

**RECORD LAYOUT AND DESCRIPTION
EXCEL SPREADSHEET**

- Enter all information in UPPER CASE only.
- Do not use column headings.
- Use Row 1 for the 'A' record.
- Use Row 2 for the first 'D' record.
- Use the row immediately after the last 'D' record for the 'T' record.
- Do not leave any rows blank.
- Save file as 'Formatted Text (Space Delimited)'. (If this option is not available, save as a file type with a '.prn' extension).
- All diskettes must contain the 8 character entry NJ1080DR as the file name. The New Jersey Division of Taxation will reject and return unprocessed any diskette not properly identified internally by NJ1080DR. A diskette must not contain any file or data set other than NJ1080DR.

“A” RECORD

<u>Column</u>	<u>Field Title</u>	<u>Column Width</u>	<u>Description and Remarks</u>
A	Record Type	1	Required. Enter "A"
B	Return Year	4	Required. Enter return year for Form NJ-1080-C. For 2000, enter "2000".
C	Federal EIN	12	Required. Enter the entity's Federal EIN as it appears on Form NJ-1080-C. If the Federal EIN as it appears on Form NJ-1080-C is nine digits in length, enter three zeros in the last three positions of this field. Do not enter dashes.
D	Filler	1	Enter blanks.
E	Filler	9	Enter blanks.
F	Filler	20	Enter blanks.
G	Filler	15	Enter blanks.
H	Composite Name	35	Required. Enter the entity's name as it appears on Form NJ-1080-C. Left justify and fill with blanks.
I	Composite Trade Name	35	Enter the entity's trade name, if applicable, as it appears on Form NJ-1080-C. Left justify and fill with blanks.
J	Composite Street Address	35	Required. Enter the entity's street address as it appears on Form NJ-1080-C. Left justify and fill with blanks.
K	Composite City	25	Required. Enter the entity's city as it appears on Form NJ-1080-C. Left Justify and fill with blanks.

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“A” RECORD (Continued)

<u>Column</u>	<u>Field Title</u>	<u>Column Width</u>	<u>Description and Remarks</u>
L	Composite State	2	Required. Enter the entity’s state abbreviation as it appears on Form NJ-1080-C.
M	Composite Zip Code	9	Enter the entity’s nine digit zip code if known. If the four digit extension is not known, enter the five digit zip code followed by four zeroes. Do not enter a dash in this field.
N	Filler	11	Enter blanks.
O	Filler	11	Enter blanks.
P	Filler	7	Enter blanks.
Q	X	1	Required. Enter “X”

“D” RECORD

A	Record Type	1	Required. Enter “D”
B	Return Year	4	Required. Enter return year for Form NJ-1080-C. Must be the same year entered in Record “A”.
C	Composite Federal EIN	12	Required. Enter the entity’s Federal EIN as it appears on the “A” record.
D	Participant/Non-participant Indicator	1	Required. Enter a “1” (one) for a participant with total income less than \$250,000, or “2” (two) for a participant with income greater than or equal to \$250,000, or a “3” (three) for a nonparticipant.
E	Social Security Number	9	Required. Enter the participant’s social security number or the social security number/ITIN of the nonparticipant. Do not enter dashes.
F	Last Name	20	Required. Enter last name of participant/ nonparticipant. Left justify and fill with blanks. If nonparticipant is not an individual, enter the name of the entity.
G	First Name	15	Required. Enter first name of participant/ nonparticipant. Left justify and fill with blanks.
H	Filler	35	Enter blanks.
I	Filler	35	Enter blanks.
J	Street Address	35	Enter the participant’s/nonparticipant’s street address. Left justify and fill with blanks.
K	City	25	Enter the participant’s/nonparticipant’s city. Left justify and fill with blanks.

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“D” RECORD (Continued)

<u>Column</u>	<u>Field Title</u>	<u>Column Width</u>	<u>Description and Remarks</u>
L	State	2	Enter the participant’s/nonparticipant’s state abbreviation.
M	Zip Code	9	Enter the participant’s/nonparticipant’s nine digit zip code. If the four digit extension is unknown, enter the five digit zip code followed by four zeros.
N	Taxable Income	11	Enter the participant’s taxable income for New Jersey Gross Income Tax purposes. If a nonparticipant (position 16 = “2”) fill with zeros.
<p>NOTE: All money amounts must be right justified. The right-most two positions represent cents in the money amount fields. Do not enter dollar signs, commas, decimal points or negative amounts. Positive amounts are indicated by placing a “+” (plus) in the left-most position of the money amount field. Each money amount field must contain 10 numeric characters. Unused positions must be filled with zeros. (Example: \$2,457.96 is entered as ‘+0000245796’).</p>			
O	NJ Income Tax	11	Enter the participant’s New Jersey Income Tax. If a nonparticipant (position 16 = “2”) fill with zeros. See note above.
P	Filler	7	Enter blanks.
Q	X	1	Required. Enter “X”

“T” RECORD

A	Record Type	1	Required. Enter “T”
B	Return Year	4	Required. Enter return year for Form NJ-1080-C. Must be the same year entered in Record “A”.
C	Composite Federal EIN	12	Required. Enter the entity’s Federal EIN as it appears on the “A” record.
D	Filler	1	Enter blanks.
E	Filler	9	Enter blanks.
F	Filler	20	Enter blanks.
G	Filler	15	Enter blanks.
H	Filler	35	Enter blanks.
I	Filler	35	Enter blanks.

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“T” RECORD (Continued)

<u>Column</u>	<u>Field Title</u>	<u>Column Width</u>	<u>Description and Remarks</u>
J	Filler	35	Enter blanks.
K	Filler	25	Enter blanks.
L	Filler	2	Enter blanks.
M	Filler	9	Enter blanks.
N	Filler	11	Enter blanks.
O	Filler	11	Enter blanks.
P	Number of Participant/Nonparticipant Reported	7	Required. Enter the number of “D” records reported for the preceding “A” record. Right justify and zero fill.
Q	X	1	Required. Enter “X”