

State of New Jersey  
**CORPORATION BUSINESS TAX RETURN  
FOR BANKING AND FINANCIAL CORPORATIONS**

For Accounting Years Ending July 31, 2018, through June 30, 2019

For Calendar Year Ended \_\_\_\_\_

Taxable year beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_, \_\_\_\_\_

**DUE DATE:** File on or before April 15 if on a calendar year basis. For fiscal year, see instruction 3. Banking corporations are required to file on a calendar year basis.

**TAX REMITTANCE DUE WITH RETURN:** Make remittance payable to "State of New Jersey" and forward with this return to: Division of Taxation-BFC, Revenue Processing Center, PO Box 247, Trenton, NJ 08646-0247

<p><b>Type or Print.</b> Check if address change appears below <input type="checkbox"/></p> <p>Check one: <input type="checkbox"/> Banking Corporation <input type="checkbox"/> Financial Corporation</p> <p>Federal Employer ID Number _____</p> <p>Name _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ ZIP Code _____</p>	<p>State and date of incorporation _____</p> <p>Date authorized to do business in New Jersey _____</p> <p>Federal business activity code _____</p> <p>Corporation books are in the care of _____ at _____</p> <p>Telephone Number (_____) _____</p> <p style="text-align: center;"><b>DIVISION USE</b></p> <p>D _____ RP _____ TP _____ A _____ F _____ FP _____ AA _____ R _____</p>
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<p>1. Entire net income from Schedule A, line 39 (if a net loss, enter zero).....</p> <p>2. Allocation factor from Schedule J, Non-allocating taxpayers enter 1.000000 .....</p> <p>3. a) Allocated net income – Multiply line 1 by line 2. (Non-allocating taxpayers must enter amount from line 1).....</p> <p>    b) Allocated dividend income from certain subsidiaries (From Schedule R or Schedule PT) .....</p> <p>    c) Total allocated net income – Add lines 3a <b>and</b> 3b .....</p> <p>4. a) Total nonoperational income \$ _____ from Schedule O, Part I (see instruction 37)</p> <p>    b) Allocated New Jersey nonoperational income from Schedule O, Part III.....</p> <p>5. Total operational and nonoperational income – Add line 3c and line 4b .....</p> <p>6. Investment Company – not applicable.</p> <p>7. Real Estate Investment Trust – not applicable.</p> <p>8. Tax Base – Enter amount from Line 5 .....</p> <p>9. Amount of Tax – Multiply line 8 by the applicable tax rate (see instruction 11(a)) .....</p> <p>10. Tax Credits from Schedule A-3, line 24 (see instruction 19) .....</p> <p>11. CBT TAX LIABILITY – Subtract line 10 from line 9.....</p> <p>12. Surtax on Allocated Net Income for tax years beginning on or after January 1, 2018 – Multiply line 3c by the applicable surtax rate (see instruction 11c) .....</p> <p>13. TOTAL CBT TAX LIABILITY – Enter the amount from line 11 .....</p> <p>14. Alternative Minimum Assessment from Schedule AM, Part VI, line 5 .....</p> <p>15. Tax Due – Add line 12 to the greater of line 13 or 14 or minimum tax due from Sch. A-GR (see instr. 11(b))</p> <p>16. Installment Payment – Only applies if line 15 is \$500 (see instruction 44).....</p> <p>17. Professional Corporation Fees (from Schedule PC, line 5) .....</p> <p>18. TOTAL TAX AND PROFESSIONAL CORPORATION FEES – Add lines 15, 16, and 17 .....</p> <p>19. Payments and Credits (see instruction 45) .....</p> <p>    a) Payments made by partnerships on behalf of taxpayer (attach copies of all NJK-1s) .....</p> <p>    b) Refundable tax credits (see instruction 45(f)) .....</p> <p>20. Balance of Tax Due – Subtract lines 19, 19a, and 19b from line 18.....</p> <p>21. Penalty and Interest Due (see instructions 7(e) and 46).....</p> <p>22. Total Balance Due – Add line 20 and line 21 .....</p> <p>23. If line 19 plus 19a plus 19b is greater than line 18 plus line 21, enter the amount of overpayment..... \$ _____</p> <p>24. Amount of line 23 to be: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 25%;">Credited to 2019 Combined Group</td> <td style="width: 25%;">Credited to 2019 Return</td> <td style="width: 25%;">Refunded</td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table> </p>	Credited to 2019 Combined Group	Credited to 2019 Return	Refunded	\$ _____	\$ _____	\$ _____	<p>1. _____</p> <p>2. _____</p> <p>3a. _____</p> <p>3b. _____</p> <p>3c. _____</p> <p>4b. _____</p> <p>5. _____</p> <p style="background-color: black; color: black;">[REDACTED]</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p> <p>11. _____</p> <p>12. _____</p> <p>13. _____</p> <p>14. _____</p> <p>15. _____</p> <p>16. _____</p> <p>17. _____</p> <p>18. _____</p> <p>19. _____</p> <p>19a. _____</p> <p>19b. _____</p> <p>20. _____</p> <p>21. _____</p> <p>22. _____</p> <p style="text-align: center;"><b>DIVISION USE</b></p>
Credited to 2019 Combined Group	Credited to 2019 Return	Refunded					
\$ _____	\$ _____	\$ _____					

<b>SIGNATURE AND VERIFICATION</b> (See instruction 14)	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. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.		
	(Date)	(Signature of Duly Authorized Officer of Taxpayer)	(Title)
	(Date)	(Signature of Individual Preparing Return)	(Address) (Preparer's ID Number)
	(Name of Tax Preparer's Employer)	(Address)	(Employer's ID Number)

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# Schedule A

## Computation of Entire Net Income (Instruction 16). Every corporation must complete lines 1-39 of this schedule.

### GROSS INCOME

1.	Gross receipts or sales _____ Less returns and allowances _____	1.	
2.	Less: Cost of goods sold (from Schedule A-2, line 8) .....	2.	
3.	Gross profit – Subtract line 2 from line 1 .....	3.	
4.	Dividends.....		
5.	Interest:		
	a) On obligations of the United States and U.S. Instrumentalities ...	5a.	
	b) Other interest .....	5b.	
6.	Gross rents .....	6.	
7.	Gross royalties.....	7.	
8.	Capital gain net income (attach separate federal Schedule D).....	8.	
9.	Net gain or (loss) (from federal Form 4797, attach a copy) .....	9.	
10.	(a) Foreign Derived Intangible Income (enclose a copy of Schedule 8993) .....	10a.	
	(b) Global Intangible Low-Taxed Income (enclose a copy of Schedule 8992) .....	10b.	
	(c) Other income (attach schedule).....	10c.	
11.	TOTAL INCOME – Add lines 3 through 10 .....	11.	

### DEDUCTIONS

12.	Compensation of officers (from Schedule F) .....	12.	
13.	Salaries and wages _____ Less jobs credit _____ Balance .....	13.	
14.	Repairs (Do not include capital expenditures) .....	14.	
15.	Bad debts .....	15.	
16.	Rents .....	16.	
17.	Taxes .....	17.	
18.	Interest.....	18.	
19.	Contributions .....	19.	
20a.	Depreciation (from federal Form 4562, attach a copy) .....	20a.	
20b.	Less depreciation claimed in Schedule A and elsewhere on return .....	20b.	
		20c.	
21.	Depletion .....	21.	
22.	Advertising.....	22.	
23.	Pension, profit-sharing plans, etc .....	23.	
24.	Employee benefit programs.....	24.	
25.	IRC Section 199 Domestic production activities deduction (see instructions 16(a5)) .....	25.	
26.	Other deductions (attach schedule).....	26.	
27.	TOTAL DEDUCTIONS - Add lines 12 through 26.....	27.	
28.	Taxable income before net operating loss deductions and special deductions – Subtract line 27 from line 11 (Must agree with line 28, page 1 of the Unconsolidated federal Form 1120, or appropriate line from forms 1120-IC-DISC, 1120-FSC, or 1120-A, whichever is applicable) (See instructions 8(b) and 16(c)).....	28.	

### ADJUSTMENTS – LINES 29-39 MUST BE COMPLETED ON THIS FORM

29.	Interest on federal, state, municipal, & other obligations not incl. on line 5 (see instr. 16(d)) .....	29.	
30.	Related interest addback (from Schedule G, Part I) .....	30.	
31.	New Jersey State and other states taxes deducted above (see instruction 16(f)) .....	31.	
32.	Depreciation and other adjustments (from Schedule S) (see instruction 42).....	32.	
33.	(a) Deduction for IRC Section 78 Gross-up not deducted at line 37 below (do not incl. dividends).....	33a.	
	(b) Other deductions and additions. Explain on separate rider (see instruction 16(h)) .....	33b.	
	(c) Elimination of nonoperational activity (from Schedule O, Part I).....	33c.	
	(d) Interest and intangible expenses and costs addback (from Schedule G, Part II) (see instr. 16(h)).	33d.	
	(e) Add back IRC Section 965 deductions and exemptions.....	33e.	
	(f) Deduct IRC §250(a) amount allowed federally (See instruction 17 for limitations).....	33f.	
	(g) Add back any other federally exempt income not reported elsewhere on Sch. A (see instr.)	33g.	
34.	Entire net income before net operating loss deduction and dividend exclusion – Total lines 28 through 33 inclusive.....	34.	
35.	Net operating loss deduction (from Form 500, line 9).....	35.	
36.	Entire Net Income before dividend exclusion – Subtract line 35 from line 34 .....	36.	
37.	Dividend Exclusion (from Schedule R, line 7 or Schedule PT) (see instruction 16(j)) .....	37.	
38.	(a) I.B.F. Exclusion. (see instruction 16(k)).....	38a.	
38.	(b) Enter net GILTI and net FDII amounts (from Schedule A-6, line 7).....	38b.	
39.	ENTIRE NET INCOME – Subtract lines 37 and 38a and 38b from line 36. Enter here and on page 1, line 1 (ONLY if amount is more than zero) .....	39.	

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**Schedule A-2 COST OF GOODS SOLD (See Instruction 18)**

1. Inventory at beginning of year .....	1.	
2. Purchases.....	2.	
3. Cost of labor .....	3.	
4. Additional section 263A costs.....	4.	
5. Other costs (attach schedule).....	5.	
6. Total – Add lines 1 through 5 .....	6.	
7. Inventory at end of year.....	7.	
8. Cost of goods sold – Subtract line 7 from line 6. Enter here and on Schedule A, line 2 .....	8.	

**Schedule A-3 SUMMARY OF TAX CREDITS (See Instruction 19)**

1. Angel Investor Tax Credit from Form 321 .....	1.	
2. Grow NJ Tax Credit from Form 320.....	2.	
3. Wind Energy Facility from Form 322 .....	3.	
4. Urban Transit Hub Tax Credit from Form 319.....	4.	
5. Business Retention and Relocation Tax Credit from Form 316.....	5.	
6. Neighborhood Revitalization State Tax Credit from Form 311.....	6.	
7. Film Production Tax Credit from Form 318.....	7.	
8. Sheltered Workshop Tax Credit from Form 317 .....	8.	
9. AMA Tax Credit from Form 315 .....	9.	
10. Economic Recovery Tax Credit from Form 313.....	10.	
11. Effluent Equipment Tax Credit from Form 312 .....	11.	
12. HMO Assistance Fund Tax Credit from Form 310.....	12.	
13. Small New Jersey-Based High-Technology Business Investment Tax Credit from Form 308..	13.	
14. New Jobs Investment Tax Credit from Form 304 .....	14.	
15. Manufacturing Equipment and Employment Investment Tax Credit from Form 305 .....	15.	
16. Research and Development Tax Credit from Form 306 (see form for instructions) .....	16.	
17. Recycling Equipment Tax Credit from Form 303.....	17.	
18. Redevelopment Authority Project Tax Credit from Form 302 .....	18.	
19. EITHER: a) Urban Enterprise Zone Employee Tax Credit from Form 300 .....	19.	
OR b) Urban Enterprise Zone Investment Tax Credit from Form 301.....		
20. Residential Economic Redevelopment and Growth Tax Credit from Form 323 .....	20.	
21. Business Employment Incentive Program Tax Credit from Form 324 .....	21.	
22. Public Infrastructure Tax Credit from Form 325.....	22.	
23. Other Tax Credit (see instruction 43(w)).....	23.	
24. Total tax credits taken on this return – Add lines 1 through 23. Enter here and on page 1, line 10.....	24.	

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### Schedule A-4

#### SUMMARY SCHEDULE (See Instruction 20) All corporations must complete this schedule and submit it with their BFC-1 tax return

<b>Net Operating Loss Deduction and Carryover</b> 1. Form 500, line 7 minus line 9 .....	1.		<b>Dividend Exclusion Information</b> 9. Schedule R, Part I, line 4.....	9.
<b>Interest and Intangible Costs and Expenses</b> 2. Schedule G, Part I, line b.....	2.		10. Schedule R, Part I, line 6.....	10.
3. Schedule G, Part II, line b.....	3.		11. Schedule R, Part I, line 7.....	11.
<b>Schedule J Information</b> 4. Schedule J, Part II, line 1(f).....	4.		<b>Schedule P Information</b> 12. Schedule P, Part III, line 1 .....	12.
5. Schedule J, Part II, line 1(g).....	5.		13. Schedule P, Part III, line 2 .....	13.
6. Schedule J, Part II, line 1(h).....	6.		<b>Schedule PT Information</b> 14. Schedule PT, Part II, Section B, line 4..	14.
<b>Net Operational Income Information</b> 7. Schedule O, Part III, line 31.....	7.		15. Schedule PT, Part II, Section B, line 6..	15.
<b>Schedule A-GR Information</b> 8. Schedule A-GR, line 6 .....	8.		16. Schedule PT, Part II, Section B, line 7..	16.

### Schedule A-5

#### FEDERAL IRC SECTION 199 ADJUSTMENT (See Instruction 16(a5) and 21)

**For tax years beginning before January 1, 2018**

1. Federal Section 199 Domestic Production expensed in arriving at federal taxable income..	1.	
2. Less: New Jersey Separate Entity Domestic Production allowed from Form 501.....	2.	
3. Net Section 199 adjustment – line 1 minus line 2. Include on Schedule A, line 33(b).....	3.	

**Note:** For tax years beginning on or after January 1, 2018, IRC section 199 has been repealed for federal purposes and no deduction is allowed for New Jersey purposes.

**The Division of Taxation has made a decision to revise the allocation methodology of GILTI and FDII. See Technical Bulletin TB-92 for additional information**

### Schedule A-6

#### GILTI AND FDII (See Instruction 16(a6) and 17) Enclose a copy both Schedule 8992 and Schedule 8993.

**Part 1**

1. Foreign-Derived Intangible Income (FDII) income reported on Schedule A, line 10a .....	1.	
2. Global Intangible Low-Taxed Income (GILTI) income reported on Schedule A, line 10b .....	2.	
3. Total FDII and GILTI income (add line 1 and line 2) .....	3.	
4. Deduct IRC §250(a) amount allowed federally if GILTI and FDII are included in Entire Net Income (amount cannot be greater than amount on line 3) .....	4.	
5. Subtract line 4 from line 3.....	5.	
6. Enter the total of Schedule A, line 36 minus Schedule A, line 37 (if amount is negative, enter zero).....	6.	
7. Enter the lesser of line 5 or line 6 here and on Schedule A, line 38b.....	7.	
8. Enter the New Jersey gross domestic product*.....	8.	
9. Enter total of the gross domestic product of U.S. states in which the taxpayer has nexus* ..	9.	
10. Allocation factor (divide line 8 by 9) .....	10.	
11. Multiply line 7 by line 10. Enter the result here and include on Form BFC-1, page 1, line 3c .....	11.	

\* Data can be found on the U.S. Bureau of Economic Analysis's website (www.bea.gov). Use the last quarter available prior to the end of your privilege period. Attach a rider of all U.S. states in which the taxpayer has nexus.

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**Schedule A-7**

**GROSS INCOME TEST FOR FINANCIAL BUSINESSES (See Instruction 22)  
Qualifying financial businesses must file this form along with their tax return (Form BFC-1)**

This form is used to determine whether a corporation qualifies as a Financial Business Corporation. For the purpose of making this computation, Column 1 shall be the sum of the amounts reported on Line 1 and Lines 4 through 10 of Schedule A on Form CBT-100 or BFC-1, adjusted for interest on federal, State, municipal and other obligations not included on Line 5 of Schedule A and the dividend exclusion. Column 2 shall be the gross income included in Column 1, which was derived from the following financial activities:

- 1) Discounting and negotiating promissory notes, drafts, bills of exchange and other evidences of debt;
- 2) Buying and selling exchange;
- 3) Making of or dealing in secured or unsecured loans and discounts;
- 4) Dealing in securities or shares of corporate stock by purchasing and selling such securities and stock without recourse, solely upon the order and for the account of customers;
- 5) Investing and reinvesting in marketable obligations evidencing indebtedness of any person, co-partnership, association, or corporation in the form of bonds, notes, or debentures commonly known as investment securities; or
- 6) Dealing in or underwriting obligations of the United States, any state or any political subdivision thereof or of a corporate instrumentality of any of them.
- 7) Certain leasing transactions which approximate secured loans by meeting each of the following requirements:
  - i. Lessor must look primarily to the creditworthiness of the lessee in order to recover its investment.
  - ii. Lessor may not rely on repetitious leasing of the same property.
  - iii. The lease must be a net lease.
  - iv. The lessor must recover its full investment plus its cost of financing through the rental payments, tax benefits, and the residual value of the property.

See N.J.A.C. 18:7-1.16(b) for additional information regarding leasing transactions.

From Schedule A of the CBT-100 or BFC-1	Column 1 Gross Income Overall	Column 2 Gross Income Financial Activities
Line 1 Gross receipts		
Line 4 Dividends		
Line 5 Interest		
Line 6 Gross rents		
Line 7 Gross royalties		
Line 8 Capital gain net income		
Line 9 Net gain or loss from Federal Form 4797		
Line 10a Foreign Derived Intangible Income		
Line 10b Global Intangible Low-Taxed Income		
Line 10c Other income		
<b>TOTAL</b>		
Add: Interest on federal, State, municipal and other obligations not included in Line 5		
Subtotal		
Deduct Dividend exclusion from Schedule R or Schedule PT of CBT-100 or BFC-1		
<b>GROSS INCOME</b>		

Divide the gross income from Column 2 by the gross income from Column 1 and enter the result \_\_\_\_\_%

If the resulting percentage is **less than 75%**, the corporation **does not qualify** as a Financial Business and **must file** a Corporation Business Tax Return, **Form CBT-100**.

If the resulting percentage is **75% or more**, the corporation qualifies as a Financial Business and **must file** a Corporation Business Tax Return for Banking and Financial Corporations, **Form BFC-1**, and complete Schedule L, apportioning the financial business in New Jersey consistent with N.J.S.A. 54:10A-38 (section 38 of the Corporation Business Tax Act).

This schedule must be attached to the BFC-1 filed by the taxpayer.

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**Schedule A-GR COMPUTATION OF NEW JERSEY GROSS RECEIPTS AND MINIMUM TAX (See Instruction 22)**

1. Enter sales of tangible personal property shipped to points within New Jersey.....	1.	
2. Enter services performed in New Jersey.....	2.	
3. Enter rentals of property situated in New Jersey.....	3.	
4. Enter royalties for the use in New Jersey of patents and copyrights.....	4.	
5. Enter all other business receipts earned in New Jersey.....	5.	
6. Total New Jersey Gross Receipts.....	6.	
7. Enter minimum tax per instruction 11(d). Carry to page 1, line 15 .....	7.	

**Schedule AM ALTERNATIVE MINIMUM ASSESSMENT FOR C CORPORATIONS (See Instruction 23)**

**PART I COMPUTATION OF NEW JERSEY GROSS RECEIPTS**

1. Enter sales of tangible personal property shipped to points within New Jersey.....	1.	
2. Enter services performed in New Jersey.....	2.	
3. Enter rentals of property situated in New Jersey.....	3.	
4. Enter royalties for the use in New Jersey of patents and copyrights.....	4.	
5. Enter all other business receipts earned in New Jersey.....	5.	
6. Total New Jersey Gross Receipts.....	6.	

**PART II COMPUTATION OF NEW JERSEY GROSS PROFITS**

1. Enter New Jersey Gross Receipts from Part I, line 6 .....	1.	
2. Enter Cost of Goods Sold amount from Schedule A-2, line 8.....	2.	
3. Enter the Allocation Factor from Schedule J (Non-allocators enter 100%) .....	3.	
4. New Jersey Cost of Goods Sold – multiply line 2 by line 3 .....	4.	
5. New Jersey Gross Profits – subtract line 4 from line 1.....	5.	

**PART III GROSS SALES AND COST OF GOODS SOLD FOR CURRENT AND PRIOR YEARS**

	Year 2015	Year 2016	Year 2017	Year 2018 From Part II Above
1. NJ Gross Receipts				
2. NJ Cost of Goods Sold				

**PART IV ALTERNATIVE MINIMUM ASSESSMENT BASED UPON GROSS PROFITS**

1. New Jersey Gross Profits – enter amount from Part II, line 5; if less than \$1,000,000, enter zero on line 5 and go to Part V.....	1.	
2. If line 1 is greater than \$1,000,000, but not over \$10,000,000, complete line 3. If line 1 is greater than \$10,000,000 then go to line 4.		<b>\$1,000,000</b>
3. (a) Maximum exclusion amount .....	3a.	
(b) Subtract line 3(a) from line 1 .....	3b.	
(c) Multiply line 3(b) by .0025 .....	3c.	
(d) Multiply line 3(c) by 1.11111, the NJ AMA Exclusion Rate.....	3d.	
4. (a) If line 1 is greater than \$10,000,000, but not over \$15,000,000, multiply line 1 by .0035..	4a.	
(b) If line 1 is greater than \$15,000,000, but not over \$25,000,000, multiply line 1 by .006..	4b.	
(c) If line 1 is greater than \$25,000,000, but not over \$37,500,000, multiply line 1 by .007..	4c.	
(d) If line 1 is greater than \$37,500,000, multiply line 1 by .008 .....	4d.	
5. AMA based on Gross Profits – amount from line 3(d) or 4(a), 4(b), 4(c), or 4(d) .....	5.	

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**PART V ALTERNATIVE MINIMUM ASSESSMENT BASED UPON GROSS RECEIPTS**

1. New Jersey Gross Profits – enter amount from Part I, line 6; if less than \$2,000,000, enter zero on line 5 and go to Part VI .....	1.	
2. If line 1 is greater than \$2,000,000, but not over \$20,000,000, complete line 3. If line 1 is greater than \$20,000,000 then go to line 4.		<b>\$2,000,000</b>
3. (a) Maximum exclusion amount .....	3a.	
(b) Subtract line 3(a) from line 1 .....	3b.	
(c) Multiply line 3(b) by .00125 .....	3c.	
(d) Multiply line 3(c) by 1.11111, the NJ AMA Exclusion Rate.....	3d.	
4. (a) If line 1 is greater than \$20,000,000, but not over \$30,000,000, multiply line 1 by .00175	4a.	
(b) If line 1 is greater than \$30,000,000, but not over \$50,000,000, multiply line 1 by .003..	4b.	
(c) If line 1 is greater than \$50,000,000, but not over \$75,000,000, multiply line 1 by .0035..	4c.	
(d) If line 1 is greater than \$75,000,000, multiply line 1 by .004 .....	4d.	
5. AMA based on Gross Profits – amount from line 3(d) or 4(a), 4(b), 4(c), or 4(d) .....	5.	

**PART VI CORPORATION BUSINESS TAX/ALTERNATIVE MINIMUM ASSESSMENT**

1. Enter amount from Part V, line 5, Alternative Minimum Assessment (Gross Receipts).....	1.	
2. Enter amount from Part IV, line 5, Alternative Minimum Assessment (Gross Profits) .....	2.	
3. Maximum Alternative Minimum Assessment .....	3.	<b>\$5,000,000</b>
4. For the first privilege period, the taxpayer has the option to select the computation of the Alternative Minimum Assessment on line 1 or 2. However, once selected, the method must be employed for that privilege period, and for the next succeeding four privilege periods. Enter your selection on line 4 .....	4.	
5. Amount of Tax – enter the lesser of line 3 or line 4. Enter this amount on line 14, page 1 of the BFC-1. ....	5.	



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**Schedule C-1 ANALYSIS OF UNAPPROPRIATED RETAINED EARNINGS PER BOOKS (See Instruction 26)**

1. Balance at beginning of year		5. Distributions	
2. Net income per books		(a) Cash \$ _____	
3. Other increases (itemize)		(b) Stock \$ _____	
_____		(c) Property \$ _____	
_____		6. Other decreases (itemize)	
_____		_____	
_____		7. Total of lines 5 and 6	
4. Total of lines 1, 2, and 3		8. Balance end of year (line 4 less 7)	

**Schedule E GENERAL INFORMATION (See Instruction 27)**  
All taxpayers must answer the following questions. Riders must be provided where necessary.

1. Type of business \_\_\_\_\_  
Principal products handled \_\_\_\_\_  
Internal Revenue Center where corresponding Federal tax return was filed \_\_\_\_\_
2. FINAL DETERMINATION OF NET INCOME BY FEDERAL GOVERNMENT (See Instruction 15)  
Has a change or correction in the amount of taxable income of the reporting corporation or for any other corporation purchased, merged or consolidated with the reporting corporation, been finally determined by the Internal Revenue Service, and not previously reported to New Jersey? "Yes" or "No" \_\_\_\_\_. If "Yes," an amended return must be filed.
3. Did one or more other corporations own beneficially, or control, a majority of the stock of taxpayer corporation or did the same interests own beneficially, or control, a majority of the stock of taxpayer corporation and of one or more other corporations?  
"Yes" or "No" \_\_\_\_\_. If "Yes," give full information below (attach rider if necessary).

Name of Controlled Corporations	Percentage of Stock Owned or Controlled	Controlling Entity

4. Is the capital stock of the taxpayer listed on any exchange? "Yes or No" \_\_\_\_\_. If yes, specify exchanges where listed and submit taxpayer's Annual Report to stockholders for the period covered by this return.
5. Is this corporation a Professional Corporation (PC) formed pursuant to N.J.S.A. 14A:17-1 et seq. or any similar law from a possession or territory of the United States, a state, or political subdivision thereof? "Yes or No" \_\_\_\_\_. If yes, go to the next question.  
How many licensed professionals are owners, shareholders, and/or employees from this PC as of the first day of the privilege period? \_\_\_\_\_. Attach a rider providing the names, addresses, and FID or SSN of the licensed professionals in the PC. If the number of licensed professionals is greater than 2, complete Schedule PC-Per Capita Licensed Professional Fee. See instruction 41 for examples of licensed professionals.
6. **This question must be answered by corporations with income from sources outside the United States.**  
(a) Is income from sources outside the United States included in entire net income at line 39 of Schedule A. "Yes or No" \_\_\_\_\_.  
(b) If the answer is "No," set forth such items of gross income, the source, the deductions and the amount of foreign taxes paid. Enter at line 33(b), Schedule A, the difference between the net of such income and the amount of foreign taxes paid not previously deducted.
7. During the period covered by the return, did the taxpayer acquire or dispose of directly or indirectly a controlling interest in certain commercial property? "Yes or No" \_\_\_\_\_.

**Schedule F CORPORATE OFFICERS – GENERAL INFORMATION AND COMPENSATION (See Instr. 28)**

(1) Name and Current Address of Officer	(2) Social Security Number	(3) Title	(4) Dates Employed in this position		(5) Percentage of Corporation Stock Owned		(6) Amount of Compensation
			From	To	Common	Preferred	
(a) Total compensation of officers.....							
(b) Less: Compensation of officers claimed elsewhere on the return.....							
(c) Balance of compensation of officers (enter here and on Schedule A, line 12, page 2).....							

NAME AS SHOWN ON RETURN	FEDERAL ID NUMBER
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**Schedule G – Part I INTEREST (See Instruction 29)**

1. Was interest paid, accrued, or incurred to a related member(s) deducted from entire net income?  
 "Yes" or "No" \_\_\_\_\_. If "Yes," fill out the following schedule.

Name of Related Member	Treaty Country	Federal ID Number	Relationship to Taxpayer	Exception Amounts
(a) Total amount of interest deducted .....				
(b) Less: Exceptions (see instruction 29).....				(                    )
(c) Balance of interest deducted (include here and on Schedule A, line 30).....				

**Schedule G – Part II INTEREST EXPENSES AND COSTS AND INTANGIBLE EXPENSES AND COST (See Instr. 29)**

1. Were intangible expenses and costs, including intangible interest expenses and costs, paid, accrued or incurred to related members, deducted from entire net income? Yes" or "No" \_\_\_\_\_. If "Yes," fill out the following schedule.

Name of Related Member	Treaty Country	Federal ID Number	Relationship to Taxpayer	Type of Intangible Expense Deducted	Exception Amounts
(a) Total amount of intangible expenses and costs deducted .....					
(b) Subtract: Exceptions (see instruction 29).....					
(c) Balance of intangible expenses and costs deducted (include here and on Schedule A, line 33(d)) .....					

**NOTE:** For tax years beginning on or after January 1, 2018, the treaty exceptions have been limited pursuant to P.L. 2018, c. 48.

**Schedule H TAXES (See Instructions 16(f) and 30)**

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

	(a) Corporation Franchise Business Taxes	(b) Corporation Business/ Occupancy Taxes	(c) Property Taxes	(d) U.C.C. or Payroll Taxes	(e) Other Taxes (attach schedule)	(f) Total
1. New Jersey Taxes						
2. Other States & U.S. Possessions						
3. City and Local Taxes						
4. Taxes Paid to Foreign Countries*						
5. Total						
6. Combine lines 5(a) and 5(b)						
7. Sales & Use Taxes Paid by a Utility Vendor						
8. Add lines 6 and 7 – Carry to Schedule A, line 31						
9. Federal Taxes						
10. Total (Combine line 5 and line 9)						

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

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<b>Schedule J</b>	ALL TAXPAYERS, REGARDLESS OF THE AMOUNT OF THE ENTIRE NET INCOME REPORTED ON SCHEDULE A, LINE 39, FORM BFC-1, 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).
<b>Parts I and II</b>	

**PART I ALL COMPANIES MUST ANSWER THE FOLLOWING QUESTIONS (See Instruction 33)**

- (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 corporation \_\_\_\_\_

**PART II COMPUTATION OF ALLOCATION FACTOR (See Instruction 34(A))**

**Note:** Include the GILTI income and FDII income net of the respective allowable IRC §250(a) deductions in the allocation factor. The net amount of GILTI and the net FDII income amounts are included in the numerator (if applicable) and the denominator.

1. Receipts:	AMOUNTS (omit cents)	
(a) From sales of tangible personal property shipped to points within New Jersey.		Complete by carrying the fraction to six (6) decimal places. Do not express as a percent. Example: $\frac{123,456}{1,000,000} = .\boxed{1}\boxed{2}\boxed{3}\boxed{4}\boxed{5}\boxed{6}$
(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 (See instruction 34(A)).		
(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 here and on line 2, page 1, Form BFC-1.	.	



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**Schedule Q**

**QUALIFIED SUBCHAPTER S SUBSIDIARIES (QSSS)**

1. Does this corporation own any Qualified Subchapter S Subsidiaries?  Yes  No  
 If yes, list all the QSSS's names, addresses, and FID#s below. Attach additional rider if necessary. Separately note those subsidiaries that have made a New Jersey QSSS election and whose activities are included in this return.

**Schedule R**

**DIVIDEND EXCLUSION (See Instruction 41)**

**PART I DIVIDEND EXCLUSION**

1. Dividend income from Schedule A .....	1.	
2. Enter amount from Schedule P, Part III, line 3.....	2.	( )
3. Subtract line 2 from line 1.....	3.	
4. Less: Dividend income from investments where taxpayer owns less than 50% of voting stock and less than 50% of all other classes of stock. <i>If zero or less, enter zero.</i> .....	4.	( )
5. Subtract line 4 from line 3.....	5.	
6. Multiply line 5 by 50%.....	6.	
7. DIVIDEND EXCLUSION: Add lines 2 and 6 (include here and on Schedule A, line 37).....	7.	

**PART II 80% OR MORE OWNED SUBSIDIARY DIVIDENDS SUBJECT TO SPECIAL ALLOCATION**

**Section A**

	2014	2015	2016	Average Allocation
1. 3-year average allocation factor (as previously reported on Schedule J).....				
2. Enter the lesser of the average allocation (above) or 3.5%.....				
3a. Enter amount from Schedule A, line 39.....				<b>Is Line 3c zero or a negative number?</b> <input type="radio"/> Yes. Complete Section C (leave Section B blank) <input type="radio"/> No. Complete Section B (leave Section C blank)
3b. Enter amount from Schedule A, line 38b.....				
3c. Enter total of line 3a and 3b.....				

**Section B (Complete only if Schedule R, Part II, Section A, line 3c is a positive number)**

1. Enter amount from Schedule P, Part III, line 3.....	1.	
2. Enter amount from Schedule RT, Part III, line 3, if applicable .....	2.	
3. Subtract line 2 from line 1 (if zero or less, enter zero).....	3.	
4. Multiply line 3 by 5% (0.05) .....	4.	
5. Enter amount from Schedule R, Part II, Section A, line 2.....	5.	
6. Allocated dividends – multiply line 4 by line 5 .....	6.	
7. Enter the amount from Schedule RT, Part I, line 2, if applicable .....	7.	
8. Subtract line 7 from line 6 (include here and on page 1, line 3b ONLY if greater than zero) .	8.	

**Section C (Complete only if Schedule R, Part II, Section A, line 3c is zero or a negative number)**

1. Enter amount from Schedule P, Part III, line 3.....	1.	
2. Enter amount from Schedule RT, Part III, line 3, if applicable .....	2.	
3. Subtract line 2 from line 1 (if zero or less, enter zero).....	3.	
4. Multiply line 3 by 5% (0.05) .....	4.	
5. Enter amount from Schedule R, Part I, line 7.....	5.	
6. Enter amount from Schedule A, line 36 (if zero or a negative number, enter zero).....	6.	
7. Subtract line 6 from line 5.....	7.	
8. Subtract line 7 from line 4 (if zero or less, enter zero).....	8.	
9. Enter amount from Schedule R, Part II, Section A, line 2 .....	9.	
10. Allocated dividends – multiply line 8 by line 9 .....	10.	
11. Enter the amount from Schedule RT, Part I, line 2, if applicable .....	11.	
12. Subtract line 11 from line 10 (include here and on page 1, line 3b ONLY if greater than zero)	12.	

**Note:** If you have allocated tiered dividend exclusions, you must complete Schedule RT. Schedule RT is available separately. If you had subsidiary dividend income that was reported in a previous tax year for New Jersey Corporation Business Tax purposes **and** for which you paid greater than the New Jersey minimum tax in that tax year **and** those same dividends are included in your entire net income this tax year, complete Schedule PT in lieu of Schedule R. Schedule PT is available separately. See the index in the instructions for information on obtaining either schedule.

NAME AS SHOWN ON RETURN

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Schedule S – Part I DEPRECIATION AND SAFE HARBOR LEASING (See Instruction 42)

Table with 10 rows and 2 columns. Row 1: Section 179 Deduction. Row 2: Special Depreciation Allowance. Row 3: a) MACRS, b) MACRS. Row 4: MACRS. Row 5: ACRS. Row 6: Other Depreciation. Row 7: Other Depreciation. Row 8: Listed Property. Row 9: Listed Property. Row 10: Total depreciation claimed.

Attach Federal Form 4562 to Return and Include Federal Depreciation Worksheet

Adjustments at Line 32, Schedule A – Depreciation and Certain Safe Harbor Lease Transactions

11. Additions

- (a) Amounts from lines 4, 5, 6 and 9 above
(b) Special Depreciation Allowance
(c) Distributive share of ACRS and MACRS from a partnership
(d) Deductions on Federal return resulting from an election made pursuant to IRC Section 168(f)8
(e) Section 179 depreciation in excess of New Jersey allowable deduction
(f) Other additions
Total line 11 (lines a, b, c, d, e, and f)

12. Deductions

- (a) New Jersey depreciation - (From Schedule S, Part II(A))
(b) New Jersey depreciation - (From Schedule S, Part II(B))
(c) Recomputed depreciation attributable to distributive share of recovery property from a partnership
(d) Any income included in the return with respect to property described at line 11(d) solely as a result of that election
(e) The lessee/user should enter the amount of depreciation which would have been allowable under the Internal Revenue Code at December 31, 1980 had there been no safe harbor lease election
(f) Excess of accumulated ACRS, MACRS, or bonus depreciation over accumulated NJ depreciation on physical disposal of recovery property
(g) Other deductions
Total line 12 (lines a, b, c, d, e, f, and g)

13. ADJUSTMENT - (line 11 minus line 12) Enter at line 32, Schedule A







State of New Jersey  
Division of Taxation

**CERTIFICATE OF INACTIVITY**

For the period beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_, \_\_\_\_\_

Corporation Name	Federal ID Number
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(NOTE: Attach this schedule to the taxpayer's BFC-1)

I certify that during the period covered by the attached tax return, the above named taxpayer had no business activities, no income, no assets, and additionally, in the case of a New Jersey S Corporation, made no distributions, and did not have any change in ownership.

Signature of Corporate Officer	Title	Date
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**INSTRUCTIONS**

In lieu of completing the entire BFC-1 tax return, an inactive corporation may complete this schedule and Schedule A-4 and attach them to a completed Page 1 of the BFC-1 tax return in order to fulfill its filing obligations with the State of New Jersey. An inactive corporation is a corporation that, during the entire period covered by the tax return, did not conduct any business, did not have any income, receipts, or expenses, did not own any assets, and additionally, for New Jersey S corporations, did not make any distributions and did not have any change in ownership.

This schedule and Schedule A-4 must be attached to Page 1 of each BFC-1 tax return filed annually by the taxpayer. Taxpayers must report the minimum tax liability, and installment payment (if applicable), on Page 1 of the BFC-1 tax return. .

Schedule I and page 1 of the BFC-1 return must be signed by an officer of the corporation who is authorized to attest to the truth of the statements contained therein.