

CAUTION

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

Form CBT-100U and all related forms and schedules **must** be filed electronically. See “Electronic Filing Mandate” in the CBT-100U instructions for more information.

Before submitting this return electronically, the combined group must have a registered managerial member. See [Mandatory Registration of a Combined Group by Managerial Member](#) for more information.

**New Jersey Corporation Business Tax Unitary Return
For Tax Years Ending On or After July 31, 2022, Through June 30, 2023**

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

| | |
|---|---|
| Unitary ID Number NU | Managerial Member's FEIN |
| Unitary Group Name | Managerial Member Name |
| Mailing Address | Mailing Address |
| City State ZIP Code | City State ZIP Code |
| Check if this is an amended return: <input type="checkbox"/> Amended Enter Amended code: <input type="checkbox"/> <input type="checkbox"/> If code 10, enter reason: _____ | Business Contact Name _____ |
| Check applicable filing method (see instructions) Default <input type="checkbox"/> Water's-Edge | Election <input type="checkbox"/> Affiliated Group <input type="checkbox"/> World-Wide Election Period _____ of 6 |
| | Email _____ Phone Number (_____) _____ |
| | Check if combined group is claiming P.L. 86-272 (see instructions): <input type="checkbox"/> |

| | | |
|--|------|----------------------|
| 1. Total Amount of Tax of Combined Group – Enter amount from line 5, column (a) of Schedule A, Part III..... | 1. | XXXXXXXXXXXXXXXXXXXX |
| 2. Total Tax Credits Used by Combined Group – Enter amount from line 6, column (a) of Schedule A, Part III (see instructions)..... | 2. | XXXXXXXXXXXXXXXXXXXX |
| 3. TOTAL COMBINED GROUP CBT TAX LIABILITY – Enter amount from line 7, column (a) of Schedule A, Part III..... | 3. | XXXXXXXXXXXXXXXXXXXX |
| 4. Total surtax on taxable net income of Combined Group Members – Enter amount from line 8, column (a) of Schedule A, Part III (see instructions)..... | 4. | XXXXXXXXXXXXXXXXXXXX |
| 5. Total Combined Group Tax Due – Enter amount from line 9b, col. (a) of Schedule A, Part III (see instructions).. | 5. | XXXXXXXXXXXXXXXXXXXX |
| 6. Installment Payments – Only applies if line 5 is \$500 or less (see instructions)..... | 6. | XXXXXXXXXXXXXXXXXXXX |
| 7. Professional Corporation Fees (from combined group column of Schedule PC, line 9)..... | 7. | XXXXXXXXXXXXXXXXXXXX |
| 8. TOTAL TAX AND PROFESSIONAL CORPORATION FEES – Add lines 5, 6, and 7..... | 8. | XXXXXXXXXXXXXXXXXXXX |
| 9. Payments and Credits (see instructions)..... | 9. | XXXXXXXXXXXXXXXXXXXX |
| 10. Payments made by partnerships on behalf of member (include copies of all NJK-1s)..... | 10. | XXXXXXXXXXXXXXXXXXXX |
| 11. a. Total Refundable Tax Credits to applicable members that earned the credits..... | 11a. | XXXXXXXXXXXXXXXXXXXX |
| b. Total Refundable Tax Credit to be refunded to individual members..... | 11b. | XXXXXXXXXXXXXXXXXXXX |
| c. Balance of Refundable Tax Credit to be applied to the group..... | 11c. | XXXXXXXXXXXXXXXXXXXX |
| 12. Total Payments and Credits – Add lines 9, 10, and 11c..... | 12. | XXXXXXXXXXXXXXXXXXXX |
| 13. Balance of Tax Due – If line 12 is less than line 8, subtract line 12 from line 8..... | 13. | XXXXXXXXXXXXXXXXXXXX |
| 14. Penalty and Interest Due (see instructions)..... | 14. | XXXXXXXXXXXXXXXXXXXX |
| 15. Total Balance Due – Add line 13 and line 14..... | 15. | XXXXXXXXXXXXXXXXXXXX |
| 16. Amount Overpaid – If line 12 is greater than the sum of lines 8 and 14, subtract lines 8 and 14 from line 12. | 16. | XXXXXXXXXXXXXXXXXXXX |
| 17. Amount of line 16 to be Refunded..... | 17. | XXXXXXXXXXXXXXXXXXXX |
| 18. Amount of line 16 to be Credited to 2023 Tax Return..... | 18. | XXXXXXXXXXXXXXXXXXXX |

| | | | |
|--|--|---|----------------------------------|
| SIGNATURE AND VERIFICATION <small>(See instructions)</small> | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules, forms, and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I understand that pursuant to N.J.S.A. 54:10A-14(a), I must include copies of the federal return(s), forms, and schedules with my New Jersey return. If prepared by a person other than the managerial member, this declaration is based on all information of which the preparer has any knowledge. | | |
| | (Date) | (Signature of Duly Authorized Officer of Managerial Member) | (Title) |
| | (Date) | (Signature of Individual Preparing Return) | (Address) (Preparer's ID Number) |
| | (Name of Tax Preparer's Employer) | (Address) | (Employer's ID Number) |

Members and Affiliates Schedule — List all members of the combined group

| | | Managerial Member (1) | Member 2... |
|--|--|--------------------------|--------------------------|
| Unitary ID Number | | NU | NU |
| Enter total number of members in the group | | | |
| Enter number of taxable group members | | | |
| Enter number of nontaxable group members | | | |
| Enter number of related parties or affiliates that are not included in the combined return | | | |
| Member Name | | | |
| Member FEIN | | | |
| Member's NJ Corporation Number | | | |
| Date Member Joined Combined Group | | | |
| Date Member Left Combined Group | | | |
| State/Territory or Country of Incorporation | | | |
| Location of the actual seat of management or control of the corporation | | | |
| Federal Business Activity Code | | | |
| Type of business | | | |
| Principal products handled | | | |
| Date Authorized to do Business in New Jersey | | | |
| If the answer to any of the following questions for a member is "yes," check the box in the appropriate member column. | | | |
| 1. Is member inactive? If yes, complete Schedule I. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does member have nexus with New Jersey? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is member a banking corporation? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is member a financial corporation? (See instructions.) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is this corporation a Professional Corporation (PC) formed pursuant to <u>N.J.S.A. 14A:17-1</u> et seq. or any similar law from a possession or territory of the United States, a state, or political subdivision thereof? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the member a New Jersey S Corporation or Qualified Subchapter S Subsidiary | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is member a combinable captive insurance company? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is member an owner of a disregarded entity? If yes, attach a rider detailing ownership. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is member a licensee under the Casino Control Act? | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the member own beneficially, or control, a majority of the stock of any corporation not included as a member of the combined group or the same interests own beneficially, or control, a majority of the stock of any other corporation not included as a member of the combined group? Check the box in the member column and enclose 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. | | <input type="checkbox"/> | <input type="checkbox"/> |

Schedule A

**Calculation of New Jersey Taxable Net Income (See instructions)
Every Member Must Complete Parts I, II, and III of This Schedule**

PART I – Computation of Entire Net Income (All data must match the federal return that was filed or that would have been filed.)

| | (a) Group Combined | (b) Eliminations and Adjustments | (c) Subtotal (Before Eliminations & Adjustments) | Managerial Member (1) | Member 2... |
|--|-----------------------|--|--|-----------------------|--------------------|
| Unitary ID Number | NU | NU | NU | NU | NU |
| Member FEIN | NU | NU | NU | | |
| Member Name | | | | | |
| Tax Year Beginning Date | | | | | |
| Tax Year Ending Date | | | | | |
| Income | | | | | |
| 1. a. Gross receipts or sales everywhere | 1a. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| b. Less: returns and allowances | 1b. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| c. Balance – Subtract line 1b from line 1a..... | 1c. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 2. Less: Cost of goods sold (from Schedule A-2, line 8) | 2. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 3. Gross profit – Subtract line 2 from line 1c | 3. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 4. a. Dividends | 4a. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| b. Gross Foreign Derived Intangible Income (see instructions) (include copy of federal Form 8993) | 4b. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| c. Gross Global Intangible Low-Taxed Income (see instructions) (include copy of federal Form 8992)..... | 4c. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 5. Interest..... | 5. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 6. Gross rents..... | 6. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 7. Gross royalties..... | 7. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 8. Capital gain net income (include a copy of federal Schedule D)..... | 8. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 9. Net gain or (loss) (from federal Form 4797, include a copy)..... | 9. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 10. Other income (see instructions) (include schedule(s))..... | 10. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 11. Total Income – Add lines 3 through 10..... | 11. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| Deductions | | | | | |
| 12. Compensation of officers (from Schedule F) | 12. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 13. Salaries and wages (less employment credits)..... | 13. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 14. Repairs (Do not include capital expenditures) | 14. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 15. Bad debts | 15. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 16. Rents | 16. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 17. Taxes and licenses | 17. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 18. Interest (see instructions)..... | 18. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 19. Charitable contributions (see instructions) | 19. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 20. Depreciation (from federal Form 4562, include a copy) less depreciation claimed elsewhere on return | 20. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 21. Depletion | 21. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 22. Advertising..... | 22. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 23. Pension, profit-sharing plans, etc. | 23. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 24. Employee benefit programs..... | 24. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 25. Reserved for future use..... | 25. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 26. Other deductions (attach schedule)..... | 26. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 27. Total Deductions - Add lines 12 through 26..... | 27. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 28. Taxable income before federal net operating loss deductions and federal special deductions – Subtract line 27 from line 11 (Must agree with line 28, page 1 of the federal Form 1120, or the appropriate line of any other federal corporate return) (See instructions)..... | 28. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |

PART II – New Jersey Modifications to Entire Net Income

| | (a) Group Combined | (b) Eliminations and Adjustments | (c) Subtotal (Before Eliminations & Adjustments) | Managerial Member (1) | Member 2... |
|---|-----------------------|-------------------------------------|---|-----------------------|--------------------|
| 1. a. Taxable income/(loss) from Schedule A, Part I, line 28 | 1a. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| b. Income included in line 1a from Separate Activities not includible in the combined group entire net income (water's-edge and world-wide returns only) (see instructions) | 1b. XXXXXXXXXXXXXXXX | | | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| c. Taxable income/(loss) of combined group – Subtract line 1b from line 1a | 1c. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| Additions | | | | | |
| 2. Income of a non-U.S. corporation member not included in line 1..... | 2. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 3. Other federally exempt income not included in line 1 (see instructions) | 3. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 4. Interest on federal, state, municipal, and other obligations not included in line 1 (see instructions) | 4. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 5. New Jersey State and other states' taxes deducted in line 1 (see instructions)..... | 5. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 6. Related party interest addback (from Schedule G, Part I) | 6. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 7. Related party intangible expenses and costs addback (from Schedule G, Part II) (see instructions) | 7. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 8. Reserved for future use | 8. | | | | |
| 9. Depreciation modification being added to income (from Schedule S) | 9. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 10. Other additions. Explain on separate rider (see instructions)..... | 10. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 11. Taxable income/(loss) with additions – Add line 1c through line 10..... | 11. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| Deductions | | | | | |
| 12. Depreciation modification being subtracted from income (from Schedule S) | 12. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 13. Previously Taxed Dividends (from Schedule PT) | 13. XXXXXXXXXXXXXXXX | | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 14. a. Enter the I.R.C. § 250(a) deduction amount allowed federally for GILTI if GILTI income is included in line 1c above | 14a. XXXXXXXXXXXXXXXX | | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| b. Enter the I.R.C. § 250(a) deduction amount allowed federally for FDII if FDII income is included on line 1c above..... | 14b. XXXXXXXXXXXXXXXX | | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| c. Net GILTI previously taxed by New Jersey not deducted or excluded elsewhere | 14c. XXXXXXXXXXXXXXXX | | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 15. I.R.C. § 78 Gross-up included in line 1 (do not include dividends that were excluded/ deducted elsewhere) | 15. XXXXXXXXXXXXXXXX | | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 16. Reserved for future use | 16. | | | | |
| 17. a. Elimination of nonoperational activity (from Schedule O, Part I) | 17a. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| b. Elimination of nonunitary partnership income/loss (from Schedule P-1, Part II, line 4) | 17b. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 18. Other deductions. Explain on separate rider (see instructions)..... | 18. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 19. Total deductions – Add line 12 through line 18..... | 19. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |

PART II – New Jersey Modifications to Entire Net Income — continued

| | (a) Group Combined | (b) Eliminations and Adjustments | (c) Subtotal (Before Eliminations & Adjustments) | Managerial Member (1) | Member 2... |
|--|-----------------------------|--|--|-----------------------|--------------------|
| Taxable Net Income/(Loss) Calculation | | | | | |
| 20. Entire Net Income/(Loss) Subtotal – Subtract line 19 from line 11 | 20. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 21. Group allocation factor (from Schedule J, line 9) | 21. XXXXXXXXXXXXXXXX | | | | |
| 22. Allocated entire net income/(loss) before any net operating loss deductions and dividend exclusion – Multiply the group entire net income on line 20, column (a) by the group allocation factor on line 21 (if zero or less, enter zero on line 28)..... | 22. XXXXXXXXXXXXXXXX | | | | |
| 23. Net operating loss deduction (from Form 500U, Section C, line 3) (amount entered cannot be more than amount on line 22)..... | 23. XXXXXXXXXXXXXXXX | | | | |
| 24. Allocated entire net income before allocated dividend exclusion – Subtract line 23 from line 22 (If zero or less, enter zero here and on line 28) | 24. XXXXXXXXXXXXXXXX | | | | |
| 25. Allocated Dividend Exclusion (from Schedule R) (see instructions) (amount entered cannot be more than amount on line 24) | 25. XXXXXXXXXXXXXXXX | | | | |
| 26. Allocated entire net income subtotal – Subtract line 25 from line 24 | 26. XXXXXXXXXXXXXXXX | | | | |
| 27. a. I.B.F. Exclusion..... | 27a. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| b. Allocated I.B.F. Exclusion – Multiply line 27a, column (a), by the group allocation factor (line 21)..... | 27b. XXXXXXXXXXXXXXXX | | | | |
| 28. Combined Group Taxable Net Income – Subtract line 27b from line 26..... | 28. XXXXXXXXXXXXXXXX | | | | |

PART III – Calculation of Tax Credits, Minimum Tax and Surtax, and Group Tax

| | | | | | |
|--|----------------------|--|--|--------------------|--------------------|
| 1. Combined Group Taxable Net Income/(Loss) from Schedule A, Part II, line 28. | 1. XXXXXXXXXXXXXXXX | | | | |
| 2. Member's Taxable Net Income from Separate Activities (from Schedule X)(If the taxable net income from Part I of Schedule X is zero or less, enter zero) | 2. XXXXXXXXXXXXXXXX | | | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 3. a. New Jersey nonoperational income from Schedule O, Part III..... | 3a. XXXXXXXXXXXXXXXX | | | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| b. Nonunitary partnership income (from Schedule P-1, Part II, line 5) | 3b. XXXXXXXXXXXXXXXX | | | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 4. Tax Base – Add lines 1, 2, 3a, and 3b. | 4. XXXXXXXXXXXXXXXX | | | | |
| 5. Amount of Tax – For the combined group, multiply line 4, column (a) by the applicable tax rate (see instructions) | 5. XXXXXXXXXXXXXXXX | | | | |
| 6. Tax Credits (from combined group column of Schedule A-3, Part I, line 30) | 6. XXXXXXXXXXXXXXXX | | | | |
| 7. CBT TAX LIABILITY – Subtract line 6 from line 5..... | 7. XXXXXXXXXXXXXXXX | | | | |
| 8. Total surtax of combined group (from combined group column of Schedule A-5, Part II, line 5) | 8. XXXXXXXXXXXXXXXX | | | | |
| 9. a. Multiply \$2,000 by the number of taxable members and enter the result..... | 9a. XXXXXXXXXXXXXXXX | | | | |
| b. Tax Due – Add line 8 to the greater of line 7 or line 9a..... | 9b. XXXXXXXXXXXXXXXX | | | | |

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.

| | (a) Group Combined | (b) Eliminations and Adjustments | (c) Subtotal (Before Eliminations & Adjustments) | Managerial Member (1) | Member 2... |
|--|-----------------------|--|--|-----------------------|--------------------|
| Unitary ID Number | NU | NU | NU | NU | NU |
| Member FEIN | NU | NU | NU | | |
| Member Name | | | | | |
| 1. Inventory at beginning of year | 1. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 2. Purchases..... | 2. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 3. Cost of labor | 3. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 4. Additional section 263A costs..... | 4. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 5. Other costs (include schedule) | 5. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 6. Total – Add lines 1 through 5..... | 6. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 7. Inventory at end of year..... | 7. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 8. Cost of goods sold – Subtract line 7 from line 6. Include here and on Schedule A, Part I, line 2 | 8. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |

REFERENCED ONLY

Schedule A-3 Summary of Tax Credits (See Instructions)

| | Group Combined | Managerial Member (1) | Member 2... |
|-------------------|----------------|-----------------------|-------------|
| Unitary ID Number | NU | NU | NU |
| Member FEIN | NU | | |
| Member Name | | | |

PART I – Credits Used Against Liability

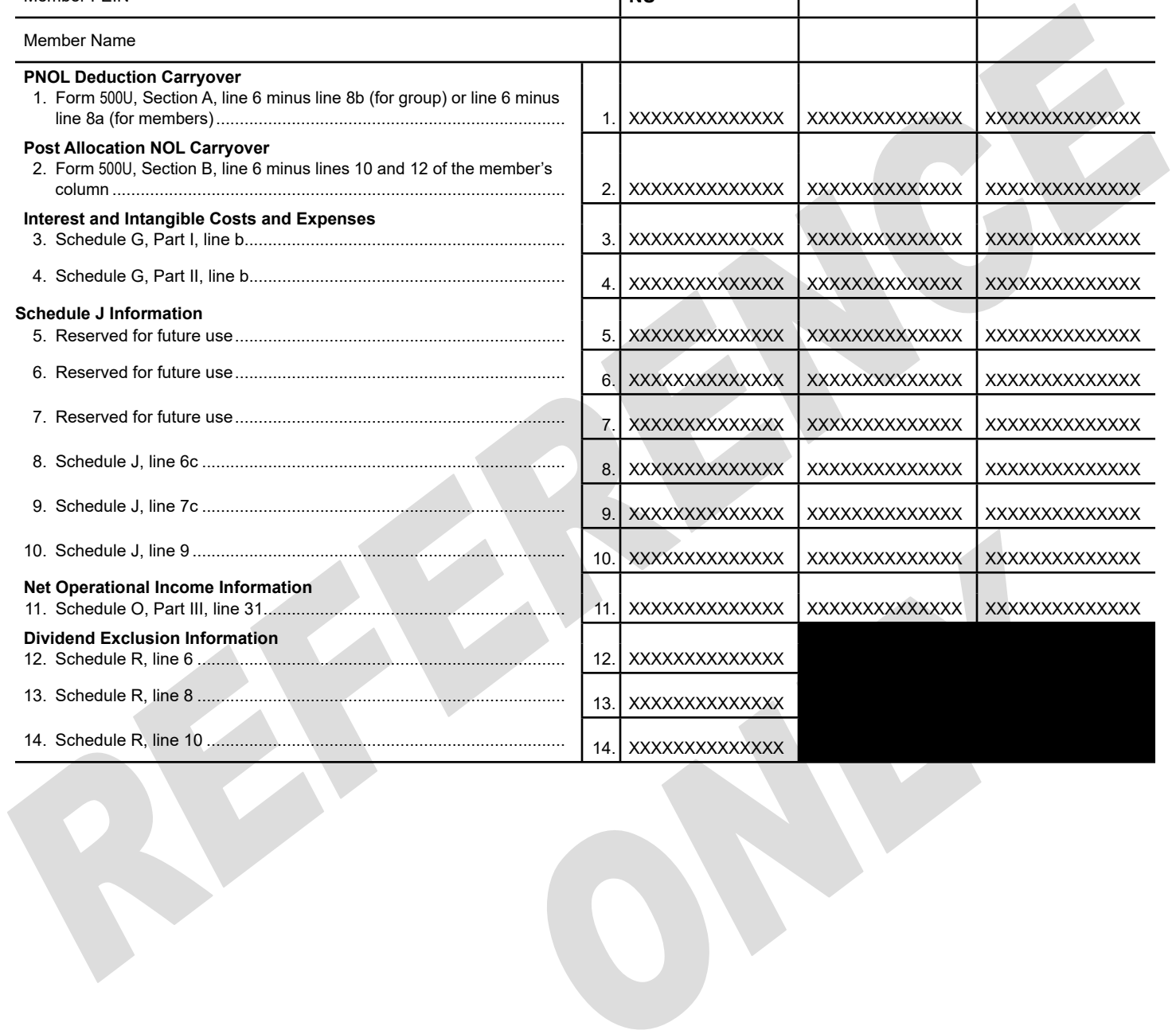
| | | | | |
|---|-----|------------------|------------------|------------------|
| 1. New Jobs Investment Tax Credit from Form 304 | 1. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 2. Angel Investor Tax Credit from Form 321 | 2. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 3. Business Employment Incentive Program Tax Credit from Form 324 | 3. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 4. Pass-Through Business Alternative Income Tax Credit from Form 329 | 4. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 5. Enter Total. a) Urban Enterprise Zone Employee Tax Credit Member can only claim one. b) Urban Enterprise Zone Investment Tax Credit See instr. from Form 301 | 5. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 6. Redevelopment Authority Project Tax Credit from Form 302 | 6. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 7. Manufacturing Equipment and Employment Investment Tax Credit from Form 305 | 7. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 8. Research and Development Tax Credit from Form 306 | 8. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 9. Neighborhood Revitalization State Tax Credit from Form 311 | 9. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 10. Effluent Equipment Tax Credit from Form 312 | 10. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 11. Economic Recovery Tax Credit from Form 313 | 11. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 12. AMA Tax Credit from Form 315 | 12. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 13. Business Retention and Relocation Tax Credit from Form 316 | 13. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 14. Sheltered Workshop Tax Credit from Form 317 | 14. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 15. Film Production Tax Credit from Form 318 | 15. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 16. Urban Transit Hub Tax Credit from Form 319 | 16. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 17. Grow NJ Tax Credit from Form 320 | 17. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 18. Wind Energy Facility Tax Credit from Form 322 | 18. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 19. Residential Economic Redevelopment and Growth Tax Credit from Form 323 | 19. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 20. Public Infrastructure Tax Credit from Form 325 | 20. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 21. Reserved for future use | 21. | | | |
| 22. Film and Digital Media Tax Credit from Form 327 | 22. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 23. Tax Credit for Employers of Employees With Impairments from Form 328 | 23. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 24. Apprenticeship Program Tax Credit from Form 330 | 24. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 25. Tax Credit for Employer of Organ/Bone Marrow Donor from Form 331 | 25. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 26. Tiered Subsidiary Dividend Pyramid Tax Credit from Form 332 | 26. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 27. Innovation Evergreen Fund Tax Credit from Form 334 | 27. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 28. Unit Concrete Products Tax Credit from Form 335 | 28. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 29. Other Tax Credit (see instructions) | 29. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 30. Total tax credits – Add lines 1 through 29. Include here and on Schedule A, Part III, line 6 | 30. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |

PART II – Refundable Tax Credits

| | | | | |
|---|----|------------------|------------------|------------------|
| 1. Refundable portion of New Jobs Investment Tax Credit from Form 304 | 1. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 2. Refundable portion of Angel Investor Tax Credit from Form 321 | 2. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 3. Refundable portion of Business Employment Incentive Program Tax Credit from Form 324 | 3. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 4. Refundable portion of Pass-Through Business Alternative Income Tax Credit from Form 329 | 4. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 5. Other Tax Credit to be refunded | 5. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 6. Total Refundable Tax Credit to be refunded to individual members. Enter here and on page 1, line 11b | 6. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 7. Balance of Refundable Tax Credit to be applied to the group. Enter here and on page 1, line 11c | 7. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |

Schedule A-4 Summary Schedule (See Instructions) .

| | Group Combined | Managerial Member (1) | Member 2... |
|--|----------------------|-----------------------|--------------------|
| Unitary ID Number | NU | NU | NU |
| Member FEIN | NU | | |
| Member Name | | | |
| PNOL Deduction Carryover | | | |
| 1. Form 500U, Section A, line 6 minus line 8b (for group) or line 6 minus line 8a (for members)..... | 1. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| Post Allocation NOL Carryover | | | |
| 2. Form 500U, Section B, line 6 minus lines 10 and 12 of the member's column..... | 2. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| Interest and Intangible Costs and Expenses | | | |
| 3. Schedule G, Part I, line b..... | 3. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 4. Schedule G, Part II, line b..... | 4. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| Schedule J Information | | | |
| 5. Reserved for future use..... | 5. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 6. Reserved for future use..... | 6. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 7. Reserved for future use..... | 7. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 8. Schedule J, line 6c..... | 8. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 9. Schedule J, line 7c..... | 9. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 10. Schedule J, line 9..... | 10. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| Net Operational Income Information | | | |
| 11. Schedule O, Part III, line 31..... | 11. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| Dividend Exclusion Information | | | |
| 12. Schedule R, line 6..... | 12. XXXXXXXXXXXXXXXX | | |
| 13. Schedule R, line 8..... | 13. XXXXXXXXXXXXXXXX | | |
| 14. Schedule R, line 10..... | 14. XXXXXXXXXXXXXXXX | | |



Schedule A-5 Computation of Group and Member Surtax

| | Group Combined | Managerial Member (1) | Member 2... |
|-------------------|----------------|-----------------------|-------------|
| Unitary ID Number | NU | NU | NU |
| Member FEIN | NU | | |
| Member Name | | | |

PART I – Combined Group Surtax

| | | | | |
|---|----|--------------------|--------------------|--------------------|
| 1. Combined Group Taxable Net Income (see instructions)..... | 1. | XXXXXXXXXXXXXXXXXX | | |
| 2. Surtax on combined group taxable net income – Multiply line 1 by the applicable surtax rate (see instructions). | 2. | XXXXXXXXXXXXXXXXXX | | |
| 3. Pass-Through Business Alternative Income Tax Credit from Form 329, line 35b (see instructions)(amount entered cannot be more than amount on line 2)..... | 3. | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 4. Balance of combined group surtax – Subtract line 3 from line 2..... | 4. | XXXXXXXXXXXXXXXXXX | | |

PART II – Member’s Surtax

| | | | | |
|---|-----|--------------------|--------------------|--------------------|
| 1. a. Balance of combined group surtax (from Part I, line 4)..... | 1a. | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| b. Divide line 1a by the group allocation factor from the combined group column of Schedule J, line 9..... | 1b. | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| c. Member’s share of combined group surtax – Multiply line 1b of the member’s column by member’s allocation factor from Schedule J, line 9..... | 1c. | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 2. a. Member’s Taxable Net Income from Separate Activities (from Schedule X)(If zero or less, enter zero)..... | 2a. | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| b. Surtax on member’s independent taxable net income – Multiply line 2a of the member by the applicable surtax rate (see instructions)..... | 2b. | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 3. Total member’s surtax – Add line 1c and line 2b..... | 3. | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 4. Pass-Through Business Alternative Income Tax Credit from Form 329, line 44d (see instructions)(amount entered cannot be more than amount on line 3)..... | 4. | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 5. Total surtax – Subtract combined group column of line 4 from combined group column of line 3. Enter here and on Schedule A, Part III, line 8..... | 5. | XXXXXXXXXXXXXXXXXX | | |

Schedule CG

Reconciliation With Consolidated Group

Section A – Federal Consolidated Group

1. List the entities included in the federal consolidated return(s). List the corporation(s) name, federal employer identification number (FEIN), and the amount on line 28.

| | Name | FEIN | Form 1120, Line 28 |
|---------------|------|------|------------------------------|
| a. | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| b. | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| c. | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| d. | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| e. | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| f. | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| 2. Total..... | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |

Section B – Members Included in the New Jersey Combined Group Not Reported in Section A

3. List any members included in the New Jersey combined group not included in Section A.

| | Name | FEIN | Taxable Income* |
|---------------|------|------|------------------------------|
| a. | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| b. | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| c. | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| d. | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| e. | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| f. | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| 4. Total..... | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |

* Taxable income before federal net operating loss deductions and federal special deductions (Must agree with line 28, page 1 of the unconsolidated federal Form 1120, or the appropriate line of any other federal corporate return that was filed or would have been filed)

Section C – Members Reported in Section A Not Included in the New Jersey Combined Group

5. List any member from Section A that are not part of the New Jersey combined group.

| | Name | FEIN | Form 1120, Line 28 |
|---------------|------|------|------------------------------|
| a. | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| b. | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| c. | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| d. | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| e. | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| f. | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| 6. Total..... | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |

Section D – Adjustments to Federal Taxable Income

7. Other additions/subtractions to federal taxable income (include rider)

| | Name | FEIN | Adjustments to Federal Taxable Income |
|---|------|------|---------------------------------------|
| a. | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| b. | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| c. | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| d. | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| e. | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| f. | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| 8. Total..... | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| 9. Total lines 2, 4, 6, and 8 (must reconcile to Schedule A, Part II, line 1c, column (a))..... | | | XXXXXXXXXXXXXXXXXXXXXXXXXXXX |

Schedule F

Managerial Member Corporate Officers – General Information and Compensation (See Instructions)

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

Unitary ID Number **NU**

Member FEIN

Member Name

| (a) Name of Officer | (b) Social Security Number | (c) Percent of Time Devoted to Business | Percentage of Corporation Stock Owned | | (f) Amount of Compensation |
|--|-------------------------------|---|---------------------------------------|------------------|-------------------------------|
| | | | (d) Common | (e) Preferred | |
| | | | | | XXXXXXXXXXXXXXXXXXXXXX |
| | | | | | XXXXXXXXXXXXXXXXXXXXXX |
| | | | | | XXXXXXXXXXXXXXXXXXXXXX |
| | | | | | XXXXXXXXXXXXXXXXXXXXXX |
| | | | | | XXXXXXXXXXXXXXXXXXXXXX |
| | | | | | XXXXXXXXXXXXXXXXXXXXXX |
| | | | | | XXXXXXXXXXXXXXXXXXXXXX |
| | | | | | XXXXXXXXXXXXXXXXXXXXXX |
| 1. Total compensation of officers..... | | | | | XXXXXXXXXXXXXXXXXXXXXX |
| 2. Less: Compensation of officers claimed elsewhere on the return..... | | | | | XXXXXXXXXXXXXXXXXXXXXX |
| 3. Balance of compensation of officers..... | | | | | XXXXXXXXXXXXXXXXXXXXXX |

REFERENCED ONLY

Schedule G

Managerial Member (1)

Unitary ID Number **NU**

Member FEIN

Member Name

PART I – Interest (See Instructions)

1. Was interest paid, accrued, or incurred to a related member(s) not included in the combined group deducted from entire net income?
 Yes. Fill out the following schedule. No.

| Name of Related Member | Federal ID Number | Relationship to Member | Amounts |
|--|-------------------|------------------------|---------------------------|
| | | | XXXXXXXXXXXXXXXXXXXXXXX |
| | | | XXXXXXXXXXXXXXXXXXXXXXX |
| | | | XXXXXXXXXXXXXXXXXXXXXXX |
| | | | XXXXXXXXXXXXXXXXXXXXXXX |
| a. Total amount of interest deducted | | | XXXXXXXXXXXXXXXXXXXXXXX |
| b. Subtract: Exceptions (see instructions)..... | | | (XXXXXXXXXXXXXXXXXXXXXXX) |
| c. Related Party Interest Expenses Disallowed for New Jersey purposes (include here and in the member's column of Schedule A, Part II, line 6) | | | XXXXXXXXXXXXXXXXXXXXXXX |

PART II – Interest Expenses and Costs and Intangible Expenses and Costs (See Instructions)

1. Were intangible expenses and costs, including intangible interest expenses and costs, paid, accrued or incurred to related members not included in the combined group deducted from entire net income? Yes. Fill out the following schedule. No.

| Name of Related Member | Federal ID Number | Relationship to Member | Type of Intangible Expense Deducted | Amounts |
|--|-------------------|------------------------|-------------------------------------|---------------------------|
| | | | | XXXXXXXXXXXXXXXXXXXXXXX |
| | | | | XXXXXXXXXXXXXXXXXXXXXXX |
| | | | | XXXXXXXXXXXXXXXXXXXXXXX |
| | | | | XXXXXXXXXXXXXXXXXXXXXXX |
| a. Total amount of intangible expenses and costs deducted | | | | XXXXXXXXXXXXXXXXXXXXXXX |
| b. Subtract: Exceptions (see instructions)..... | | | | (XXXXXXXXXXXXXXXXXXXXXXX) |
| c. Related Party Intangible Expenses and Costs Disallowed for New Jersey purposes (include here and in the member's column of Schedule A, Part II, line 7) | | | | XXXXXXXXXXXXXXXXXXXXXXX |

Member 2...

Unitary ID Number **NU**

Member FEIN

Member Name

PART I – Interest (See Instructions)

1. Was interest paid, accrued, or incurred to a related member(s) not included in the combined group deducted from entire net income?
 Yes. Fill out the following schedule. No.

| Name of Related Member | Federal ID Number | Relationship to Member | Amounts |
|--|-------------------|------------------------|---------------------------|
| | | | XXXXXXXXXXXXXXXXXXXXXXX |
| | | | XXXXXXXXXXXXXXXXXXXXXXX |
| | | | XXXXXXXXXXXXXXXXXXXXXXX |
| | | | XXXXXXXXXXXXXXXXXXXXXXX |
| a. Total amount of interest deducted | | | XXXXXXXXXXXXXXXXXXXXXXX |
| b. Subtract: Exceptions (see instructions)..... | | | (XXXXXXXXXXXXXXXXXXXXXXX) |
| c. Related Party Interest Expenses Disallowed for New Jersey purposes (include here and in the member's column of Schedule A, Part II, line 6) | | | XXXXXXXXXXXXXXXXXXXXXXX |

PART II – Interest Expenses and Costs and Intangible Expenses and Costs (See Instructions)

1. Were intangible expenses and costs, including intangible interest expenses and costs, paid, accrued or incurred to related members not included in the combined group deducted from entire net income? Yes. Fill out the following schedule. No.

| Name of Related Member | Federal ID Number | Relationship to Member | Type of Intangible Expense Deducted | Amounts |
|--|-------------------|------------------------|-------------------------------------|---------------------------|
| | | | | XXXXXXXXXXXXXXXXXXXXXXX |
| | | | | XXXXXXXXXXXXXXXXXXXXXXX |
| | | | | XXXXXXXXXXXXXXXXXXXXXXX |
| | | | | XXXXXXXXXXXXXXXXXXXXXXX |
| a. Total amount of intangible expenses and costs deducted | | | | XXXXXXXXXXXXXXXXXXXXXXX |
| b. Subtract: Exceptions (see instructions)..... | | | | (XXXXXXXXXXXXXXXXXXXXXXX) |
| c. Related Party Intangible Expenses and Costs Disallowed for New Jersey purposes (include here and in the member's column of Schedule A, Part II, line 7) | | | | XXXXXXXXXXXXXXXXXXXXXXX |

Schedule H

Taxes (See Instructions)

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

Managerial Member (1)

Unitary ID Number **NU**

Member FEIN

Member Name

| | (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 (see instr.) | | 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.

Member 2...

Unitary ID Number **NU**

Member FEIN

Member Name

| | (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 (see instr.) | | 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 Group and Members' Allocation Factors (See Instructions)

Each member, regardless of entire net income reported on Schedule A, Part II, line 20 must complete Schedule J.

For tax years ending on and after July 31, 2019, services are sourced based on market sourcing, not cost of performance.

NOTE: Airlines and transportation companies, see instructions.

| | Group Combined | Managerial Member (1) | Member 2... |
|-------------------|----------------|-----------------------|-------------|
| Unitary ID Number | NU | NU | NU |
| Member FEIN | NU | | |

NOTE: Water's-Edge and World-Wide Returns

- If only a portion of a member's operations are part of a unitary business, only the income, attributes, and allocation factors related to said portion should be included in the calculation of the combined group's tax. The remaining portion of a member's business operations may be subject to tax separately from the combined group. See instructions.
- For a member that has New Jersey receipts but does not have nexus with New Jersey, enter zero on line 6c of the member's column and include a rider with an explanation.

Affiliated Group Return

By making an Affiliated Group Election, all of the activities of all of the members are deemed to be the activities of the group. Include all receipts.

Is 50% or more of the group's income derived from transportation of freight by air or ground?..... Yes OR No

| Receipts | Group Combined | Managerial Member (1) | Member 2... |
|---|----------------------|-----------------------|--------------------|
| 1. From sales of tangible personal property shipped to points within NJ .. | 1. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 2. From services if the benefit of the service is received in New Jersey.. | 2. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 3. From rentals of property situated in New Jersey | 3. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 4. From royalties for the use in NJ of patents, copyrights, and trademarks.. | 4. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 5. All other business receipts earned in New Jersey (see instructions)..... | 5. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 6. a. Total New Jersey receipts (total of lines 1 through 5) | 6a. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| b. Intercompany eliminations..... | 6b. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| c. Net New Jersey receipts – Subtract line 6b from line 6a | 6c. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 7. a. Total receipts from all sales, services, rentals, royalties, and other business transactions everywhere | 7a. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| b. Intercompany eliminations..... | 7b. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| c. Net receipts from everywhere – Subtract line 7b from line 7a..... | 7c. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 8. Group Denominator (enter amount from combined group column of line 7c)..... | 8. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 9. Allocation Factor (line 6c divided by line 8). Carry the fraction to six decimal places. Do not express as a percent. Enter the allocation factor from the combined group column onto Schedule A, Part II, line 21, column (a) and the combined group column of Schedule R, line 11 | 9. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |

NOTE: Include the GILTI and the receipts attributable to the FDII, net of the respective allowable IRC § 250(a) deductions, in the allocation factor. The net amount of GILTI (i.e., the GILTI reduced by the I.R.C. § 250(a) GILTI deduction) and the net FDII (i.e., the receipts attributable to the FDII reduced by the I.R.C. § 250(a) FDII deduction) amounts are included in the numerator (if applicable) and the denominator.

Schedule L

Banking and Financial Corporation Members – Allocation of New Jersey Corporation Business Tax Among New Jersey Municipalities

Managerial Member (1)

Unitary ID Number **NU**

Member FEIN

Member Name

| Office Locations in New Jersey | | Deposit Balances or Receipts | Percentages |
|--|--------|------------------------------|----------------------------|
| Taxing District | County | | |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| Member's Total Deposit Balances or Receipts..... | | XXXXXXXXXXXXXXXXXXXXXXXXXX | |
| Member's Total Percentages..... | | | XXXXXXXXXXXXXXXXXXXXXXXXXX |

Member 2...

Unitary ID Number **NU**

Member FEIN

Member Name

| Office Locations in New Jersey | | Deposit Balances or Receipts | Percentages |
|--|--------|------------------------------|----------------------------|
| Taxing District | County | | |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| | | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| Member's Total Deposit Balances or Receipts..... | | XXXXXXXXXXXXXXXXXXXXXXXXXX | |
| Member's Total Percentages..... | | | XXXXXXXXXXXXXXXXXXXXXXXXXX |

Schedule P-1 Partnership Investment Analysis (See Instructions)

Managerial Member (1)

Unitary ID Number **NU**

Member FEIN

Member Name

PART I – Partnership Information

| (1) Partnership, LLC, or Other Entity Information | | (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 Member by Partnerships |
|---|-------------------|---------------------------------------|--------------------------------|-----------------|-----------------|------------------------------|----------------------|-------------------------|----|--|
| Name | Federal ID Number | | | Limited Partner | General Partner | Flow Through | Separate Accounting* | Yes | No | |
| | | | | | | | | | | XXXXXXXXXXXXXXXXXX |
| | | | | | | | | | | XXXXXXXXXXXXXXXXXX |
| | | | | | | | | | | XXXXXXXXXXXXXXXXXX |
| | | | | | | | | | | XXXXXXXXXXXXXXXXXX |
| | | | | | | | | | | XXXXXXXXXXXXXXXXXX |
| Enter total of column 7 here and on page 1, line 10 | | | | | | | | | | XXXXXXXXXXXXXXXXXX |

*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. | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| 2. | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| 3. | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| 4. | Total column 2. Enter amount here and Schedule A, Part II, line 17b | | XXXXXXXXXXXXXXXXXXXX |
| 5. | Total column 4. Enter amount here and Schedule A, Part III, line 3b | | XXXXXXXXXXXXXXXXXXXX |

If additional space is needed, include a rider.

Member 2...

Unitary ID Number **NU**

Member FEIN

Member Name

PART I – Partnership Information

| (1) Partnership, LLC, or Other Entity Information | | (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 Member by Partnerships |
|---|-------------------|---------------------------------------|--------------------------------|-----------------|-----------------|------------------------------|----------------------|-------------------------|----|--|
| Name | Federal ID Number | | | Limited Partner | General Partner | Flow Through | Separate Accounting* | Yes | No | |
| | | | | | | | | | | XXXXXXXXXXXXXXXXXX |
| | | | | | | | | | | XXXXXXXXXXXXXXXXXX |
| | | | | | | | | | | XXXXXXXXXXXXXXXXXX |
| | | | | | | | | | | XXXXXXXXXXXXXXXXXX |
| | | | | | | | | | | XXXXXXXXXXXXXXXXXX |
| Enter total of column 7 here and on page 1, line 10 | | | | | | | | | | XXXXXXXXXXXXXXXXXX |

*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. | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| 2. | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| 3. | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| 4. | Total column 2. Enter amount here and Schedule A, Part II, line 17b | | XXXXXXXXXXXXXXXXXXXX |
| 5. | Total column 4. Enter amount here and Schedule A, Part III, line 3b | | XXXXXXXXXXXXXXXXXXXX |

If additional space is needed, include a rider.

Schedule PC

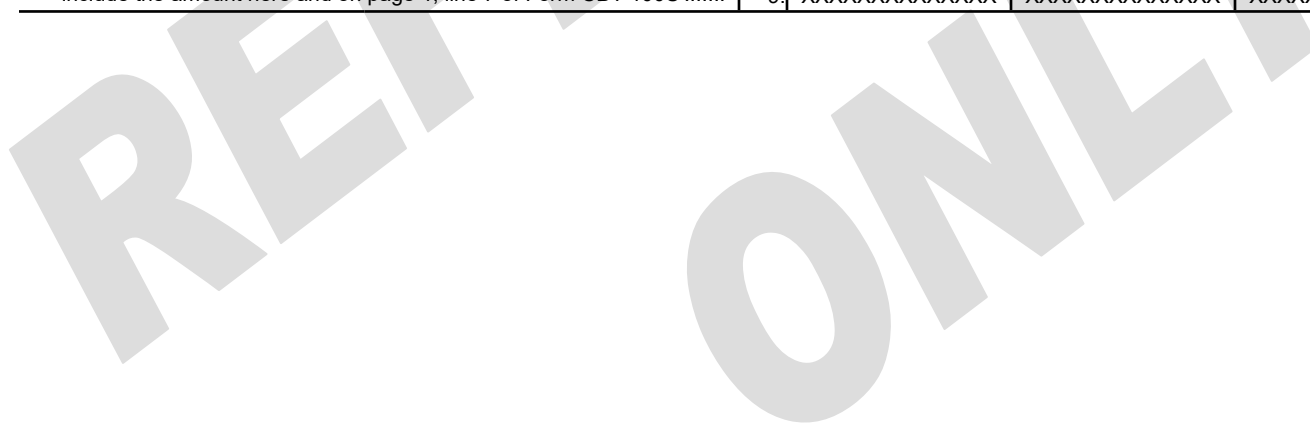
Per Capita Licensed Professional Fee

Read the Instructions Before Completing This Form

| | Group Combined | Managerial Member (1) | Member 2... |
|---|----------------|-----------------------|------------------|
| Unitary ID Number | NU | NU | NU |
| Member FEIN | NU | | |
| Member Name | | | |
| How many licensed professionals are owners, shareholders, and/or employees from this Professional Corporation (PC) as of the first day of the privilege period? | | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |

* Include a rider providing the names, addresses, and FID or SSN of the licensed professionals in the PC. If there are more than 2 licensed professionals, complete the remainder of Schedule PC. See instructions for examples of licensed professionals.

| | | | | |
|---|-----|------------------|------------------|------------------|
| 1. a. Enter number of resident and nonresident professionals with physical nexus with New Jersey | 1a. | | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| b. Multiply line 1a by \$150 | 1b. | | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 2. a. Enter number of nonresident professionals without physical nexus with New Jersey | 2a. | | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| b. Multiply line 2a by \$150 and multiply the result by the allocation factor of the PC | 2b. | | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 3. Total Fee Due – Add line 1b and line 2b | 3. | | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 4. Installment Payment – 50% of line 3 | 4. | | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 5. Total Fee Due (line 3 plus line 4) | 5. | | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 6. Less prior year 50% installment payment and credit (if applicable) | 6. | | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 7. Balance of Fee Due (line 5 minus line 6) | 7. | | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 8. Credit to next year's Professional Corporation Fee. If line 7 is less than zero, enter the amount here | 8. | | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |
| 9. Total Professional Corporation Fees. If the result is zero or more, include the amount here and on page 1, line 7 of Form CBT-100U | 9. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX |



Schedule R Dividend Exclusion (See instructions)

| | Group Combined | Managerial Member (1) | Member 2... |
|--|----------------------|-----------------------|--------------------|
| Unitary ID Number | NU | NU | NU |
| Member FEIN | NU | | |
| Member Name | | | |
| 1. a. Enter the total dividends and deemed dividends reported and not eliminated on Schedule A | 1a. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| b. Previously taxed dividends – Enter amount from Schedule PT, Section D, line 3 | 1b. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 2. Dividends eligible for dividend exclusion – Subtract line 1b from line 1a | 2. XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXX |
| 3. a. Enter amount from 80% or more owned domestic subsidiaries | 3a. XXXXXXXXXXXXXXXX | | |
| b. Enter amount from 80% or more owned foreign subsidiaries..... | 3b. XXXXXXXXXXXXXXXX | | |
| c. Total dividend income from 80% or more owned subsidiaries – Add line 3a and line 3b | 3c. XXXXXXXXXXXXXXXX | | |
| 4. Multiply line 3c by .95 | 4. XXXXXXXXXXXXXXXX | | |
| 5. Subtract line 3c from the combined group column of line 2..... | 5. XXXXXXXXXXXXXXXX | | |
| 6. Dividend income from investments where member owns less than 50% of voting stock and less than 50% of all other classes of stock that were not already excluded as previously taxed dividends (include here and on Schedule A-4, line 12) | 6. XXXXXXXXXXXXXXXX | | |
| 7. Subtract line 6 from line 5..... | 7. XXXXXXXXXXXXXXXX | | |
| 8. Multiply line 7 by 50% (include here and on Schedule A-4, line 13)..... | 8. XXXXXXXXXXXXXXXX | | |
| 9. Reserved for future use | 9. | | |
| 10. DIVIDEND EXCLUSION: Add line 4 and 8 (include here and on Schedule A-4, line 14) | 10. XXXXXXXXXXXXXXXX | | |
| 11. Group allocation factor (from Schedule J, line 9)..... | 11. XXXXXXXXXXXXXXXX | | |
| 12. ALLOCATED DIVIDEND EXCLUSION: Multiply line 10 by line 11 (include here and on Schedule A, Part II, line 25, column (a)) | 12. XXXXXXXXXXXXXXXX | | |

RETIRED ONLY

Schedule S Depreciation and Safe Harbor Leasing

| | Managerial Member (1) | Member 2... |
|--|-----------------------------|----------------------------|
| Unitary ID Number | NU | NU |
| Member FEIN | | |
| Member Name | | |
| 1. IRC § 179 Deduction | 1. XXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| 2. Special Depreciation Allowance – for qualified property placed in service during the tax year | 2. XXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| 3. MACRS..... | 3. XXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| 4. ACRS..... | 4. XXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| 5. Other Depreciation | 5. XXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| 6. Listed Property | 6. XXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |
| 7. Total federal depreciation claimed in arriving at Schedule A, Part II, line 1c | 7. XXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXX |

Include Federal Form 4562 and Federal Depreciation Worksheet

Modification at Schedule A, Part II, line 9 or line 12 – Depreciation and Certain Safe Harbor Lease Transactions

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



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 | XXXXXXXXXXXXXX |
| 8. Residential rental property | XXXXXXXXXXXXXX | | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | |
| 9. Nonresidential rental property | XXXXXXXXXXXXXX | | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | |
| 10. Total Column G (Enter amount on Schedule S, line 9)..... | | | | | | |

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. XXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX |
| 2. XXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX |
| 3. XXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX |
| 4. XXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX |
| 5. XXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX |
| 6. XXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX |
| 7. XXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX |
| 8. XXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX |
| 9. XXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX |
| 10. XXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX |
| 11. XXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX |
| 12. XXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX |
| 13. XXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX |
| 14. XXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX |
| 15. XXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX | XXXXXXXXXXXXXX |
| 16. Total Column F | | | | | XXXXXXXXXXXXXX |

Form 500U

Computation of Prior Net Operating Loss Conversion Carryover (PNOL) and Post Allocation Net Operating Loss (NOL) Deductions

| | Group Combined | Managerial Member (1) | Member 2... |
|-------------------|----------------|-----------------------|-------------|
| Unitary ID Number | NU | NU | NU |
| Member FEIN | NU | | |
| Member Name | | | |

Section A – Computation of Prior Net Operating Losses (PNOL) Deduction from periods ending PRIOR to July 31, 2019

Complete this section only if the allocated entire net income/(loss) from Schedule A, Part II, line 22, column (a) is positive (income).

| | | | | |
|--|-----|--------------------------|--------------------------|--------------------------|
| Are ANY members using a Prior Net Operating Loss (PNOL) Conversion Carryover? No – Check the box in the group combined column. Enter zero on Section C, line 1 and continue with Section B. Yes – Check the box for each member that is NOT using a PNOL Conversion Carryover. For every member USING a PNOL Conversion Carryover, continue with Section A, line 1. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Prior Net Operating Loss Conversion Carryover (PNOL) – Enter the amount from Form 500U-P, Part II, line 21 | 1. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | |
| 2. Enter the portion of line 1 previously deducted (see instructions) | 2. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | |
| 3. Enter the portion of line 1 that expired..... | 3. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | |
| 4. Enter the portion of line 1 that is used on current period Schedule X .. | 4. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | |
| 5. Enter any discharge of indebtedness excluded from federal taxable income in the current tax period pursuant to subparagraph (A), (B), or (C) of paragraph (1) of subsection (a) of IRC § 108* | 5. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | |
| 6. PNOL available in the current tax year – Subtract lines 2, 3, 4, and 5 from line 1 (if zero or less, enter zero) | 6. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | |
| 7. a. Enter the amount from Schedule A, Part II, line 20, column (a) | 7a. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | |
| b. Multiply line 7a by the member’s allocation factor from Schedule J, line 9, and enter the result | 7b. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | |
| 8. a. Current tax year’s PNOL deduction – Enter the lesser of line 6 or line 7b here and on line 8 of Section B..... | 8a. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | |
| b. Group Total – Enter the total of line 8a member columns here and on line 1 of Section C | 8b. | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | |

*If the allocated discharge of indebtedness exceeds the amount of PNOL that is available and the member has post allocation net operating loss carryover in Form 500U Section B, carry the remaining balance to line 5 of Section B (see instructions).

Form 500U-P Prior Net Operating Loss Carryovers (PNOL) For Tax Periods Ending PRIOR TO July 31, 2019

| | | |
|-------------------|-----------------------|-------------|
| | Managerial Member (1) | Member 2... |
| Unitary ID Number | NU | NU |
| Member FEIN | | |
| Member Name | | |

PART I

| | | |
|---|----------------------|----------------------|
| Allocation Factor For The Last Tax Period Ending Prior to July 31, 2019 (from Schedule J) from last separate return | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
|---|----------------------|----------------------|

PART II

| | | | |
|--|------|----------------------|----------------------|
| 1. (a) Tax Period Ending | 1a. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| (b) Prior Net Operating Loss..... | 1b. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| (c) Converted Prior Net Operating Loss Carryover – Multiply line 1b by the allocation factor in Part I..... | 1c. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| 2. (a) Tax Period Ending | 2a. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| (b) Prior Net Operating Loss..... | 2b. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| (c) Converted Prior Net Operating Loss Carryover – Multiply line 2b by the allocation factor in Part I..... | 2c. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| 3. (a) Tax Period Ending | 3a. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| (b) Prior Net Operating Loss..... | 3b. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| (c) Converted Prior Net Operating Loss Carryover – Multiply line 3b by the allocation factor in Part I..... | 3c. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| 4. (a) Tax Period Ending | 4a. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| (b) Prior Net Operating Loss..... | 4b. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| (c) Converted Prior Net Operating Loss Carryover – Multiply line 4b by the allocation factor in Part I..... | 4c. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| 5. (a) Tax Period Ending | 5a. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| (b) Prior Net Operating Loss..... | 5b. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| (c) Converted Prior Net Operating Loss Carryover – Multiply line 5b by the allocation factor in Part I..... | 5c. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| 6. (a) Tax Period Ending | 6a. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| (b) Prior Net Operating Loss..... | 6b. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| (c) Converted Prior Net Operating Loss Carryover – Multiply line 6b by the allocation factor in Part I..... | 6c. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| 7. (a) Tax Period Ending | 7a. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| (b) Prior Net Operating Loss..... | 7b. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| (c) Converted Prior Net Operating Loss Carryover – Multiply line 7b by the allocation factor in Part I..... | 7c. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| 8. (a) Tax Period Ending | 8a. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| (b) Prior Net Operating Loss..... | 8b. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| (c) Converted Prior Net Operating Loss Carryover – Multiply line 8b by the allocation factor in Part I..... | 8c. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| 9. (a) Tax Period Ending | 9a. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| (b) Prior Net Operating Loss..... | 9b. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| (c) Converted Prior Net Operating Loss Carryover – Multiply line 9b by the allocation factor in Part I..... | 9c. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| 10. (a) Tax Period Ending | 10a. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| (b) Prior Net Operating Loss..... | 10b. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |
| (c) Converted Prior Net Operating Loss Carryover – Multiply line 10b by the allocation factor in Part I..... | 10c. | XXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXX |

| | | Managerial Member (1) | Member 2... |
|--|------|------------------------|------------------------|
| 11. (a) Tax Period Ending | 11a. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| (b) Prior Net Operating Loss..... | 11b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| (c) Converted Prior Net Operating Loss Carryover – Multiply line 11b by the allocation factor in Part I..... | 11c. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 12. (a) Tax Period Ending | 12a. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| (b) Prior Net Operating Loss..... | 12b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| (c) Converted Prior Net Operating Loss Carryover – Multiply line 12b by the allocation factor in Part I..... | 12c. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 13. (a) Tax Period Ending | 13a. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| (b) Prior Net Operating Loss..... | 13b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| (c) Converted Prior Net Operating Loss Carryover – Multiply line 13b by the allocation factor in Part I..... | 13c. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 14. (a) Tax Period Ending | 14a. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| (b) Prior Net Operating Loss..... | 14b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| (c) Converted Prior Net Operating Loss Carryover – Multiply line 14b by the allocation factor in Part I..... | 14c. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 15. (a) Tax Period Ending | 15a. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| (b) Prior Net Operating Loss..... | 15b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| (c) Converted Prior Net Operating Loss Carryover – Multiply line 15b by the allocation factor in Part I..... | 15c. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 16. (a) Tax Period Ending | 16a. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| (b) Prior Net Operating Loss..... | 16b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| (c) Converted Prior Net Operating Loss Carryover – Multiply line 16b by the allocation factor in Part I..... | 16c. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 17. (a) Tax Period Ending | 17a. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| (b) Prior Net Operating Loss..... | 17b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| (c) Converted Prior Net Operating Loss Carryover – Multiply line 17b by the allocation factor in Part I..... | 17c. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 18. (a) Tax Period Ending | 18a. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| (b) Prior Net Operating Loss..... | 18b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| (c) Converted Prior Net Operating Loss Carryover – Multiply line 18b by the allocation factor in Part I..... | 18c. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 19. (a) Tax Period Ending | 19a. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| (b) Prior Net Operating Loss..... | 19b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| (c) Converted Prior Net Operating Loss Carryover – Multiply line 19b by the allocation factor in Part I..... | 19c. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 20. (a) Tax Period Ending | 20a. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| (b) Prior Net Operating Loss..... | 20b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| (c) Converted Prior Net Operating Loss Carryover – Multiply line 20b by the allocation factor in Part I..... | 20c. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 21. Total Converted Prior Net Operating Losses..... | 21. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |

Form 500U-PA Post Allocation Net Operating Loss Carryovers (NOL) For Tax Periods Ending ON AND AFTER July 31, 2019

| | | |
|-------------------|-----------------------|-------------|
| | Managerial Member (1) | Member 2... |
| Unitary ID Number | NU | NU |
| Member FEIN | | |
| Member Name | | |

PART I

Enter the date on which the member entered the group

PART II

| | | | |
|---|------|------------------------|------------------------|
| 1. (a) Tax Period Ending | 1a. | | |
| (b) Post Allocation Net Operating Loss..... | 1b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 2. (a) Tax Year Ending | 2a. | | |
| (b) Post Allocation Net Operating Loss..... | 2b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 3. (a) Tax Period Ending | 3a. | | |
| (b) Post Allocation Net Operating Loss..... | 3b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 4. (a) Tax Period Ending | 4a. | | |
| (b) Post Allocation Net Operating Loss..... | 4b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 5. (a) Tax Period Ending | 5a. | | |
| (b) Post Allocation Net Operating Loss..... | 5b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 6. (a) Tax Period Ending | 6a. | | |
| (b) Post Allocation Net Operating Loss..... | 6b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 7. (a) Tax Period Ending | 7a. | | |
| (b) Post Allocation Net Operating Loss..... | 7b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 8. (a) Tax Period Ending | 8a. | | |
| (b) Post Allocation Net Operating Loss..... | 8b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 9. (a) Tax Period Ending | 9a. | | |
| (b) Post Allocation Net Operating Loss..... | 9b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 10. (a) Tax Period Ending | 10a. | | |
| (b) Post Allocation Net Operating Loss..... | 10b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 11. (a) Tax Period Ending | 11a. | | |
| (b) Post Allocation Net Operating Loss..... | 11b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 12. (a) Tax Period Ending | 12a. | | |
| (b) Post Allocation Net Operating Loss..... | 12b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 13. (a) Tax Period Ending | 13a. | | |
| (b) Post Allocation Net Operating Loss..... | 13b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 14. (a) Tax Period Ending | 14a. | | |
| (b) Post Allocation Net Operating Loss..... | 14b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 15. (a) Tax Period Ending | 15a. | | |
| (b) Post Allocation Net Operating Loss..... | 15b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 16. (a) Tax Period Ending | 16a. | | |
| (b) Post Allocation Net Operating Loss..... | 16b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 17. (a) Tax Period Ending | 17a. | | |
| (b) Post Allocation Net Operating Loss..... | 17b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 18. (a) Tax Period Ending | 18a. | | |
| (b) Post Allocation Net Operating Loss..... | 18b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 19. (a) Tax Period Ending | 19a. | | |
| (b) Post Allocation Net Operating Loss..... | 19b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 20. (a) Tax Period Ending | 20a. | | |
| (b) Post Allocation Net Operating Loss..... | 20b. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |
| 21. Total Post Allocation Net Operating Losses..... | 21. | XXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXX |