

**STATE OF NEW JERSEY
DIVISION OF TAXATION
TRANSFER INHERITANCE AND ESTATE TAX
PO BOX 249
TRENTON, NJ 08695-0249**

TO THE DIRECTOR, DIVISION OF TAXATION:

Pursuant to N.J.A.C. 18:26-11.30 and 18:26-11.31, notice is hereby given of the following sum or sums paid or payable by the undersigned organization as a result of the death of:

NAME OF DECEDENT			SOCIAL SECURITY NUMBER	DATE OF DEATH
RESIDENCE AT DEATH (STREET ADDRESS)			MUNICIPALITY	COUNTY
POLICY OR CONTRACT NUMBER	DATE OF ISSUE	OWNER OF POLICY		DATE OF ASSIGNMENT (IF OWNERSHIP ACQUIRED FROM DECEDENT)

KIND AND DESCRIPTION OF POLICY OR CONTRACT (DO NOT ABBREVIATE OR USE SYMBOLS)			
ANNUITY <input type="checkbox"/>	LIFE INSURANCE <input type="checkbox"/>	ENDOWMENT <input type="checkbox"/>	OTHER <input type="checkbox"/>

BENEFICIARIES			
NAME	ADDRESS	AMOUNT PAID/PAYABLE	RELATIONSHIP AND SOCIAL SECURITY #(If Available)

Face Amount of Policy\$ _____

Dividends (Accumulated, post-mortem, terminal, and premium refunds)\$ _____

Other Amounts Payable (not including interest for period after death)\$ _____

Loan(s) Against Policy (as of date of death)\$ _____

Proceeds payable (as of date of death)\$ _____

Provisions of Policy Relating to Deferred Payments or Installments: _____

Installment Payment: \$ _____ Per _____ Commuted Value \$ _____

Date of Birth (if available) of any Beneficiary Receiving Benefits For Life or a Term of Years: _____

Remarks : _____

By signing this form the organization is declaring that each beneficiary listed on the form has or will be advised that information regarding death claim payments is being supplied to the state pursuant to requirements of the New Jersey Division of Taxation and that it is the position of the Division of Taxation that a beneficiary or beneficiaries may be personally liable for any and all inheritance and/or estate taxes until paid in the absence of state or federal statutes to the contrary.

Name of Organization Phone Number

Address

By: _____

Dated: _____

Title

**In every case where payment is made prior to this notice, state the date of payment under Remarks.
This form is used for decedents with a date of death after December 31, 2001**

INSTRUCTIONS FOR FORM 0-71

The New Jersey Estate Tax was revised on July 1, 2002. The revised statute was made retroactive and applies to the estates of decedents dying on or after January 1, 2002. N.J.A.C. 18:26-11.30 and 11.31 provide that all corporations, associations, societies and other organizations which sell life insurance or annuities in New Jersey must:

1. Give notice to the Director of all sums payable by them on or after April 7, 2003 as the result of the death of a resident decedent by filing Form 0-71 as soon as practicable after the death of a decedent but in any event not later than 10 days after any full or partial payment has been made. Completed Forms 0-71 may be mailed to the Division on a monthly basis. A completed Form 0-71 which is made part of a monthly mailing will be deemed to have been mailed in a timely manner provided that the monthly mailing is within one month of date on which the form would otherwise be required to be mailed.
2. Advise each beneficiary listed on a Form 0-71 that information regarding death claim payments is being supplied to the state pursuant to requirements of the New Jersey Division of Taxation and that it is the position of the Division of Taxation that a beneficiary or beneficiaries may, in the absence of state or federal statutes to the contrary, be personally liable for any and all inheritance and/or estate taxes until paid.
3. The written consent of the Director is not required to release sums payable.

Form 0-71 must be submitted in all cases where:

1. Payment is made as a result of the death of a resident decedent under the terms of a life insurance policy, endowment policy or an annuity contract owned by the decedent or;
2. Payment is made as a result of the death of a resident decedent under the terms of a supplementary optional settlement or similar contract issued to effectuate the distribution of benefits originally payable to the decedent under the terms of a life insurance policy, endowment policy or an annuity contract except when the sums payable represent a continuation of payments under a policy or contract which provided for such payment at a prior decedent's specific direction or;
3. A partnership, firm or corporation is entitled to receive payment in its own right in those situations where the decedent held an interest in the partnership, firm or corporation at death.

Both the Inheritance Tax and the Estate Tax are due and payable on a decedent's date of death. Amounts reported on Form 0-71 must reflect date of death values. Accumulated dividends, post-mortem-dividends, terminal dividends and premium refunds are required to be reported on Form 0-71.

Neither Form 0-71 nor a tax waiver is required for any payment or payments made outright to a decedent's surviving spouse/civil union partner dying on or after 2/19/07. If any payment or payments has or will be made to a beneficiary or beneficiaries other than the decedent's surviving spouse/civil union partner, Form 0-71 must be submitted as set forth in the above instructions.

Neither Form 0-71 nor a tax waiver is required for any payments made under pension or retirement plans (including group annuity contracts) legally owned by an employer or qualified trust. See N.J.A.C. 18:26-11.13(a)4.

For decedents with a date of death after December 31, 2001, Forms 0-71 required to be mailed on or before November 1, 2003 will be deemed to have been mailed in a timely manner provided that they are mailed no later than July 1, 2004. If payment was made to a beneficiary or beneficiaries prior to November 1, 2003, the beneficiary or beneficiaries need not be notified.

Additional information pertaining to the use of Form 0-71 may be obtained by contacting the Inheritance and Estate Tax Section of the Individual Tax Audit Branch by mail at the Division of Taxation, Inheritance and Estate Tax, PO.Box 249, Trenton, New Jersey 08695-0249 or by phone at 609-292-5033.