

CAUTION

These forms are for **reference only**.
DO NOT mail to the Division of Taxation.

This document also includes the Shareholder Jurisdictional Consent, [Schedule SJC](#).

Form CBT-100S and all related forms and schedules **must** be filed electronically. See our [website](#) for more information.

New Jersey Corporation Business Tax Return
For Tax Years Ending On or After July 31, 2024 Through June 30, 2025

Tax year beginning _____, _____, and ending _____, _____

The surtax enacted under P.L. 2018, c.48 and the Corporate Transit Fee enacted under P.L. 2024, c.20 do not apply to New Jersey S corporations.

Header section containing: Federal Employer I.D. Number, N.J. Corporation Number, Date of federal S Corporation election, Corporation name, State and date of incorporation, Date authorized to do business in New Jersey, Mailing Address, Federal business activity code, Corporation books are in the care of, City, State, ZIP Code, Phone Number, Check applicable return type, and Check if applicable (see instructions).

Main table with 17 rows for tax calculations. Columns include line numbers (1-17), descriptions of tax items, and numerical values (mostly 'XXXXXXXXXXXXXXXXXXXX').

Signature and Verification section. Includes: CERTIFICATION OF INACTIVITY (See instructions), SIGNATURE AND VERIFICATION (See instructions), and fields for Date, Signature of Corporate Officer, Title, Signature of Duly Authorized Officer of Taxpayer, Title, Signature of Individual Preparing Return, Address, Preparer's ID Number, Name of Tax Preparer's Employer, Address, and Employer's ID Number.

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

Annual General Questionnaire (See instructions)

All taxpayers must answer the following questions. Riders must be provided where necessary.

1. Type of business _____
Principal products handled _____
2. State the location of the actual seat of management or control of the corporation _____
3. Did one or more other corporations own beneficially, or control, a majority of the stock of the taxpayer or did the same interests own beneficially, or control, a majority of the stock of the taxpayer and of one or more other corporations?
 Yes No
If yes, provide a rider indicating the name and FEIN of the controlled corporation, the name and FEIN of the controlling/parent corporation, and the percentage of stock owned or controlled.
4. These questions must be answered by corporations with a controlling interest in certain commercial property.
 - a. During the period covered by the return, did the taxpayer acquire or dispose of directly or indirectly a controlling interest in certain commercial property?
 Yes – Answer question 4b below. No
 - b. Was the CITT-1, *Controlling Interest Transfer Tax*, filed with the Division of Taxation?
 Yes. Provide a rider indicating the information and include a copy of the CITT-1.
 No. Provide a rider indicating the name and FEIN of the transferee, the name and FEIN of the transferor, and the assessed value of the property.
5. If the taxpayer is a unitary subsidiary of a combined group filing a New Jersey combined return from which the taxpayer is excluded, did the taxpayer distribute dividends or deemed dividends in the current tax year?
 Yes No
If yes, provide a rider indicating the name and FEIN of the entity to which the dividends were paid (deemed), the amount of dividends, and unitary ID number of the combined group.
6. Is the taxpayer an intangible holding company or is the taxpayer's income, directly or indirectly, from intangible property or related service activities that are deductible against the income of members of a combined group?
 Yes No
If yes, provide a rider indicating the names and ID numbers of the combined group or the related members and detail the taxpayer's income that is deductible against their income.
7. Is income from sources outside the United States included in taxable net income on Schedule A?
 Yes No NA
If yes, provide a rider indicating such items of gross income, the source, the deductions, and the amount of foreign taxes paid. Enter on Schedule A, Part I, line 38b, the difference between the net of such income and the amount of foreign taxes paid not previously deducted (include a rider).
8. Does the taxpayer have related parties or affiliates that file combined returns in New Jersey?
 Yes No
9. Is the taxpayer part of a group that files a New Jersey combined return but is excluded from the combined return?
 Yes No
If yes, name of the managerial member of the combined group: _____
10. Has the taxpayer or the preparer completing this return on the taxpayer's behalf taken any uncertain tax positions when filing this return or their federal tax return? For more information see Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740-10, formerly FASB Interpretation No. 48 (FIN 48).
 Yes. Include a rider detailing the information. No
11. Does the taxpayer own or lease real or tangible property in New Jersey?
 Yes No
12. Does the taxpayer have payroll in New Jersey?
 Yes No
13. Does the taxpayer own a disregarded entity or utilize a disregarded entity of a related party? Yes. Include a rider with the entity's name and tax ID number. No.

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

All taxpayers must complete this schedule

Schedule A Computation of New Jersey Taxable Net Income (see instructions)

Part I – Computation of Entire Net Income

1.	a.	Gross receipts or sales	1a.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
	b.	Less: Returns and allowances	1b.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
	c.	Total – Subtract line 1b from line 1a.....	1c.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
2.		Less: Cost of goods sold (from Schedule A-2, line 8).....	2.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
3.		Gross profit – Subtract line 2 from line 1c	3.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
4.		Net gain (loss) from Form 4797 (include Form 4797) (see instructions)	4.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
5.		Other income (loss) (include schedule).....	5.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
6.		Total Income (loss). Add lines 3 through 5.....	6.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
7.		Compensation of officers (from Schedule F).....	7.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
8.		Salaries and wages (less employment credits)	8.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
9.		Repairs	9.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
10.		Bad debts	10.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
11.		Rents	11.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
12.		Taxes	12.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
13.		Interest.....	13.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
14a.		Depreciation	14a.	XXXXXXXXXXXX
14b.		Depreciation claimed on Schedule A-2 and elsewhere on return.....	14b.	XXXXXXXXXXXX
14c.		Subtract line 14b from line 14a.....	14c.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
15.		Depletion (do not deduct oil and gas depletion)	15.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
16.		Advertising.....	16.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
17.		Pension, profit-sharing, etc., plans	17.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
18.		Employee benefit programs.....	18.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
19.		Other deductions (include schedule) (see instructions).....	19.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
20.		Total deductions (add lines 7 through 19).....	20.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
21.		Ordinary income (loss) from trade or business activities. Subtract line 20 from line 6 (see instructions)	21.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
22.	a.	Gross income from all rental activities.....	22a.	XXXXXXXXXXXX
	b.	Expenses related to the above rental activities (include schedule)	22b.	XXXXXXXXXXXX
	c.	Net income (loss) from all rental activities. Subtract line 22b from 22a.....	22c.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
23.		Portfolio income (loss):		
	a.	Interest income	23a.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
	b.	Dividend income	23b.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
	c.	Royalty income	23c.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
	d.	Capital gain net income (include Schedule D (Form 1120-S))	23d.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
	e.	Other portfolio income (loss) (include schedule)	23e.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
24.		Net gain (loss) under section 1231 (include federal Form 4797).....	24.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
25.		Other income (loss) (include schedule).....	25.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
26.		Section 179 expense deduction (include federal Form 4562) (see instructions).....	26.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
27.		Deductions related to portfolio income (loss)	27.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
28.		Other deductions (include schedule).....	28.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
29.		Add lines 21 through 28.....	29.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
30.		Charitable contributions (limited to 10% of line 29).....	30.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
31.		Taxable income before net operating loss and special deductions. Subtract line 30 from line 29. (see instructions).....	31.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX

NAME AS SHOWN ON RETURN	FEDERAL ID NUMBER
-------------------------	-------------------

Schedule A	Computation of New Jersey Taxable Net Income (see instructions)		
32. Taxable income before net operating loss and special deductions from page 3, line 31		32.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
33. Interest on federal, state, municipal, and other obligations not included above (see instructions).....		33.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
34. New Jersey State and other states' income taxes deducted above (see instructions).....		34.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
35. Taxes paid by the corporation on behalf of the shareholder (see instructions)		35.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
36. a. Depreciation modification being added to income (from Schedule S).....		36a.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
b. Depreciation modification being subtracted from income (from Schedule S).....		36b.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
37. Dividend Exclusion (from Schedule R, line 9)		37.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
38. a. Deduction for IRC Section 78 Gross-up not deducted at line 43 below		38a.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
b. Other deductions and additions. Explain on separate rider (see instructions)		38b.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
c. Add back any other federally exempt income not reported elsewhere on Schedule A (see instructions)		38c.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
39. Entire net income/(loss) for New Jersey purposes (net lines 32 through 38c).....		39.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
40. Allocation factor from Schedule J (if all receipts were derived from only New Jersey sources, enter 1.000000).....		40.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
41. Allocated Entire Net Income/(loss) before net operating loss deductions – Multiply line 39 by line 40 (if zero or less, enter zero on line 43)		41.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
42. Deduction for Current Converted Net Operation Losses (from Form 500S) (Amount entered cannot be more than amount on line 41.).....		42.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
43. Allocated Entire Net Income – Subtract line 42 from line 41		43.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Part II (See instructions)			
1. Entire net income that is subject to federal corporate income taxation (see instructions).....		1.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
2. Allocation factor from Schedule J (if all receipts were derived from only New Jersey sources, enter 1.000000).....		2.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
3. Allocated Entire Net Income before net operating loss deductions - multiply line 1 by line 2		3.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
4. Deduction for Available Converted Net Operation Losses (from Form 500S) (Amount entered cannot be more than amount on line 3.).....		4.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
5. Taxable Net Income subject to federal corporate income taxation (carry to page 1, line 1, ONLY if amount is more than zero) – Subtract line 4 from line 3		5.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Schedule A-2	Cost of Goods Sold (See instructions) All data must match amounts reported on federal Form 1125-A of the federal pro forma or federal return, whichever is applicable.		
1. Inventory at beginning of year		1.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
2. Purchases.....		2.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
3. Cost of labor		3.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
4. Additional section 263A costs.....		4.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
5. Other costs (include schedule).....		5.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
6. Total – Add lines 1 through 5		6.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
7. Inventory at end of year.....		7.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
8. Cost of goods sold – Subtract line 7 from line 6. Enter here and on Schedule A, Part I, line 2		8.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

Schedule A-3 SUMMARY OF TAX CREDITS (See instructions)

Part I – Tax Credits Used Against Liability

1. New Jobs Investment Tax Credit from Form 304	1.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
2. Angel Investor Tax Credit from Form 321	2.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
3. Business Employment Incentive Program Tax Credit from Form 324	3.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
4. Pass-Through Business Alternative Income Tax Credit from Form 329	4.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
5. Urban Enterprise Zone Investment Tax Credit from Form 301	5.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
6. Redevelopment Authority Project Tax Credit from Form 302	6.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
7. Manufacturing Equipment and Employment Investment Tax Credit from Form 305	7.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
8. Research and Development Tax Credit from Form 306	8.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
9. Neighborhood Revitalization State Tax Credit from Form 311	9.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
10. Effluent Equipment Tax Credit from Form 312	10.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
11. Economic Recovery Tax Credit from Form 313	11.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
12. AMA Tax Credit from Form 315	12.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
13. Business Retention and Relocation Tax Credit from Form 316	13.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
14. Sheltered Workshop Tax Credit from Form 317	14.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
15. Urban Transit Hub Tax Credit from Form 319	15.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
16. Grow NJ Tax Credit from Form 320	16.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
17. Wind Energy Facility Tax Credit from Form 322	17.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
18. Residential Economic Redevelopment and Growth Tax Credit from Form 323	18.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
19. Public Infrastructure Tax Credit from Form 325	19.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
20. Drug Donation Program Tax Credit from Form 326	20.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
21. Film and Digital Media Tax Credit from Form 327	21.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
22. Tax Credit for Employers of Employees With Impairments from Form 328	22.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
23. Apprenticeship Program Tax Credit from Form 330	23.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
24. Tax Credit for Employer of Organ/Bone Marrow Donor from Form 331	24.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
25. Tiered Subsidiary Dividend Pyramid Tax Credit from Form 332	25.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
26. Innovation Evergreen Fund Tax Credit from Form 334	26.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
27. Unit Concrete Products Tax Credit from Form 335	27.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
28. Food Desert Relief Tax Credit from Form 336	28.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
29. Low Embodied Carbon Concrete Tax Credit from Form 337	29.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
30. Historic Property Reinvestment Tax Credit from Form 338	30.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
31. Emerge Program Tax Credit from Form 339	31.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
32. Other Tax Credit (see instructions)	32.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
33. Total tax credits – Add lines 1 through 32. Enter here and on page 1, line 3	33.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Part II – Refundable Tax Credits

1. Refundable portion of New Jobs Investment Tax Credit from Form 304	1.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
2. Refundable portion of Angel Investor Tax Credit from Form 321	2.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
3. Refundable portion of Business Employment Incentive Program Tax Credit from Form 324	3.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
4. Refundable portion of Pass-Through Business Alternative Income Tax Credit from Form 329	4.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
5. Other Tax Credit to be refunded	5.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
6. Total amount of tax credits to be refunded. Enter here and on page 1, line 8c	6.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX

All corporations must complete this schedule and submit it with their CBT-100S tax return

Schedule A-4 Summary Schedule (See instructions)

Schedule O Information		Dividend Exclusion Information	
1. Total New Jersey receipts from Schedule J, line 6	1.	XXXXXXXXXXXXXXXX	5. Dividends from 80% or more owned subsidiaries from Schedule R, line 4... 5. XXXXXXXXXXXXXXX
2. Total receipts from all sales, services, rentals, royalties, and other business transactions everywhere from Schedule J, line 7	2.	XXXXXXXXXXXXXXXX	6. Dividends from 50% to below 80% subsidiaries from Schedule R, line 6... 6. XXXXXXXXXXXXXXX
3. Allocation Factor from Schedule J, line 8	3.	XXXXXXXXXXXXXXXX	7. 5% Claw-back from Schedule R, line 8 7. XXXXXXXXXXXXXXX
Net Operational Income Information			
4. New Jersey's Taxable Portion from Schedule O, Part III, line 31	4.	XXXXXXXXXXXXXXXX	8. Dividend Exclusion from Schedule R, line 9 8. XXXXXXXXXXXXXXX

NAME AS SHOWN ON RETURN	FEDERAL ID NUMBER
-------------------------	-------------------

Schedule F

Corporate Officers – General Information and Compensation (See instr.)

Data must match amounts reported on federal Form 1125-E of the federal pro forma or federal return, whichever is applicable.

(1) Name and Current Address of Officer	(2) Social Security Number	(3) Title	(4) Dates Employed in this position		(5) Percentage of Corporation Stock Owned		(6) Amount of Compensation
			From	To	Common	Preferred	
XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXX	XXXXX	XXXX	XXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXX	XXXXX	XXXX	XXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXX	XXXXX	XXXX	XXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXX	XXXXX	XXXX	XXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXX	XXXXX	XXXX	XXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXX	XXXXX	XXXX	XXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXX	XXXXX	XXXX	XXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXX	XXXXX	XXXX	XXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX
a. Total compensation of officers.....							XXXXXXXXXXXXXXXXXXXX
b. Less: Compensation of officers claimed elsewhere on the return.....							XXXXXXXXXXXXXXXXXXXX
c. Balance of compensation of officers (include here and on Schedule A, Part I, line 7).....							XXXXXXXXXXXXXXXXXXXX

Schedule H

Taxes (See instructions)

Include all taxes paid or accrued during the accounting period wherever deducted on Schedule A.

	(A) Corporation Franchise Business Taxes*	(B) Corporation Business/ Occupancy Taxes*	(C) Property Taxes	(D) U.C.C. or Payroll Taxes	(E) Other Taxes/ Licenses (include schedule)	(F) Total
1. New Jersey Taxes	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
2. Other States & U.S. Possessions	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
3. City and Local Taxes	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
4. Taxes Paid to Foreign Countries	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
5. Total	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
6. Combine lines 5(a) and 5(b)		XXXXXXXXXXXX				
7. Sales & Use Taxes Paid by a Utility Vendor		XXXXXXXXXXXX				
8. Add lines 6 and 7		XXXXXXXXXXXX				
9. Federal Taxes				XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
10. Total (Combine line 5 and line 9)	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX

* Include on line 4 taxes paid or accrued to any foreign country, state, province, territory, or subdivision thereof.

Schedule J

Computation of Allocation Factor (See instructions)

All taxpayers, regardless of entire net income reported on Schedule A, Part I, line 39, Form CBT-100S, must complete Schedule J.

Services are sourced based on market sourcing.

Receipts	AMOUNTS (omit cents)	
1. From sales of tangible personal property shipped to points within New Jersey	1.	XXXXXXXXXXXXXXXXXXXX
2. From services if the benefit of the service is received in New Jersey.....	2.	XXXXXXXXXXXXXXXXXXXX
3. From rentals of property situated in New Jersey	3.	XXXXXXXXXXXXXXXXXXXX
4. From royalties for the use in New Jersey of patents, copyrights, and trademarks.....	4.	XXXXXXXXXXXXXXXXXXXX
5. All other business receipts earned in New Jersey	5.	XXXXXXXXXXXXXXXXXXXX
6. Total New Jersey receipts (Total of lines 1 through 5, inclusive).....	6.	XXXXXXXXXXXXXXXXXXXX
7. Total receipts from all sales, services, rentals, royalties, and other business transactions everywhere	7.	XXXXXXXXXXXXXXXXXXXX
8. Allocation Factor (Percentage in New Jersey) (Divide line 6 by line 7). Carry the fraction 6 decimal places. Do not express as a percent. Include here and on Schedule A, Part I, line 40, and Schedule A, Part II, line 2.....	8.	XXXXXXXXXXXXXXXXXXXX

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

Schedule K Shareholders' Shares of Income, Deductions, etc. (See instructions)

Part I

- 1. Total number of shareholders.....
- 2. Total number of nonresident shareholders.....
- 3. a. Total number of nonconsenting shareholders.....
- b. Percentage of stock owned..... %

Part II New Jersey S Corporation Income (Loss)

1. Amount from Schedule A, Part I, line 21.....	1.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
2. Add the following amounts from federal 1120-S, Schedule K		
a. Net income (loss) from rental real estate activities..... a.		
b. Net income (loss) from other rental activities..... b.		
c. Interest income..... c.		
d. Dividend income..... d.		
e. Royalty income..... e.		
f. Net short-term capital gain (loss)..... f.		
g. Net long-term capital gain (loss)..... g.		
h. Other portfolio income (loss)..... h.		
i. Net gain (loss) under sections 1231 and/or 179..... i.		
j. Other income..... j.		
k. Tax-exempt interest income..... k.		
l. Other tax-exempt income..... l.		
Total of 2a through 2l.....	2.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
3. Add line 1 plus line 2.....	3.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
4. Additions:		
a. Interest income on state and municipal bonds other than New Jersey..... a.		
b. New Jersey State and other states' income taxes deducted in arriving at line 3 including taxes paid on behalf of the shareholder..... b.		
c. All expenses included in line 3 to generate tax-exempt income..... c.		
d. Losses included in line 3 from U.S. Treasury and other obligations pursuant to N.J.S.A. 54A:6-14 and 6-14.1..... d.		
e. Other additions..... e.		
Total of 4a through 4e.....	4.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
5. Add line 3 plus line 4.....	5.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
6. Subtractions:		
a. U.S. Treasury and other interest income included in line 3 from investments exempt under N.J.S.A. 54A:6-14 and 6-14.1..... a.		
b. Gains included in line 3 from U.S. Treasury and other obligations pursuant to N.J.S.A. 54A:6-14 and 6-14.1..... b.		
c. IRC Section 179 expense from federal Schedule K..... c.		
d. Federal 50% of business meal expenses and 100% of entertainment expenses..... d.		
e. Charitable contributions from federal Schedule K..... e.		
f. Other subtractions..... f.		
Total of 6a through 6f.....	6.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
7. New Jersey depreciation adjustment from Gross Income Tax Depreciation Adjustment Worksheet GIT-DEP.....	7.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
8. New Jersey S Corporation Income (Loss) – Line 5 minus line 6 plus or minus line 7.....	8.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Part III Allocation of S Corporation Income (Loss)

1. New Jersey S Corporation Income (Loss) (Part II, line 8).....	1.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
a. Current period nonoperational activity (Schedule O, Part I, line 34).....	1a.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
b. Nonunitary partnership income/loss (from Schedule P-1, Part II, line 4).....	1b.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
2. Total operational income (loss) (line 1 minus lines 1a and 1b).....	2.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
3. Allocation factor (Schedule J, line 8).....	3.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
4. Allocated operational income (loss) (line 3 x line 2).....	4.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
5. Nonoperational income (loss) (Schedule O, Part III, line 31).....	5.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
a. Nonunitary partnership income (from Schedule P-1, Part II, line 5).....	5a.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
6. Total allocated income (loss) (line 4 plus lines 5 and 5a).....	6.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
7. New Jersey CBT tax based on income reported on CBT-100S (Page 1, line 2a minus line 3)(If zero or less, enter zero).....	7.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
8. New Jersey allocated income (loss) (line 6 minus line 7).....	8.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9. Income (loss) not allocated to New Jersey (line 1 minus line 6).....	9.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

NAME AS SHOWN ON RETURN	FEDERAL ID NUMBER
-------------------------	-------------------

Part IV – A – Analysis of New Jersey Accumulated Adjustments Account

	(A) New Jersey AAA	(B) Non New Jersey AAA	(C) Total of Columns (A) & (B)
1. Beginning balance.....	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
2. Net pro rata share of S corporation income	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
3. Other income/loss	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
4. Other reductions (include schedule)	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
5. Total lines 1-4.....	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
6. Distributions	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
7. Ending balance (line 5 minus line 6).....	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX

Part IV – B – New Jersey Earnings and Profits

1. Beginning balance.....	1.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
2. Additions/Adjustments.....	2.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
3. Dividends paid.....	3.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
4. Ending balance (line 1 plus line 2 minus line 3).....	4.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Part V Summary of Resident Shareholders' Pro Rata Shares

(A) Name	(B) Social Security Number	(C) Pro Rata Share Income/Loss	(D) Distributions	(E) Share of Pass-Through Business Alternative Income Tax
1. XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
2. XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
3. XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
4. XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
5. XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
6. Total.....		XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX

Part VI Summary of Consenting Nonresident Shareholders' Pro Rata Shares

(A) Name	(B) Social Security Number	Pro Rata Share Income/Loss		(E) Distributions	(F) Share of Pass-Through Business Alternative Income Tax
		(C) Allocated to NJ	(D) Not Allocated to NJ		
1. XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
2. XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
3. XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
4. XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
5. XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
6. Total.....		XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX

Part VII Summary of Nonconsenting Shareholders' Pro Rata Shares

(A) Name	(B) Social Security Number	Pro Rata Share Income/Loss		(E) Distributions	(F) Gross Income Tax Paid	(G) Share of Pass-Through Business Alternative Income Tax
		(C) Allocated to NJ	(D) Not Allocated to NJ			
1. XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
2. XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
3. XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
4. XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
5. XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
6. Total.....		XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

Schedule K Liquidated S Corporation Shareholders' Shares of Income, Deductions, etc. (See instructions)

Part I

1. Total number of shareholders.....
2. Total number of nonresident shareholders.....
3. a. Total number of nonconsenting shareholders.....
- b. Percentage of stock owned %
4. Enter date the assets were fully disposed..... / /
5. Enter date the shareholders' stock was fully disposed ... / /

Part II NJ S Corporation Income (Loss) Worksheet Upon Complete Liquidation

	Column A S Corp Income Prior to Disposition of Assets	Column B Income, Gains/Losses from Disposition of Assets in Complete Liquidation
1. Amount from Schedule A, Part I, line 21.....	1. XXXXXXXXXXXXXXXX	
2. Add the following amounts from federal 1120-S, Schedule K		
a. Net income (loss) from rental real estate activities	2a. XXXXXXXXXXXXXXXX	
b. Net income (loss) from other rental activities	2b. XXXXXXXXXXXXXXXX	
c. Interest income.....	2c. XXXXXXXXXXXXXXXX	
d. Dividend income.....	2d. XXXXXXXXXXXXXXXX	
e. Royalty income.....	2e. XXXXXXXXXXXXXXXX	
f. Net short-term capital gain (loss)	2f. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
g. Net long-term capital gain (loss)	2g. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
h. Other portfolio income (loss).....	2h. XXXXXXXXXXXXXXXX	
i. Net gain (loss) under sections 1231 and/or 179	2i. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
j. Other income.....	2j. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
k. Tax-exempt interest income	2k. XXXXXXXXXXXXXXXX	
l. Other tax-exempt income.....	2l. XXXXXXXXXXXXXXXX	
3. Add line 1 plus lines 2a through 2l.....	3. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
4. Additions:		
a. Interest income on state and municipal bonds other than New Jersey.....	4a. XXXXXXXXXXXXXXXX	
b. New Jersey State and other states' income taxes deducted in arriving at line 3 including taxes paid on behalf of the shareholder	4b. XXXXXXXXXXXXXXXX	
c. All expenses included in line 3 to generate tax-exempt income	4c. XXXXXXXXXXXXXXXX	
d. Losses included in line 3 from U.S. Treasury and other obligations pursuant to N.J.S.A. 54A:6-14 and 6-14.1	4d. XXXXXXXXXXXXXXXX	
e. Other additions.....	4e. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
5. Add line 3 plus lines 4a through 4e	5. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
6. Subtractions:		
a. U.S. Treasury and other interest income included in line 3 from investments exempt under N.J.S.A. 54A:6-14 and 6-14.1	6a. XXXXXXXXXXXXXXXX	
b. Gains included in line 3 from U.S. Treasury and other obligations pursuant to N.J.S.A. 54A:6-14 and 6-14.1	6b. XXXXXXXXXXXXXXXX	
c. IRC Section 179 expense from federal Schedule K.....	6c. XXXXXXXXXXXXXXXX	
d. Federal 50% of business meal expenses and 100% of entertainment expenses.....	6d. XXXXXXXXXXXXXXXX	
e. Charitable contributions from federal Schedule K.....	6e. XXXXXXXXXXXXXXXX	
f. Other subtractions.....	6f. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
Total of 6a through 6f.....	6. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
7. New Jersey depreciation adjustment from Gross Income Tax Depreciation Adjustment Worksheet GIT-DEP	7. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
8. Total Income (Loss) – Line 5 minus line 6 plus or minus line 7	8. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX

Part III Allocation of Income (Loss)

1. Income from Line 8, Part II column A and column B	1. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
a. Current period nonoperational activity (Schedule O, Part I, line 34).....	1a. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
b. Nonunitary partnership income/loss (from Schedule P-1, Part II, line 4)	1b. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
2. Total operational income (loss) (line 1 minus lines 1a and 1b).....	2. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
3. Allocation factor (Schedule J, line 8)	3. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
4. Allocated operational income (loss) (line 3 x line 2).....	4. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
5. Nonoperational income (loss) (Schedule O, Part III, line 31)	5. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
a. Nonunitary partnership income (from Schedule P-1, Part II, line 5)	5a. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
6. Total allocated income (loss) (line 4 plus lines 5 and 5a).....	6. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
7. New Jersey CBT tax based on income reported on CBT-100S (Page 1, line 2a minus line 3)(If zero or less, enter zero).....	7. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
8. New Jersey allocated income (loss) (line 6 minus line 7).....	8. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
9. Income (loss) not allocated to New Jersey (line 1 minus line 6).....	9. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX

NAME AS SHOWN ON RETURN	FEDERAL ID NUMBER
-------------------------	-------------------

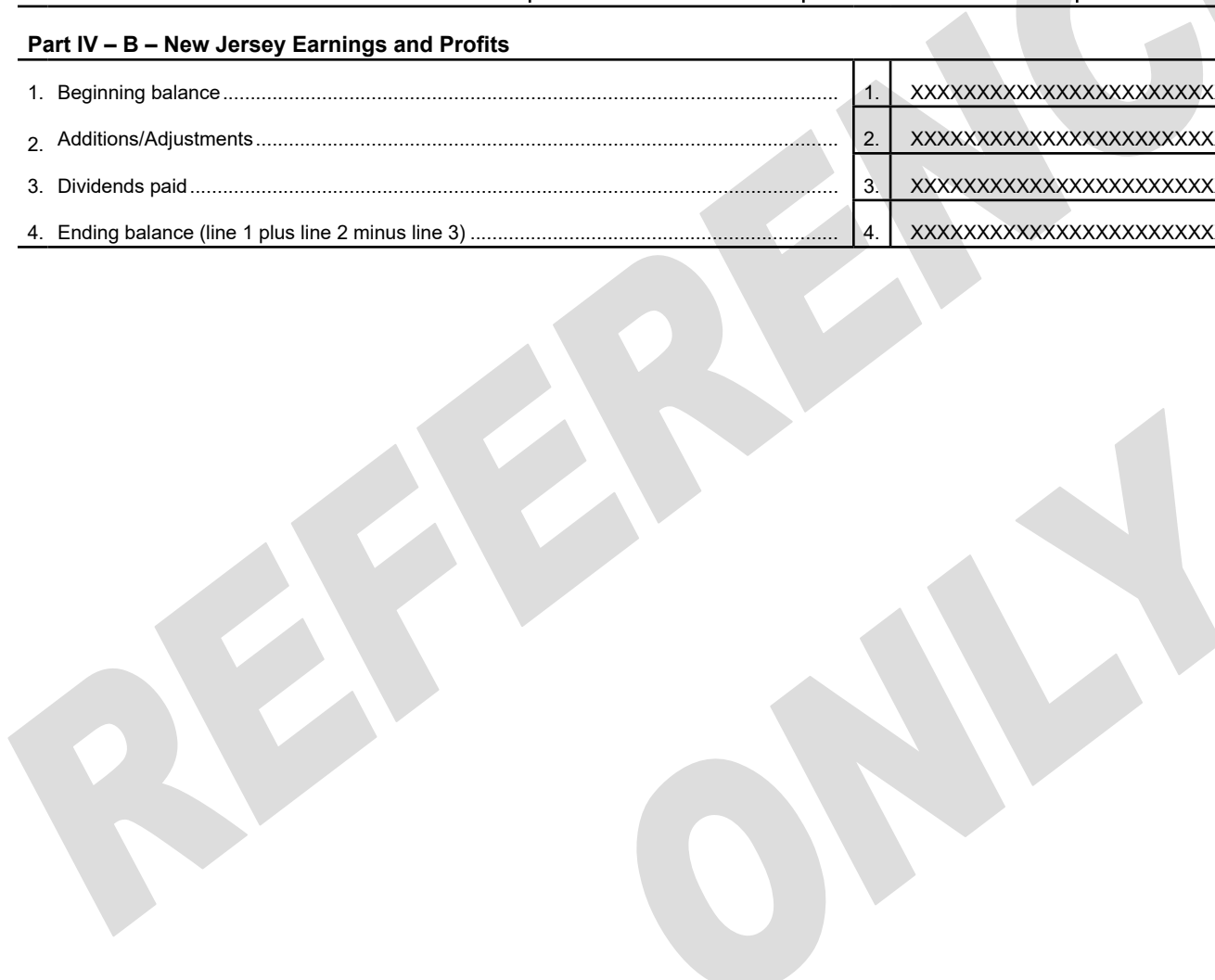
Schedule K Liquidated S Corporation Shareholders' Shares of Income, Deductions, etc. (See instructions)

Part IV – A – Analysis of New Jersey Accumulated Adjustments Account

	(A) New Jersey AAA	(B) Non New Jersey AAA	(C) Total of Columns (A) & (B)
1. Beginning balance.....	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
2. Net pro rata share of S corporation income	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
3. Other income/loss	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
4. Other reductions (include schedule)	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
5. Total lines 1-4.....	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
6. Distributions	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
7. Ending balance (line 5 minus line 6)	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX

Part IV – B – New Jersey Earnings and Profits

1. Beginning balance.....	1.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
2. Additions/Adjustments.....	2.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
3. Dividends paid.....	3.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
4. Ending balance (line 1 plus line 2 minus line 3)	4.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX



NAME AS SHOWN ON RETURN	FEDERAL ID NUMBER
-------------------------	-------------------

Schedule PC Per Capita Licensed Professional Fee (See instructions)

1. Is the corporation (or any QSSS included in this return) a Professional Corporation (PC) formed pursuant to N.J.S.A. 14A:17-1 et seq. or any similar law from a possession or territory of the United States, a state, or political subdivision thereof? Yes. This schedule must be included with the return. No.
2. Does the corporation own any Qualified Subchapter S Subsidiaries? Yes. Complete Schedule Q. No. Continue with line 3.
3. How many licensed professionals are owners, shareholders, and/or employees from this Professional Corporation (PC) as of the first day of the privilege period? 2 or less, complete Part I. More than 2, complete Part I and Part II (if additional space is needed, include a rider).

Part I – Provide the following information for each of the licensed professionals in the PC. Include a rider if additional space is needed.

Name	Address	FID/SSN
1. XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
2. XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
3. XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
4. XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
5. XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Part II – Complete only if there are more than 2 licensed professionals listed above.

1. Enter number of resident and nonresident professionals with physical nexus with New Jersey _____ x \$150	1.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
2. Enter number of nonresident professionals without physical nexus with New Jersey _____ x \$150 x allocation factor of the PC	2.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
3. Total Fee Due – Add line 1 and line 2 (or enter amount from Schedule Q, Part II, line 3)	3.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
4. Installment Payment – 50% of line 3	4.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
5. Total Fee Due (line 3 plus line 4)	5.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
6. Less prior year 50% installment payment and credit (if applicable)	6.	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX)
7. Balance of Fee Due (line 5 minus line 6). If the result is zero or above, include the amount here and on page 1, line 6	7.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
8. Credit to next year's Professional Corporation Fee (if line 7 is below zero, enter the amount here)	8.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Schedule P-1 Partnership Investment Analysis (See instructions)

Part I – Partnership Information

(1) Name of Partnership, LLC, or Other Entity and Federal ID Number	(2) Date and State where Organized	(3) Percentage of Ownership	(4)		(5) Tax Accounting Method		(6) New Jersey Nexus		(7) Tax Payments Made on Behalf of Taxpayer by Partnerships
			Limited Partner	General Partner	Flow Through	Separate Accounting*	Yes	No	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXXXX	XXXXXXXX	XXXX	XXXX	XXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXXXX	XXXXXXXX	XXXX	XXXX	XXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXXXX	XXXXXXXX	XXXX	XXXX	XXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXXXX	XXXXXXXX	XXXX	XXXX	XXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXXXX	XXXXXXXX	XXXX	XXXX	XXXXXXXXXXXXXXXXXXXXXX
Enter total of column 7 here and on page 1, line 8b									XXXXXXXXXXXXXXXXXXXXXX

*Taxpayers using a separate accounting method must complete Part II.

Part II – Separate Accounting of Nonunitary Partnership Income

(1) Nonunitary Partnership's Federal ID Number	(2) Distributive Share of Income/Loss from Nonunitary Partnership	(3) Partnership's Allocation Factor (See instructions)	(4) Taxpayer's Share of Income Allocated to New Jersey (Multiply column 2 by column 3)
1. XXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
2. XXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
3. XXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
4. Total column 2. Enter amount here and Schedule K or K liquidated, Part III, line 1b			XXXXXXXXXXXXXXXXXXXXXX
5. Total column 4. Enter amount here and Schedule K or K liquidated, Part III, line 5a			XXXXXXXXXXXXXXXXXXXXXX

If additional space is needed, include a rider.

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

Schedule Q S Corporation and Qualified Subchapter S Subsidiaries Included in this Return

Part I – Provide the following information for the taxpayer and each QSSS the taxpayer owns. Include a rider if additional space is needed.

(A) Name of Entity	(B) Address	(C) Federal ID Number	(D) QSSS	Professional Corporations		(G) Receipts	(H) Taxable Net Income for Federal purposes	(I) Minimum Tax
				(E) Entity is a PC	(F) Number of Licensed Professionals			
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	<input type="checkbox"/>	<input type="checkbox"/>	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	<input type="checkbox"/>	<input type="checkbox"/>	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	<input type="checkbox"/>	<input type="checkbox"/>	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	<input type="checkbox"/>	<input type="checkbox"/>	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	<input type="checkbox"/>	<input type="checkbox"/>	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	<input type="checkbox"/>	<input type="checkbox"/>	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	<input type="checkbox"/>	<input type="checkbox"/>	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	<input type="checkbox"/>	<input type="checkbox"/>	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	<input type="checkbox"/>	<input type="checkbox"/>	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	<input type="checkbox"/>	<input type="checkbox"/>	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	<input type="checkbox"/>	<input type="checkbox"/>	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	<input type="checkbox"/>	<input type="checkbox"/>	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	<input type="checkbox"/>	<input type="checkbox"/>	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX

1. Enter the total of column I here and on page 1, line 2b.....
 2. Total number of entities included in this return.....

Part II – Complete only if the taxpayer or any QSSS is a professional corporation with more than 2 licensed professionals.

If any Professional Corporation has more than 2 licensed professionals in column F, complete lines 1 through 3 below, and continue with Schedule PC, Part II, line 3. Include information only from entities with more than 2 licensed professionals.

1.	a.	Enter number of resident and nonresident professionals with physical nexus with New Jersey	1a.	XXXXXXXXXXXXXXXXXXXX
	b.	Multiply line 1a by \$150	1b.	XXXXXXXXXXXXXXXXXXXX
2.	a.	Enter number of nonresident professionals without physical nexus with New Jersey	2a.	XXXXXXXXXXXXXXXXXXXX
	b.	Multiply line 2a by \$150 and multiply the result by the allocation factor from Schedule J	2b.	XXXXXXXXXXXXXXXXXXXX
3.		Total Fee Due – Add line 1b and line 2b. Enter the total here and on Schedule PC, Part II, line 3.....	3.	XXXXXXXXXXXXXXXXXXXX

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

Schedule R Dividend Exclusion (See instructions)

1. Enter the total dividends and deemed dividends reported on Schedule A	1.	XXXXXXXXXXXXXXXXXXXX
2. Enter amount from Schedule PT, Section D, line 3	2.	XXXXXXXXXXXXXXXXXXXX
3. Dividends eligible for dividend exclusion – Subtract line 2 from line 1	3.	XXXXXXXXXXXXXXXXXXXX
4. Dividends included in line 3 from 80% or more owned subsidiaries.....	4.	XXXXXXXXXXXXXXXXXXXX
5. Dividends included in line 3 from 50% but less than 80% owned subsidiaries	5.	XXXXXXXXXXXXXXXXXXXX
6. Multiply line 5 by 50%.....	6.	XXXXXXXXXXXXXXXXXXXX
7. Add line 4 and line 6.....	7.	XXXXXXXXXXXXXXXXXXXX
8. Multiply line 3 by 5%.....	8.	XXXXXXXXXXXXXXXXXXXX
9. Dividend Exclusion: Subtract line 8 from line 7. Enter the result here and on Schedule A, Part I, line 37	9.	XXXXXXXXXXXXXXXXXXXX

Schedule S – Depreciation and Safe Harbor Leasing (See Instructions)

Part I – From Federal Form 4562

1. IRC § 179 Deduction	1.	XXXXXXXXXXXXXXXXXXXX
2. Special Depreciation Allowance – for qualified property placed in service during the tax year.....	2.	XXXXXXXXXXXXXXXXXXXX
3. MACRS.....	3.	XXXXXXXXXXXXXXXXXXXX
4. ACRS.....	4.	XXXXXXXXXXXXXXXXXXXX
5. Other Depreciation	5.	XXXXXXXXXXXXXXXXXXXX
6. Listed Property.....	6.	XXXXXXXXXXXXXXXXXXXX
7. Total federal depreciation claimed in arriving at Schedule A, Part I, line 28.....	7.	XXXXXXXXXXXXXXXXXXXX

Include Federal Form 4562 and Federal Depreciation Worksheet

Modification at Schedule A, Part I, line 32 – Depreciation and Certain Safe Harbor Lease Transactions

8. Prior year New Jersey depreciation (see instructions).....	8.	XXXXXXXXXXXXXXXXXXXX
9. Current year New Jersey depreciation. Enter total from Depreciation Worksheet I, line 10.....	9.	XXXXXXXXXXXXXXXXXXXX
10. Total New Jersey Depreciation. Add lines 8 and 9	10.	XXXXXXXXXXXXXXXXXXXX
11. IRC § 179 limitation – Enter the lesser of line 1 or \$25,000.....	11.	XXXXXXXXXXXXXXXXXXXX
12. Accumulated MACRS or bonus depreciation over accumulated New Jersey depreciation on physical disposal of recovery property. Enter total from Depreciation Worksheet II, line 16	12.	XXXXXXXXXXXXXXXXXXXX
13. Other additions (include an explanation/reconciliation).....	13.	XXXXXXXXXXXXXXXXXXXX
14. Affordable Housing Depreciation (include an explanation/reconciliation)	14.	XXXXXXXXXXXXXXXXXXXX
15. Other deductions (include an explanation/reconciliation).....	15.	XXXXXXXXXXXXXXXXXXXX
16. ADJUSTMENT – Add lines 7 and 13. Subtract lines 10, 11, 14, and 15. If line 12 is positive, add line 12 to the result. If line 12 is negative, subtract line 12 from the result. (If line 16 is positive, enter at Schedule A, Part I, line 36a. If line 16 is negative, enter at Schedule A, Part I, line 36b)	16.	XXXXXXXXXXXXXXXXXXXX

Part II – New Jersey Depreciation for Gas, Electric, and Gas and Electric Public Utilities (See instructions)

1. Total depreciation claimed in arriving at Schedule A, Part I, line 21	1.	XXXXXXXXXXXXXXXXXXXX
2. Federal depreciation for assets placed in service after January 1, 1998	2.	XXXXXXXXXXXXXXXXXXXX
3. Net – Subtract line 2 from line 1	3.	XXXXXXXXXXXXXXXXXXXX
4. New Jersey depreciation allowable on the Single Asset Account (Assets placed in service prior to January 1, 1998)		
a. Total adjusted federal depreciable basis as of December 31, 1997.....	4a.	XXXXXXXXXXXXXXXXXXXX
b. Excess book depreciable basis over federal tax basis as of December 31, 1997	4b.	XXXXXXXXXXXXXXXXXXXX
c. Less accumulated federal basis for all Single Asset Account property sold, retired, or disposed of to date	4c.	XXXXXXXXXXXXXXXXXXXX
d. Total (line 4a plus line 4b less line 4c).....	4d.	XXXXXXXXXXXXXXXXXXXX
5. New Jersey Depreciation – Divide line 4d by 30	5.	XXXXXXXXXXXXXXXXXXXX
6. New Jersey Adjustment		
a. Depreciation adjustment for assets placed in service prior to Jan. 1, 1998 – Subtract line 5 from line 3	6a.	XXXXXXXXXXXXXXXXXXXX
b. Special bonus depreciation adjustment from Schedule S, Part I, line 16 (see instructions).....	6b.	XXXXXXXXXXXXXXXXXXXX
7. Total Adjustment – Add lines 6a and 6b and enter the result. (If line 7 is positive, enter at Schedule A, Part I, line 36a. If line 7 is negative, enter as a positive number at Schedule A, Part I, line 36b.)	7.	XXXXXXXXXXXXXXXXXXXX

NAME AS SHOWN ON RETURN	FEDERAL ID NUMBER
-------------------------	-------------------

New Jersey Depreciation Worksheet I (See instructions)

	(A) Classification of Property	(B) Basis for Depreciation	(C) Bonus Depreciation (30% or 50%)	(D) Convention	(E) Method	(F) Federal Depreciation Deduction	(G) New Jersey Depreciation Deduction (See Instructions)
1.	3-year property	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
2.	5-year property	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
3.	7-year property	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
4.	10-year property	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
5.	15-year property	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
6.	20-year property	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
7.	25-year property	XXXXXXXXXXXXXX			XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
8.	Residential rental property	XXXXXXXXXXXXXX			XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
9.	Nonesidential rental property	XXXXXXXXXXXXXX			XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
10.	Total Column G (Enter amount on Schedule S, Part I, line 9)						XXXXXXXXXXXXXX

New Jersey Depreciation Worksheet II – Disposal of Recovery Property (See Instructions)

	(A) Description of Property	(B) Date Acquired: month, day, year	(C) Date Sold: month, day, year	(D) Federal Depreciation	(E) New Jersey Depreciation	(F) Excess/Deficiency
1.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
2.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
3.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
4.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
5.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
6.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
7.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
8.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
9.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
10.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
11.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
12.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
13.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
14.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
15.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
16.	Total Column F (Enter amount on Schedule S, Part I, line 12)					XXXXXXXXXXXXXX

Schedule SJC

Shareholder Jurisdictional Consent (See Instructions)

Part I Initial Information

Enter the effective date of the federal S corporation election: - -

A copy of the federal acceptance letter is required to be provided. If a copy has not been previously provided, check the box to indicate that you are including it with this tax return.

By checking the box, the corporate officer affirms (1) this corporation is authorized as a federal S corporation and (2) certifies that the shareholders listed below acknowledge New Jersey has the right and jurisdiction to tax and collect the tax on each shareholder's S corporation income. If a nonresident shareholder does not consent to New Jersey jurisdiction, the S corporation consents to the assumption of any tax liabilities.

Enter the name of the authorized officer attesting to this information: _____

Complete the following information for each shareholder, person having a community property interest in the corporation's stock, and each tenant in common, joint tenant, and tenant by the entirety. (A husband and wife (and their estates) are counted as one shareholder).

Name	Social Security Number or Federal ID Number	Stock Owned		Shareholder's Address	Consenting	Nonconsenting
		Number of Shares	Date Acquired			

Qualified Subchapter S Subsidiary

By checking the box, the corporate officer consents (1) to the subsidiary being treated as a "New Jersey Qualified Subchapter S Subsidiary" and (2) to taxation by New Jersey by filing a CBT-100S or a CBT-100 and remitting the appropriate tax liability including the assets, liabilities, income, and expenses of its QSSS.

Enter the name of the authorized officer consenting to this information: _____

Corporate Parent Name	Address	Federal Identification Number

Part II Changes to Previously Reported Information

Enter the effective date of the federal S corporation election: - -

By checking the box to the left, the corporate officer affirms (1) this corporation is authorized as a federal S corporation and (2) a copy of the federal acceptance letter has been provided to the State of New Jersey, and (3) certifies that the shareholders listed below acknowledge New Jersey has the right and jurisdiction to tax and collect the tax on each shareholder's S corporation income. If a nonresident shareholder does not consent to New Jersey jurisdiction, the S corporation consents to the assumption of any tax liabilities.

Enter the name of the authorized officer attesting to this information: _____

Section A

Complete the following information for each shareholder, person having a community property interest in the corporation's stock, and each tenant in common, joint tenant, and tenant by the entirety. (A husband and wife (and their estates) are counted as one shareholder).

Name	Social Security Number or Federal ID Number	Stock Owned		Shareholder's Address	Consenting	Nonconsenting
		Number of Shares	Date Acquired			

* Provide the full address of any shareholder who is not a resident of New Jersey.

Section B

Complete the following information for each person no longer having a community property interest in the corporation's stock, tenant in common, joint tenant, or tenant by the entirety. (A husband and wife (and their estates) are counted as one shareholder).

Name	Social Security Number or Federal ID Number	Stock Information	
		Number of Shares	Date Relinquished

**SCHEDULE
NJ-K-1**
(Form CBT-100S)
2024

**State of New Jersey
Division of Taxation
Shareholder's Share of Income/Loss**

For Calendar Year 2024, or tax year beginning _____, _____ and ending _____, _____

Shareholder's identifying number	Federal employer identification number
Shareholder's name, address, and ZIP Code	Corporation's name, address, and ZIP Code

See instructions and reverse side

Part I

1. Shareholder's percentage of stock ownership for tax year _____%

2. Shareholder resident nonresident

3. Shareholder consenting nonconsenting

4. Check applicable box: Final NJ-K-1 Amended NJ-K-1

5. Date the shareholder's stock was fully disposed..... _____

Part II

1. S Income/Loss allocated to NJ		Shareholder: Follow the reporting instructions contained in your NJ Income Tax return packet and in publication GIT-9S, <i>Income From S Corporations</i> .
2. S Income/Loss not allocated to NJ		
3. Pro rata share of S Corporation Income/Loss (line 1 plus line 2).....		
4. Gain/Loss on disposition of assets allocated to NJ		
5. Gain/Loss on disposition of assets not allocated to NJ		
6. Total Gain/Loss from disposition of assets (line 4 plus line 5).....		
7. Total payments made on behalf of shareholder.....		
8. Share of Pass-Through Business Alternative Income Tax.....		
9. Distributions.....		

This schedule must be included with your NJ Income Tax return.

Part III Shareholder's NJ Accumulated Adjustments Account

	New Jersey AAA	Non New Jersey AAA
1. Beginning balance	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX
2. Income/Loss	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX
3. Other Income/Loss	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX
4. Other reductions	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX
5. Total lines 1-4	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX
6. Distributions.....	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX
7. Ending Balance (line 5 minus line 6).....	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX

Part IV Shareholder's NJ Earnings and Profits Account

1. Beginning balance

2. Additions/Adjustments

3. Dividends received

4. Ending balance (line 1 plus line 2 minus line 3)

Part V

1. Interest paid to shareholder (per 1099-INT)

2. Indebtedness:

a. From corporation to shareholder:

b. From shareholder to corporation:

3. Shareholder's HEZ deduction:

Instructions for Schedule NJ-K-1

For additional information see publication **GIT-9S**, *Income From S Corporations*
(Available on the Division's [website](#))

Part I

- Line 1 Shareholder's percentage of stock ownership as reported on federal 1120-S.
- Line 2 Indicate shareholder's residency status at year's end.
- Line 3 Indicate whether shareholder is a consenting or nonconsenting shareholder.
- Line 4 If applicable, indicate if this schedule is a final or amended NJ-K-1.
- Line 5 Enter date shareholder received final distribution (cash and/or property).

Part II

- Line 1 Enter shareholder's share of New Jersey allocated S corporation income/loss from Part III, line 8 of Schedule K or from Part III, line 8, column A of Schedule K Liquidated.
- New Jersey S corporations that claim a credit for taxes paid to other jurisdictions in accordance with N.J.A.C. 18:7-8.3 will report 100% of the shareholder's net pro rata share as allocated to New Jersey.
- Line 2 Enter shareholder's share of S corporation income/loss not allocated to New Jersey from Part III, line 9 of Schedule K or from Part III, line 9, column A of Schedule K Liquidated.
- Line 4 Enter shareholder's share of New Jersey allocated income, gains/losses from disposition of assets from Part III, line 8, column B of Schedule K Liquidated.
- Line 5 Enter shareholder's share of income, gains/losses from disposition of assets not allocated to New Jersey from Part III, line 9, column B of Schedule K Liquidated.
- Line 7 Enter total payments made on behalf of the shareholder as reported in Part VII, column F of Schedule K or in Part VII, column (H) of Schedule K Liquidated.
- Line 8 Enter Share of Pass-Through Business Alternative Income Tax as reported in Part V, column E, Part VI, column F, or Part VII, column G of Schedule K and Part V, column F, Part VI, column H, or Part VII, column I of Schedule K Liquidated.
- Line 9 Enter distributions shareholder received during the year as reported in Part V, VI, or VII, of Schedule K or Schedule K Liquidated.

Part III

- Lines 1–7 Enter shareholder's share of New Jersey Accumulated Adjustments (AAA) from Part IV-A, Schedule K or Schedule K Liquidated.

Part IV

- Lines 1–4 Enter shareholder's share of New Jersey Earnings and Profits from Part IV-B, Schedule K or Schedule K Liquidated.

Part V

- Line 1 Enter the amount of any interest paid to the shareholder that should be reported by the S corporation on federal Form 1099-INT. Include any other interest paid to the shareholder that was deducted by the S corporation in arriving at income reflected in Part II, line 8 of Schedule K or Schedule K Liquidated.
- Line 2 a. Enter the total amount of the corporation's indebtedness to the shareholder at year's end or prior to final distribution.
b. Enter the total amount of the shareholder's indebtedness to the corporation at year's end or prior to final distribution.
- Line 3 If a New Jersey S corporation is a qualified primary care medical or dental practice located in or within 5 miles of a Health Enterprise Zone (HEZ), the corporation must determine if the shareholders are entitled to an HEZ deduction and the amount. The shareholder's deduction is entered on the shareholder's Schedule NJ-K-1 and deducted on the shareholder's Gross Income Tax return. See the Division's website, nj.gov/taxation, for qualification and calculation information.

Note: A New Jersey S corporation doing business in New Jersey may file a NJ-1080-C composite return on behalf of its qualified nonresident shareholders who elect to be included in the composite filing. Every participating shareholder must make the election to be part of the composite return in writing each year by using Form NJ-1080E, Election to Participate in Composite Return, or a form substantially similar.

**New Jersey Gross Income Tax
Payment on Behalf of
Nonconsenting Shareholders**

**NJ
1040-SC
(09-15)**

FOR OFFICIAL USE ONLY

Tax Year Beginning _____ and Ending _____

New Jersey S Corporation Information			Shareholder Information		
Federal Identification Number	NJ Corporation Number		Social Security Number		
Taxpayer Name			Last Name		First name
Address			Street Address		
City	State	ZIP Code	City	State	ZIP Code

Amount of Payment from Schedule K, Part VII, Column F or
Schedule K Liquidated, Part VII, Column H of the CBT-100S

\$, .

This form may be reproduced

Instructions for NJ-1040-SC

For the S Corporation:

1. A separate form must be completed for each nonconsenting shareholder and submitted with the CBT-100S. Include the completed form(s) with the CBT-100S that is filed by the corporation.
2. **Payment Due Date:**
Payment should be remitted no later than the time for the filing of the CBT-100S for the accounting or privilege period of the S corporation.
3. The payment amount on the NJ-1040-SC should match the amount on the individual shareholder's NJ-K-1, Part II, line 7.
4. The remittance for the total of all NJ-1040-SC forms is to be included with any Corporation Business Tax due as shown on page 1 of the CBT-100S form.
5. A copy of the completed form must be supplied to each shareholder on whose behalf it was filed on or before the due date of the CBT-100S.

For the Shareholder:

1. Payments made by the S corporation on behalf of the shareholder do not release the shareholder of their responsibility for making estimated payments or filing a New Jersey Gross Income Tax return as required under the New Jersey Gross Income Tax statutes.
2. A copy of the NJ-1040-SC form must accompany the New Jersey Gross Income Tax return you file. The payment is to be claimed on the return along with any other estimated payments you have made.
3. Be sure to keep a copy of the form for your records.

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

Form 500S

Computation of the Available Converted Net Operating Losses

Part I – Net Operating Loss Carryovers generated as a C corporation

1. Prior Net Operating Loss Conversion Carryover (PNOL) available (see instructions).....	1.	XXXXXXXXXXXXXXXXXXXXXX
2. Post Allocation Net Operating Loss Carryover (NOL) available (see instructions)	2.	XXXXXXXXXXXXXXXXXXXXXX
3. Total Net Operating Losses Available – Total lines 1 and 2	3.	XXXXXXXXXXXXXXXXXXXXXX

Part II – Available Net Operating Loss Deductions

1. Enter amount used on Schedule A, Part I, Line 42	1.	XXXXXXXXXXXXXXXXXXXXXX
2. Enter amount used on Schedule A, Part II, Line 4	2.	XXXXXXXXXXXXXXXXXXXXXX
3. Total amount of available converted NOL carryover used – Add lines 1 and 2.....	3.	XXXXXXXXXXXXXXXXXXXXXX

Note: Must include last Net Operating Loss Schedule/Worksheet Prior to Conversion to S Corporation (from Form CBT-100 or CBT-100U).

REFERENCE ONLY