NJ-1065
2014

043WB01140

STATE OF NEW JERSEY
PARTNERSHIP RETURN

For Calendar Year 2014, or Tax Year Beginning _____, 2014 and Ending _____, 20____

You Must Enter Your Federal EIN		
Federal EIN	Legal Name of Taxpayer	
Principal Business Activity	Trade Name of Business if different from legal name above	
Date Business Started	Address (number and street or rural route)	
_____ # of Resident Partners _____ # of Nonresident Partners with Physical Nexus to NJ _____ # of Nonresident Partners without Physical Nexus to NJ	City or Post Office	State / Zip Code
	If you do not need forms mailed to you next year, fill in . . . . . ☐	

Check applicable boxes:

- ☐ Initial Return
- ☐ Final Return
- ☐ Amended Return
- ☐ Application for Federal Extension is attached
- ☐ Substitute Method of Allocation Granted
- ☐ Complete Liquidation
- ☐ Qualified Investment Partnership
- ☐ Listed on U.S. National Stock Exchange
- ☐ Hedge Fund
- ☐ Investment Club
- ☐ Composite Return is filed for Nonresident Partners
- ☐ Controlling Interest Transfer Tax
- ☐ Tiered Partnership
- ☐ General Partnership
- ☐ Limited Partnership
- ☐ Limited Liability Company
- ☐ Limited Liability Partnership

Partnership Income

				Column A Amount From All Sources	Column B Amount From NJ Sources
1.	Ordinary Income (loss) from trade or business activities (see instruction page 6)			1	
2.	Net income (loss) from rental real estate activities			2	
3.	Net income (loss) from other rental activities			3	
4.	Guaranteed payments to partners			4	
5.	Interest income			5	
6.	Dividend income			6	
7.	Royalty income			7	
8.	Net gain (loss) from disposition of property			8	
9.	Net IRC section 1231 gain (loss)			9	
10.	Other income (loss)			10	
11.	Tax-exempt interest income			11	
12.	Subtotal (add lines 1 through 11)			12	
13a.	Taxes based on income (see instruction page 7)	13a			
13b.	Other additions - specify: _____	13b			
13c.	Total additions (add lines 13a and 13b)			13c	
14.	Subtotal (add lines 12 and 13c)			14	
15a.	Net income (loss) from rental real estate activities	15a			
15b.	Net gain (loss) from disposition of real property	15b			
15c.	Guaranteed payments to partners	15c			
15d.	Interest income from federal obligations	15d			
15e.	Interest income from NJ obligations	15e			
15f.	IRC Section 179 expense	15f			
15g.	Other subtractions - specify: _____	15g			
15h.	Total subtractions (add lines 15a through 15g)			15h	
16a.	Subtotal (subtract line 15h from line 14)			16a	
16b.	NJ Allocation (line 16a times business allocation % of _____%)			16b	
17.	Net income (loss) from rental real estate activities (see instruction page 8)			17	
18.	Net gain (loss) from disposition of real property			18	
19.	Net partnership income (loss) (total lines 16a, 17 and 18 of column A) (total lines 16b, 17 and 18 of column B)			19	
20.	Income (loss) from tiered partnership			20	
21.	Partnership income (loss) (total lines 19 and 20)			21	
22a.	Guaranteed payments to partners			22a	
22b.	Guaranteed payments to partners--pension			22b	
22c.	Net guaranteed payment to partners (subtract line 22b from line 22a)			22c	
23.	Net gain (loss) from disposition of assets as a result of a complete liquidation			23	
24.	Total Nonresident Noncorporate Partners Share of Tax (Line 2c, Column J of Partners Directory)			24	
25.	Total Nonresident Corporate Partners Share of Tax (Line 2c, Column K of Partners Directory)			25	

Use the amounts reported in Column A to complete Schedule NJK-1, Column A.
Use the amounts reported in Column B to complete Schedule NJK-1, Column B.

Partnership name as shown on Form NJ-1065

043WB02140

Federal EIN

PARTNERS DIRECTORY

List all partners, including principal address. Add additional sheets as necessary. 1. Corporation Allocation Factor ._____

A	B	C	D	E	F	G	H	I	J	K
Code	SS Number or FEIN Name and Principal Address	Distributive Share of Partnership Income (Loss)		Net Gain (Loss) From Disposition of Assets as a result of a Complete Liquidation		Pension	Nonresident Partner's		Nonresident	
		Total Distribution	NJ Source	Total Gain (Loss)	NJ Source		Share of Total Income	Share of NJ Income	Noncorporate Partner's Share of Tax	Corporate Partner's Share of Tax
	% owned by Partner ____ Final ☐									
	% owned by Partner ____ Final ☐									
	% owned by Partner ____ Final ☐									

	2a. Total This Page. Enter zero, if no tax is reported in Column(s) J and/or K.	
	2b. Total From _____ Additional Pages Attached. Enter zero, if no tax is reported in Column(s) J and/or K.	
	2c. Total Tax (add Lines 2a and 2b). Enter the totals here and carry the total in Column J to Line 24, Column B, and the total in Column K to Line 25, Column B on front of Form NJ-1065.	

Signature of General Partner or Limited Liability Company Member.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than general partner) is based on all information of which preparer has any knowledge.

Paid Preparer's Signature

Date ☐ Check if Self-Employed

Date

Firm's Name (or yours if self-employed)

Preparer's SS # or PTIN

Preparer's Address

Preparer's Federal EIN #

A complete Federal Form 1065 including all schedules and supporting attachments may be required during the course of an audit.

Partnership name as shown on Form NJ-1065

043WB03140

Federal EIN

PARTNERS DIRECTORY

List all partners, including principal address. Add additional sheets as necessary.

A	B	C	D	E	F	G	H	I	J	K
Code	SS Number or FEIN Name and Principal Address	Distributive Share of Partnership Income (Loss)		Net Gain (Loss) From Disposition of Assets as a result of a Complete Liquidation		Pension	Nonresident Partner's		Nonresident	
		Total Distribution	NJ Source	Total Gain (Loss)	NJ Source		Share of Total Income	Share of NJ Income	Noncorporate Partner's Share of Tax	Corporate Partner's Share of Tax
	% owned by Partner ____ Final ☐									
	% owned by Partner ____ Final ☐									
	% owned by Partner ____ Final ☐									
	% owned by Partner ____ Final ☐									

Total This Page
Enter zero, if no tax is reported in Column(s) J and/or K.

NJ-1065

Partnership name as shown on Form NJ-1065

Page of

Federal EIN

PARTNERS DIRECTORY

List all partners, including principal address. Add additional sheets as necessary.

A	B	C	D	E	F	G	H	I	J	K
Code	SS Number or FEIN Name and Principal Address	Distributive Share of Partnership Income (Loss)		Net Gain (Loss) From Disposition of Assets as a result of a Complete Liquidation		Pension	Nonresident Partner's		Nonresident	
		Total Distribution	NJ Source	Total Gain (Loss)	NJ Source		Share of Total Income	Share of NJ Income	Noncorporate Partner's Share of Tax	Corporate Partner's Share of Tax
	% owned by Partner ____ Final ☐									
	% owned by Partner ____ Final ☐									
	% owned by Partner ____ Final ☐									
	% owned by Partner ____ Final ☐									
								Total This Page **Enter zero, if no tax is reported in Column(s) J and/or K.**		

SCHEDULE
NJK-1
(Form NJ-1065)
2014

STATE OF NEW JERSEY

PARTNER'S SHARE OF INCOME

For Calendar Year 2014, or Fiscal Year Beginning _____, 2014 and ending _____, 20_____

PART I General Information

Partner's SS # or Federal EIN	Partnership's Federal EIN
Partner's Name	Partnership's Name
Street Address	Partnership's Street Address
City State Zip Code	City State Zip Code

What type of entity is partner? (see instructions)_____
Code

Date Partner's Interest in Partnership began: _____
Month Day Year

☐ Final NJK-1 ☐ Hedge Fund
☐ Amended NJK-1 ☐ Member of Composite Return

Enter Partner's percentage of:

	(i) Before Decrease or Termination	(ii) End of Year
Profit Sharing	_____%	_____%
Loss Sharing	_____%	_____%
Capital Ownership	_____%	_____%

PART II Income Information

Income Classifications	A. Total Distribution	NJ-1040 Filers Enter Amounts on Line Shown Below	B. New Jersey Source Amounts	NJ-1040NR Filers
1. Partnership Income (loss)				
2. Net Guaranteed Payments				
3. Partner's 401(k) Contribution				
4. Distributive Share of Partnership Income (loss) (Line 1 plus Line 2 minus Line 3)		Line 20, Page 2		Line 22, Page 1
5. Pension		Line 19, Page 2		
6. Net Gain (loss) from Disposition of Assets as a Result of a Complete Liquidation		Line 18, Page 2		Line 18, Page 1

PART III Partner's Information

1. Nonresident Partner's Share of NJ Tax	1.		Line 19a, Page 1 CBT-100 Line 10a, Page 1 CBT-100S Line 8, PART-100 Line 47, NJ-1040NR Line 21, NJ-1080C Line 32a, NJ-1041
2. Partner's HEZ Deduction	2.		
3. Partner's Sheltered Workshop Tax Credit	3.		

PART IV Supplemental Information (Attach Schedule)

THIS FORM MAY BE REPRODUCED

Partnership name as shown on Form NJ-1065	Federal EIN

SCHEDULE A TIERED PARTNERSHIPS

(Complete this schedule before completing Form NJ-1065 or Schedule L, if applicable)

PART I PARTNERSHIP INCOME			Column A Amounts Reported by this Partnership on Federal Schedule K	Column B Portion of Amount in Column A Earned by Other Partnerships	Column C Amount Earned by this Partnership (A minus B)
1	Ordinary income (loss) from trade or business activities	1			
2	Net income (loss) from rental real estate activities	2			
3	Net income (loss) from other rental activities	3			
4	Guaranteed payments to partners	4			
5	Interest Income	5			
6	Dividend Income	6			
7	Royalty Income	7			
8	Net gain (loss) from disposition of property	8			
9	Net IRC section 1231 gain (loss)	9			
10	Other income (loss)	10			
11	Tax exempt interest income	11			

Use the amounts reported in Column C to complete Lines 1 through 11 on Form NJ-1065 or in Column A of Schedule L, if applicable.

Lines 1 - 11

Column A: Follow the instructions for lines 1 through 11 of the NJ-1065.

Column B: Enter the portion of each amount reported in Column A that was derived from other partnerships. For each line, this will be the sum of the amounts reported for the corresponding category on the Federal Schedule K-1(s) furnished to your partnership by each subsidiary partnership in which it is a member.

Column C: For each line 1 through 11, subtract the amount reported in Column B from the amount reported in column A. Enter the difference in Column C of that line and on the corresponding line on the front of Form NJ-1065 or in Column A of Schedule L, if applicable. Follow the instructions for lines 1 through 11 of the NJ-1065.

PART II SUMMARY OF SCHEDULE NJK-1(S) OR FEDERAL K-1(S) RECEIVED FROM OTHER PARTNERSHIPS

(Attach copies of all Schedule NJK-1(s) Received)

12	NJK-1	Partnership Name	Federal EIN	NJ Distributive Share of Partnership Income		Nonresident Partner's
				Column A Amount from All Sources	Column B Amount from NJ Sources	Column C Share of NJ Tax
A	☐					
B	☐					
C	☐					
D	☐					
E	☐					
	13 Total Income (Loss) and Tax from Tiered Partnerships:		13			

Line 12: Check the box to indicate if you received a Schedule NJK-1.
List the Name, Federal EIN and Distributive Share of Partnership Income or Loss reported on Line 4, Columns A and B of Part II and/or Net Gain (Loss) from Disposition of Assets as a Result of a Complete Liquidation reported on Line 6, Columns A and B of Part II, and Share of NJ Tax reported on Line 1 of Part III of each Schedule NJK-1 this partnership received from another partnership.
If you did not receive a Schedule NJK-1, you will have to use the information from your Federal Schedule K-1 to complete Reconciliation Worksheet A to determine the proper amount to report as your distributive share of partnership income for New Jersey tax purposes.
Refer to Tax Topic Bulletin GIT-9P, *Income from Partnerships*.

Line 13: Add the amounts(s) on Line 12, Columns A, B and C and enter the result on Line 13, Columns A, B and C. Carry the totals in Columns A and B to Line 20 on the front of Form NJ-1065.

Partnership name as shown on Form NJ-1065	Federal EIN

SCHEDULE B SHELTERED WORKSHOP TAX CREDIT FOR TAXABLE YEARS BEGINNING AFTER JANUARY 12, 2006

PART I QUALIFICATIONS

1. Is each employee for which a credit is claimed a "Qualified Person" in accordance with P.L. 2005, c. 318? . . . . . ☐ YES ☐ NO

2. Did each employee for which a credit is claimed work for at least 26 weeks during the privilege period and work at least 25 hours per week at or under the supervision of a sheltered workshop? . . . . . ☐ YES ☐ NO

NOTE: If the answer to either of the above questions is **"NO"**, do not complete the rest of this form. The taxpayer does **not** qualify for the sheltered workshop tax credit, otherwise, go to Part II.

PART II CALCULATION OF THE AVAILABLE SHELTERED WORKSHOP TAX CREDIT FOR PARTNERSHIPS

	Column (A) Name	Column (B) Social Security #	Column (C) Total Wages	Column (D) 20% of Column C - Max $1,000
3.				
4.				
5.				
6.				
7.				
8.	Available Sheltered Workshop Tax Credit (add lines 3 through 7)			

*** If there are more names, please attach a schedule corresponding to Part II**

Enter the name of each qualified person employed by your partnership in Column A.

Enter the social security number of each qualified person employed by your partnership in Column B.

Enter the salary and wages paid during the tax year in Column C.

Enter the lesser of 20% of Column C or $1,000 per qualified person in Column D.

Partnership name as shown on Form NJ-1065	Federal EIN

CORPORATION ALLOCATION SCHEDULE

SCHEDULE J **A PARTNERSHIP THAT IS NOT A QUALIFIED INVESTMENT PARTNERSHIP, INVESTMENT CLUB, AND THAT IS NOT LISTED ON A UNITED STATES NATIONAL STOCK EXCHANGE BUT HAS A NONRESIDENT NONCORPORATE OR NONRESIDENT CORPORATE PARTNER SHOULD COMPLETE SCHEDULE J. THIS SCHEDULE SHOULD BE OMITTED IF THE TAXPAYER DOES NOT HAVE RECEIPTS OUTSIDE NEW JERSEY; THE ALLOCATION FACTOR WILL BE 100% (1.000000). SCHEDULE J IS NOT REQUIRED FOR A PARTNERSHIP THAT MEETS HEDGE FUND STATUS, IF ITS ONLY NONRESIDENT PARTNERS ARE INDIVIDUALS, ESTATES, OR TRUSTS. SCHEDULE J IS REQUIRED IF THE PARTNERSHIP INCLUDES NONRESIDENT PARTNERS WHO DO NOT HAVE PHYSICAL NEXUS TO NEW JERSEY AND THE PARTNERSHIP WISHES TO ALLOCATE THE FILING FEE.**

PART I **ALL ALLOCATING COMPANIES MUST ANSWER THE FOLLOWING QUESTIONS**

(a) Explain in detail internal controls used in distribution of receipts in and out of New Jersey, as shown in Part II _____

_____

_____

(b) State the location of the actual seat of management or control of the partnership_____

PART II **COMPUTATION OF ALLOCATION FACTOR**

	AMOUNTS (omit cents)	
1. Receipts:		Complete by carrying the fraction to six (6) decimal places. Do not express as a percent. Example: $\frac{123.456}{1,000,000}$ = .123456
(a) From sales of tangible personal property shipped to points within New Jersey.		
(b) From services performed in New Jersey.		
(c) From rentals of property situated in New Jersey.		
(d) From royalties for the use in New Jersey of patents and copyrights.		
(e) All other business receipts earned in New Jersey.		
(f) Total New Jersey receipts (Total of lines 1(a) to 1(e), inclusive).		
(g) Total receipts from all sales, services, rentals, royalties and other business transactions everywhere.		
(h) Allocation Factor (percentage in New Jersey (Line 1(f)) divided by Line 1(g)). Enter result in Line 1(h) and carry to Line 1 of the Partners Directory on Page 2 of Form NJ-1065.	☐.☐☐☐☐☐☐	

INSTRUCTIONS FOR SCHEDULE J-CORPORATION ALLOCATION SCHEDULE

PART I - GENERAL INSTRUCTIONS REGARDING ALLOCATION OF ADJUSTED ENTIRE NET INCOME:

(a) **ALLOCATION PERCENTAGES:** In computing the allocation factor in Schedule J, division must be carried to six decimal places, e.g., .123456.

(b) Effective for returns beginning on or after July 1, 2010, all partnerships are entitled to allocate.

(c) Effective for returns, beginning on or after January 1, 2014 all returns will have a 100% weighted receipts fraction only.

(d) Only the receipts attributable to the partnership entity are to be used in computing the allocation factor denominators.

PART II - COMPUTATION OF ALLOCATION FACTOR: This schedule may be omitted if the taxpayer does not have activity outside New Jersey.

Line 1(a) - 1(d) RECEIPTS FRACTION: Receipts from sales of tangible personal property are allocated to New Jersey where the goods are shipped to points within New Jersey.

Receipts from the sale of goods are allocable to New Jersey if shipped to a New Jersey or a non-New Jersey customer where possession is transferred in New Jersey. Receipts from the sale of goods shipped to a taxpayer from outside of New Jersey to a New Jersey customer by a common carrier are allocable to New Jersey. Receipts from the sale of goods shipped from outside of New Jersey to a New Jersey location where the goods are picked up by a common carrier and transported to a customer outside of New Jersey are not allocable to New Jersey.

Receipts from the following are allocable to New Jersey; services performed in New Jersey; rentals from property situated in New Jersey; royalties from the use in New Jersey of patents or copyrights; all other business receipts earned in New Jersey.

Lines 1(e) and 1(g)

(1) **RECEIPTS FROM SALES OF CAPITAL ASSETS:** Receipts from sales of capital assets (property not held by the taxpayer for sale to customers in the regular course of business), either within or outside New Jersey, should be included in the numerator and the denominator based upon the net gain recognized and not upon gross selling prices. Where the taxpayer's business is the buying and selling of real estate or the buying and selling of securities for trading purposes, gross receipts from the sale of such assets should be included in the numerator and the denominator of the receipts fraction.

NJ-NR-A
(9-12)

NEW JERSEY GROSS INCOME TAX

BUSINESS ALLOCATION SCHEDULE

Use this schedule if business activities are carried on both inside and outside New Jersey or if business activities are carried on 100% outside New Jersey.

This form must be enclosed and filed with your New Jersey Income Tax return.

Enter name, address and Social Security/Federal Employer Identification Number as shown on the Form NJ-1040NR, Form NJ-1041 or Form NJ-1065.

Legal name of taxpayer	Social Security Number/Federal EIN
Trade name of business if different from legal name above	For the Taxable Year Ending (Month, Day, Year)
Address (number and street or rural route)	
City or Post Office State Zip Code	

Section 1 - Business Locations

List all places BOTH INSIDE AND OUTSIDE New Jersey where business is carried on.

	(a) Street Address	(b) City and State	(c) Description of Business Location	(d) Check One	
				RENT	OWN
1.				☐	☐
2.				☐	☐
3.				☐	☐
4.				☐	☐

Section 2 - Average Values

	ASSETS (See instructions)	Average Values			
		Column A Everywhere		Column B New Jersey	
1.	Real Property Owned	1.		1.	
2.	Real and Tangible Property Rented	2.		2.	
3.	Tangible Personal Property Owned	3.		3.	
4.	TOTALS (Add Lines 1-3 in each column)	4.		4.	

Section 3 - Business Allocation Percentage

1.	Average Values of Property:				
	a. In New Jersey (from Section 2, Column B, Line 4)	1a			
	b. Everywhere (from Section 2, Column A, Line 4)	1b			
	c. Percentage in New Jersey. (Divide Line 1a by Line 1b)			1c	%
2.	Total Receipts from All Sales, Services and Other Business Transactions:				
	a. In New Jersey	2a			
	b. Everywhere	2b			
	c. Percentage in New Jersey (Divide Line 2a by Line 2b)			2c	%
3.	Wages, Salaries and Other Personal Compensation Paid During the Year:				
	a. In New Jersey	3a			
	b. Everywhere	3b			
	c. Percentage in New Jersey. (Divide Line 3a by Line 3b)			3c	%
4.	Sum of New Jersey Percentages. (Add Lines 1c, 2c and 3c)			4	%
5.	Business Allocation Percentage. (Divide the total on Line 4 by 3; if less than 3 fractions, see instructions)			5	%

FORM
NJ-1065E
2014

STATE OF NEW JERSEY - NONRESIDENT CORPORATE PARTNER'S STATEMENT OF BEING AN EXEMPT CORPORATION OR MAINTAINING A REGULAR PLACE OF BUSINESS IN NEW JERSEY

PART 1 ENTITY INFORMATION			
EIN	Name of Filing Entity		
Mailing Address			
City	State	Zip	
Person to Contact		Telephone Number	

PART 2 NONRESIDENT PARTNER INFORMATION		
Federal EIN	Name of Nonresident Entity	
Principal Address		
City	State	Zip

MAINTAINS A REGULAR PLACE OF BUSINESS

☐ By signing this statement, the nonresident corporate partner is declaring that it maintains a regular place of business in New Jersey other than a statutory office.

A "regular place of business" is any bona fide office (other than a statutory office), factory, warehouse, or other space of the taxpayer which is regularly **MAINTAINED, OCCUPIED** and **USED** by the taxpayer in carrying on its business and in which one or more regular employees are in attendance. To maintain a place of business, the taxpayer must either own or rent the premises. That cost must be borne directly by the taxpayer and not by some related entity or person.

List address of at least one such regular place of business in New Jersey:

_____

_____

_____

Failure to list at least one regular place of business will result in the partnership entity remitting a payment of tax on your share of New Jersey income.

☐ By signing this statement the corporation is declaring that it is exempt from the Corporation Business Tax Act pursuant to N.J.S.A. 54:10A-3.

☐ By signing this statement the nonresident corporate partner is declaring that it is an exempt IRC 501(c)(3) entity.

☐ By signing this statement the nonresident corporate partner is declaring that it is a retirement plan approved by the Internal Revenue Service.

I further understand that this statement:

1. Must be made annually; and
2. May not be made after the 15th day of the fourth month succeeding the close of the privilege period or after the return has been filed, whichever occurs first.

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true and correct and that I am properly authorized to sign and make this consent on behalf of :

_____
Name of Nonresident Entity

_____ _____
Signature of Corporate Officer and Title, General Partner or Limited Liability Company Member — Date

THIS FORM MAY BE REPRODUCED
AND MUST BE RETAINED BY THE FILING ENTITY

REVISED STATUTES OF NEW JERSEY, 1937, TITLE 54 TAXATION, SUBTITLE 4 PARTICULAR TAXES ON CORPORATIONS AND OTHERS, PART 1PROVISIONS APPLICABLE TO CORPORATIONS GENERALLY, Ch. 10A Corporation Business Tax Act (1945)

Sec. 54:10A-3. Exempt corporations -

The following corporations shall be exempt from the tax imposed by this act:

(a) Corporations subject to a tax assessed upon the basis of gross receipts, other than the alternative minimum assessment determined pursuant to section 7 of P.L.2002, c.40 (C.54:10A-5a), and corporations subject to a tax assessed upon the basis of insurance premiums collected;

(b) Corporations which operate regular route autobus service within this State under operating authority conferred pursuant to R.S.48:4-3, provided, however, that such corporations shall not be exempt from the tax on net income imposed by section 5(c) of P.L.1945, c.162 (C.54:10A-5);

(c) Railroad, canal corporations, production credit associations organized under the Farm Credit Act of 1933, or agricultural cooperative associations incorporated or domesticated under or subject to chapter 13 of Title 4 of the Revised Statutes and exempt under Subtitle A, Chapter 1F, Part IV, Section 521 of the federal Internal Revenue Code (26 U.S.C. s.521);

(d) Cemetery corporations not conducted for pecuniary profit or any private shareholder or individual;

(e) Nonprofit corporations, associations or organizations established, organized or chartered, without capital stock, under the provisions of Title 15, 16 or 17 of the Revised Statutes, Title 15A of the New Jersey Statutes or under a special charter or under any similar general or special law of this or any other state, and not conducted for pecuniary profit of any private shareholders or individual;

(f) Sewerage and water corporations subject to a tax under the provisions of P.L.1940, c.5 (C.54:30A-49 et seq.) or any statute or law imposing a similar tax or taxes;

(g) Nonstock corporations organized under the laws of this State or of any other state of the United States to provide mutual ownership housing under federal law by tenants, provided, however, that the exemption hereunder shall continue only so long as the corporations remain subject to rules and regulations of the Federal Housing Authority and the Commissioner of the Federal Housing Authority holds membership certificates in the corporations and the corporate property is encumbered by a mortgage deed or deed of trust insured under the National Housing Act (48 Stat.1246) as amended by subsequent Acts of Congress. In order to be exempted under this subsection, corporations shall annually file a report on or before August 15 with the commissioner, in the form required by the commissioner, to claim such exemption, and shall pay a filing fee of $25.00;

(h) Corporations not for profit organized under any law of this State where the primary purpose thereof is to provide for its shareholders or members housing in a retirement community as the same is defined under the provisions of the "Retirement Community Full Disclosure Act," P.L.1969, c.215 (C.45:22A-1 et seq.);

(i) Corporations which are licensed as insurance companies under the laws of another state, including corporations which are surplus lines insurers declared eligible by the Commissioner of Banking and Insurance pursuant to section 11 of P.L.1960, c.32 (C.17:22-6.45) to insure risks within this State; and

(j) (1) Municipal electric corporations that were in existence as of January 1, 1995 provided that all of their income is from sales, exchanges or deliveries of electricity derived from customers using electricity within their municipal boundaries; and (2) Municipal electric utilities that were in existence as of January 1, 1995 provided that all of their income is from sales, exchanges or deliveries of electricity derived from customers using electricity within their franchise area existing as of January 1, 1995. If a municipal electric corporation derives income from sales, exchanges or deliveries of electricity from customers using the electricity outside its municipal boundaries, such municipal electric corporation shall be subject to the tax imposed by this act on all income. If a municipal electric utility derives income from sales, exchanges or deliveries of electricity from customers using electricity outside its franchise area existing as of January 1, 1995, such municipal electric utility shall be subject to the tax imposed by the act on all income.

(As amended by Ch. 236, Laws 1949; Ch. 130, Laws 1951; Ch. 174, Laws 1960; Ch. 59, Laws 1963; Ch. 48, Laws 1967; Ch. 211, Laws 1972; Ch. 275, Laws 1973; Ch. 170, Laws 1975; Ch. 184, Laws 1991; Ch. 338, Laws 1993; Ch. 162, Laws 1997; Ch. 114 (A.B. 262), Laws 1998; Ch. 40 (A. B. 2501), Laws 2002, applicable to privilege periods and taxable years beginning on or after January 1, 2002.

PART-100
2014

STATE OF NEW JERSEY

Partnership Filing Fee and Tax Payment Voucher

For Calendar Year 2014, or Tax Year Beginning _____, 2014 and Ending _____, 20____

Federal EIN	Legal Name of Taxpayer
☐ Amended ☐ Final	Trade Name of Business if different from legal name above
_____ # of Resident Partners _____ # of Nonresident Partners with Physical Nexus to NJ _____ # of Nonresident Partners without Physical Nexus to NJ	Address (number and street or rural route) City or Post Office State Zip Code

1. Filing Fee (Line 4 of Filing Fee Schedule)	___,___,___.00
2. Installment Payment (Multiply Line 1 by .50)	___,___,___.00
3. Nonresident Noncorporate Partner Tax	___,___,___.00
4. Nonresident Corporate Partner Tax	___,___,___.00
5. Total Fee and Tax (Add Lines 1-4)	___,___,___.00
6. Penalty for Underpayment of Estimated Tax. Check box if PART-160 attached ☐	___,___,___.00
7. Total Due (Add Lines 5 and 6)	___,___,___.00
8. Less: Total from Tiered Partnership Payment Schedule	___,___,___.00
9. Less: Installment Payment from 2013	___,___,___.00
10. Less: Estimated Payments/Credit from 2013	___,___,___.00
11. Less: Payment from PART-200-T	___,___,___.00
12. Total Balance Due	___,___,___.00
13. Overpayment	___,___,___.00
14. Credit to 2015	___,___,___.00
15. Refund	___,___,___.00

This Return must accompany your payment in the envelope marked PART-100.
Make checks payable to: State of New Jersey – PART.
Write the Federal ID number and tax year on the check.

Mail To: **Filing Fee and Tax on Partnerships**
Form PART-100
PO Box 642
Trenton, NJ 08646-0642

FILING FEE SCHEDULE

1	Number of Resident Partners	_____	x $150.00		= _____
2	Number of Nonresident Partners with Physical Nexus to New Jersey	_____	x $150.00		= _____
3	Number of Nonresident Partners without Physical Nexus to New Jersey	_____	x $150.00 x	. Corporation Allocation Factor	= _____
4	Total Filing Fee (Add Lines 1–3)				_____

Carry the total from Line 4 to Line 1 on the front of Form PART-100. If the amount on Line 4 is greater than $250,000, enter $250,000 on Line 1 of Form PART-100.

TIERED PARTNERSHIP PAYMENT SCHEDULE

List the Partnership's Name(s), Federal Identification Number(s) and share of New Jersey Tax reported on Line 1 of Part III of each Schedule NJK-1 received.

	Name	FEIN	Amount
A.			
B.			
C.			
D.			
E.			

Total Tax Paid on Behalf of Partnership: _____

Carry this total to Line 8 on the front of this Return PART-100.

PART-160

NJ Division of Taxation
(01-15)

Underpayment of Estimated N.J. Partnership Tax

Attach to your tax return (Form PART-100)

PARTNERSHIP NAME	FEDERAL EMPLOYER I.D. NUMBER

PART I How to Compute Your Underpayment

Note: If you meet any of the exceptions that avoid the underpayment charge for ANY quarter, complete PART II

	(a)
1. Amount of 2014 Tax - Refer to line 1 instruction on reverse side.	
2. 90% of Line 1.	
3. Prior year's tax - Enter the total of lines 3 and 4 from the 2013 PART-100	
4. Enter the lesser of Lines 2 or 3	

	(a)	(b)	(c)	(d)
5. Enter in columns (a) through (d) the installment dates that correspond to the 15th day of the 4th, 6th and 9th months of your tax period and the 15th day of the 1st month succeeding the close of your tax period				
6. Enter 25% of Line 4 in columns (a) through (d).				
7. (a) Amount paid or credited for each period				
(b) Overpayment of previous installment (enter any overpayment shown on line 9 that is more than the total of all prior underpayments as a credit against the next installment)				
8. Add lines 7(a) and 7(b)				
9. Underpayment (subtract line 8 from line 6) or overpayment (subtract line 6 from line 8)				

PART II Exceptions (See Instructions)

10. Total amount paid or credited from the beginning of the tax year through the installment dates that correspond to the 15th day of the 4th, 6th and 9th months of your tax period and the 15th day of the 1st month succeeding the close of your tax period				
11. Exception 1, tax based on the facts shown on the prior year's return but using current year's rates. Refer to instructions on reverse side regarding the taxable periods of less than one year	25% of tax	50% of tax	75% of tax	100% of tax
12. Exception 2, tax based on annualized tax	22.5% of tax	45% of tax	67.5% of tax`	90% of tax

PART III Installment Interest Due (See Instructions)

13. Amount of underpayment from line 9				
14. Enter same installment dates used above at line 5				
15. Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier				
16. Number of months from the date on line 14 to the date on line 15. (A part of a month is deemed to be a full month.)				
17. Interest				
18. Installment interest due - Add columns (a), (b), (c), and (d) of line 17. Enter the total here and include in Line 6 of Form PART-100				

THIS FORM MAY BE REPRODUCED

INSTRUCTIONS

Purpose of Form
This Form PART-160 is used by partnerships to determine whether they paid enough estimated tax, whether they are subject to an interest charge for underpayment of estimated tax, and if so, the amount of interest.

How to Use This Form
Complete Part I of Form PART-160 to find out if you have an underpayment for any of the four payment periods. If you have an underpayment on Line 9 (Column a, b, c or d), go to Part II, Exceptions. If you cannot meet either of the exceptions for a payment period, go to Part III, Installment Interest Due. If you are using Form PART-160 either to compute the interest on underpayment of estimated tax or to show that you qualify for any exception, attach Form PART-160 to your tax return, Form PART-100.

Part I - How to Compute Your Underpayment
Complete Lines 1 through 9 in Part I. The instructions for most of these lines are on the form itself. Follow the instructions below for the lines indicated.

Line 1 - Enter in Column (a) the total of lines 3 and 4 from Form PART-100.
Line 7(b) - Enter any overpayment shown on Line 9 that is more than the total of all earlier underpayments.
Line 9 - If Line 9 shows an underpayment, complete Part II to see if either of the exceptions apply.

Part II - Exceptions

You will not have to pay interest if all of your tax payments (Part II, Line 10) were made on time and are equal to or more than either of the amounts computed as explained by the exceptions (Lines 11 and 12) for the same payment period (Column a, b, c or d).

Exception I - Tax Based on Prior Year's Return Using Current Year's Rates
This exception applies if the amount the partnership paid is equal to or more than the tax computed by using the current year's rates but based on the facts shown on the prior year's return and the law that applies to the prior year. If the prior year return covered a period of less than a year, the prior return must be annualized by dividing the taxable net income by the number of whole months covered by the short period return and multiplying by 12.

Exception II - Tax Based on Annualized Tax
This exception applies if the estimated tax paid was equal to or more than 90% of the amount the partnership would owe if its estimated tax was based on a tax computed from annualizing tax for the months preceding an installment date.

A partnership may annualize its tax as follows:

a. For the first 3 months if the installment was required to be paid in the 4th month.
b. For the first 3 months or for the first 5 months if the installment was required to be paid in the 6th month.
c. For the first 6 months or for the first 8 months if the installment was required to be paid in the 9th month.
d. For the first 9 months or for the first 12 months if the installment was required to be paid in the 1st month succeeding the close of your tax period.

Part III - Installment Interest Due

If no exception applies, complete Lines 13 through 18.

A payment of estimated tax on or before any installment date is considered a payment of any previous underpayment only to the extent the payment is more than the amount of the current installment as figured on Line 6. If the partnership made more than one payment for an installment, attach a separate computation for that installment.

Interest is computed on the amount of the underpayment from the installment due date to the date of payment or the original due date of the final tax return, whichever is earlier. The annual interest rate is 3% above the average predominant prime rate and is imposed each month or fraction thereof the underpayment exists. Changes in the average predominant prime rate must be reflected in the interest calculation. The interest rates assessed by the Division of Taxation are published in the quarterly issues of the *New Jersey State Tax News.*

The average predominant prime rate is the rate as determined by the Board of Governors of the Federal Reserve System, quoted by commercial banks to large businesses on December 1st of the calendar year immediately preceding the calendar year in which payment was due or as redetermined by the Director in accordance with N.J.S.A. 54:48-2.