9.	9.		
10.	10.		
11. If additional assets, attach separate sheet and insert total here	11.		
12. Total market value of PART B assets	12.	50,000.00	

PART C Totals		
1. Total from PART A, Line 5	1.	100,000.00
2. Total from PART B, Line 12	2.	50,000.00
3. Add Lines 1 and 2, Insert here and on Line 4(a) of IT-Estate Tax Return	3.	150,000.00

**SCHEDULE E-2** Allowable deductions include **ONLY** property passing outright to the decedent's surviving spouse/civil union partner after 2/19/07 (this deduction does not include Qualified Terminable Interest Property (QTIP) or similar property) provided he/she was a U.S. citizen on the decedent's date of death and property which passes to, for the use of, or in trust for, any educational institution, church, hospital, orphan asylum, public library or bible and tract society or to any institution or organization organized and operating exclusively for religious, charitable, benevolent, scientific, literary or educational purposes, including any institution instructing the blind in the use of dogs as guides, no part of the net earnings of which inures to the benefit of any private stockholder or other individual or corporation; provided, that this exemption shall not extend to such educational institutions and organizations of other states, the District of Columbia, territories and foreign countries which do not grant an equal, and like exemption to such institutions and organizations of this state (this exemption does not apply if any portion of the property can be used by, for the benefit of, or paid to any private stockholder, individual or corporation); and mortgage balances on the decedent's date of death on property listed in Part A of Schedule E-1. Each mortgage must be listed separately, identify the property on which it is an encumbrance and state whether there was any mortgage insurance and, if so, the amount of same.

	AMOUNT
1. Mortgage Deduction	1.
2. Mortgage Deduction	2.
3. Mortgage Deduction	3.
4. If more mortgages, attach list and enter here	4.
5. Value of property passing outright to the decedent's surviving spouse or civil union partner after 2/19/07 (U.S. Citizen)	5.
6. Charitable Deduction (Name of Charity )	6.
7. Charitable Deduction (Name of Charity )	7.
8. Charitable Deduction (Name of Charity )	8.
9. Charitable Deduction (Name of Charity )	9.
10. Charitable Deduction (Name of Charity )	10.
11. If more charities, attach list and enter total here	11.
12. Add Lines 1 through 11. Enter here and on Line 5(a) of IT-Estate Return	12. 0.00



## Worksheet For New Jersey Simplified Form - Column A - Line 10(a)

1. Taxable Value from Line 7(a) of Return .....	1.	876,305.00
2. Exemption Amount .....	2.	\$60,000.00
3. Line 1 minus Line 2 .....	3.	816,305.00
4. From table below, determine tax on Line 3 above and enter here and on Line 10(a) of IT-Estate Return .....	4.	26,242.24

TAX TABLE					
AMOUNT FROM LINE 3 ABOVE					
AT LEAST	BUT LESS THAN	TAX ON AMOUNT IN FIRST COLUMN	+	%	OF EXCESS OVER
\$ 0	\$ 615,000	\$ 0		0	\$ 0
615,000	667,175	0		37.0	615,000
667,175	840,000	19,304		4.8	667,175
840,000	1,040,000	27,600		5.6	840,000
1,040,000	1,540,000	38,800		6.4	1,040,000
1,540,000	2,040,000	70,800		7.2	1,540,000
2,040,000	2,540,000	106,800		8.0	2,040,000
2,540,000	3,040,000	146,800		8.8	2,540,000
3,040,000	3,540,000	190,800		9.6	3,040,000
3,540,000	4,040,000	238,800		10.4	3,540,000
4,040,000	5,040,000	290,800		11.2	4,040,000
5,040,000	6,040,000	402,800		12	5,040,000
6,040,000	7,040,000	522,800		12.8	6,040,000
7,040,000	8,040,000	650,800		13.6	7,040,000
8,040,000	9,040,000	786,800		14.4	8,040,000
9,040,000	10,040,000	930,800		15.2	9,040,000
10,040,000	-----	1,082,800		16.0	10,040,000



DECEDENT'S NAME Smith Jane L	DECEDENT'S SOCIAL SECURITY NUMBER 111-22-3333
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**SCHEDULE E-4** Must be completed with Column "B" Return

## **WAIVER REQUEST SCHEDULE NEW JERSEY REAL PROPERTY**

**Note: All items on this schedule must be reported on the 2001 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 ..... Union

Street and Number ..... 200 Stuyvesant Avenue

Municipality: ..... Union

Lot: ..... 10

Block: ..... 100

Title/Owner(s) of Record: ..... Jane L. Smith

2. Decedent's Share .....

County .....

Street and Number .....

Municipality: .....

Lot: .....

Block: .....

Title/Owner(s) of Record: .....

3. Decedent's Share .....

County .....

Street and Number .....

Municipality: .....

Lot: .....

Block: .....

Title/Owner(s) of Record: .....

(If additional space is required, attach riders of the same size. All forms may be reproduced)

(If additional space is required, attach riders of the same size. All forms may be reproduced)

DECEDENT'S NAME

Smith

Jane

L

DECEDENT'S SOCIAL SECURITY NUMBER

111-22-3333

**SCHEDULE E-6** Must be completed with Column "B" Return**WAIVER REQUEST SCHEDULE  
NEW JERSEY STOCK ONLY****Note: All items on this schedule must be reported on the 2001 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 not 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
	None	

(If additional space is required, attach riders of the same size. All forms may be reproduced)

DECEDENT'S NAME	DECEDENT'S SOCIAL SECURITY NUMBER
Smith Jane L	111-22-3333

**SCHEDULE E-7** Must be completed with Column "B" Return

**WAIVER REQUEST SCHEDULE  
NEW JERSEY MUNICIPAL & CORPORATE BONDS**

**Note:** All items on this schedule must be reported on the 2001 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 not 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)
	None	

(If additional space is required, attach riders of the same size. All forms may be reproduced)