

| | |
|---|-------------|
| Partnership name as shown on Form NJ-1065 | Federal EIN |
|---|-------------|

Schedule B Sheltered Workshop Tax Credit

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, attach a schedule corresponding to Part II.

Column A

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

Column B

Enter the Social Security number of each qualified person employed by your partnership.

Column C

Enter the salary and wages paid during the tax year.

Column D

Enter the lesser of 20% of column C or \$1,000 per qualified person.