STATE OF NEW JERSEY CORPORATION BUSINESS TAX RETURN FOR BANKING AND FINANCIAL CORPORATIONS

2018

STATEMENT OF ESTIMATED TAX

C. 184 P.L. 1981 APPROVED JUNE 19, 1981

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NOTE:

WE DO NOT SEND REMINDER NOTICES FOR THE ESTIMATED TAX INSTALLMENT PAYMENTS. PAYMENT MUST ACCOMPANY THE REMITTANCE STATEMENT WHEN DUE.

BFC-150 2018

INSTRUCTIONS

1. Who must file

Corporations whose accounting periods begin in 2018 and whose prior year tax liability is greater than \$500 must make four 25% estimated tax payments in the fourth, sixth, ninth, and 12th months of its accounting period towards the current year's tax, except for corporations with gross receipts of \$50 million or more for the prior privilege period shall make installment payments as follows: 25% in the fourth month, 50% in the sixth month and 25% in the 12th month. A corporation whose prior year tax liability is \$500 can, in lieu of making these estimated tax payments, make a single estimated tax payment of 50% of the prior year's tax liability. This option must be made and the 50% payment must be remitted no later than the original due date of the prior year's tax return.

2. Purpose

These forms are provided for your convenience for remitting estimated tax payments on a current basis.

3. How to determine your estimated tax

Computation of the estimated tax should be made on the basis of a full accounting period. Taxpayers should determine their expected liabilities on the basis of circumstances existing at the time prescribed for filing. Use the Estimated Tax Worksheet for computing each installment due.

4. Estimated tax worksheet

A worksheet is provided to assist in computing the amounts of installment payments due for any taxpayer required to file a statement which has an accounting year beginning after December 31, 2016.

5. Overpayment credit from BFC-1

If the prior year's return is overpaid and the taxpayer elected to apply that overpayment as a credit to the current tax year, that credit may be applied to any installment. Enter the amount of the overpayment on line 2 of the Statement of Estimated Tax. However, if the taxpayer elected to have any portion or all of the overpayment on the prior year's return refunded, this amount may not be claimed as a credit.

6. All taxpayers should enter the appropriate tax year that the remittance should be credited to in the space provided on the front of the voucher. Fiscal year taxpayers must also enter the beginning and ending dates of their accounting period in the space provided.

7. Underpayment of estimated tax

Any taxpayer who is required to file a statement of estimated tax must file each estimate together with remittance covering the estimated tax due on the required due date. Failure to remit such estimated payment or making an underpayment of such tax or any installment thereof, will result in the imposition of interest at an annual rate of three percent (3%) above the average predominant prime rate for each month or fraction thereof that the underpayment exists. The average predominant prime rate to be used is the rate as determined by the Board of Governors of the Federal Reserve System, quoted by commercial banks to large businesses on December 1st of the calendar year immediately preceding the calendar year in which the payment was due or as redetermined by the Director in accordance with N.J.S.A. 54:48-2. The average predominant prime rates will be published periodically.

In general, a taxpayer will be considered as having underpaid if the total amount of the estimated tax payments for the taxable year are less than 90% of the total tax liability reported on the current year's tax return and less than 100% of the total tax liability reported on the prior year's tax return. The addition to the tax on any underpayment of any installment payment is computed on Form BFC-160 and must be paid with the return.

8. When to file

For all fiscal year taxpayers, the appropriate due dates applicable to each installment due can be found in the Calendar of Due Dates in this packet.

9. Where to file

A statement of estimated tax shall be filed with the State of New Jersey, Division of Taxation-BFC, Revenue Processing Center, PO Box 247, Trenton, NJ 08646-0247.

10. Electronic funds transfers

The Division of Revenue has established procedures to allow the remittance of tax payments through Electronic Funds Transfer (EFT). Taxpayers with a prior year's liability of \$10,000 or more in any one tax are required to remit all tax payments using EFT. If estimated tax payments are remitted using EFT, the BFC-150 vouchers should not be sent to the Division of Taxation. If you have any questions concerning the EFT program, call (609) 984-9830 or write to the Division of Revenue, EFT Section, PO Box 191, Trenton, NJ 08646-0191.

Specific Instructions for Completion of Tax Vouchers

- a. Figure your estimated tax for the current accounting year using the estimated tax worksheet on page 3 or page 4, whichever is applicable On the Voucher:
- b. Enter your full name, address, New Jersey serial number and federal identification number.
- c. Enter the appropriate tax year and accounting period in the spaces provided.

NOTE:

Please print your numbers like this:

0 1 2 3 4 5 6 7 8 9

d. Enter the amount shown on the line of the worksheet applicable to that voucher on Line 1 of the voucher.

- e. Enter the overpayment from last year applied to the voucher on Line 2.
- f. Subtract the overpayment credit (Line 2) from the amount of installment (Line 1) and enter the amount on Line 3.
- g. Sign the bottom of the voucher.
- h. Fill in the record of Estimated Tax Payment below the worksheet.
- Mail your statement of estimated tax along with your check or money order to the State of New Jersey, Division of Taxation-BFC, Revenue Processing Center, PO Box 247, Trenton, New Jersey 08646-0247.

For Your Current INSTALLMENT DUE DATES					
Taxable Year Ended	Voucher 1	Voucher 2	Voucher 3	Voucher 4	
12/31/18	4/17/18	6/15/18	9/15/18	12/15/18	
1/31/19	5/15/18	7/15/18	10/15/18	1/15/19	
2/28/19	6/15/18	8/15/18	11/15/18	2/15/19	
3/31/19	7/15/18	9/15/18	12/15/18	3/15/19	
4/30/19	8/15/18	10/15/18	1/15/19	4/15/19	
5/31/19	9/15/18	11/15/18	2/15/19	5/15/19	
6/30/19	10/15/18	12/15/18	3/15/19	6/15/19	
7/31/19	11/15/18	1/15/19	4/15/19	7/15/19	
8/31/19	12/15/18	2/15/19	5/15/19	8/15/19	
9/30/19	1/15/19	3/15/19	6/15/19	9/15/19	
10/31/19	2/15/19	4/15/19	7/15/19	10/15/19	
11/30/19	3/15/19	5/15/19	8/15/19	11/15/19	

AMOUNT OF INSTALLMENTS DUE — For corporations with gross receipts less than \$50 million in the prior privilege period, a 25% installment payment of the current accounting year's estimated tax liability must be submitted with each of the four vouchers on or before the 15th day of the fourth, sixth, ninth and 12th months of that year. For corporations with gross receipts of \$50 million or more for the prior privilege period, estimated payment should be made as follows: a 25% installment in the fourth month, a 50% installment in the sixth month and a 25% installment in the 12th month. If any due date prescribed for filing these vouchers falls on a Saturday, Sunday, or a legal holiday recognized by the State of New Jersey, the next succeeding business day will be considered the due date.

ESTIMATED TAX WORKSHEET FOR CORPORATIONS WITH GROSS RECEIPTS LESS THAN \$50 MILLION IN THE PRIOR PRIVILEGE PERIOD (KEEP FOR YOUR RECORDS) - DO NOT FILE

1.	Total Estimated Tax for the current taxable year	1
2.	Voucher 1 Due (enter 25% of Line 1)	2
3.	Voucher 2 Due (enter 25% of Line 1)	3
4.	Voucher 3 Due (enter 25% of Line 1)	4
5.	Voucher 4 Due (enter 25% of Line 1)	5

Record of Estimated Tax Payments							
Voucher Number	(a) Date	(b) Amount	(c) Overpayment Credit From Last Year's Return	(d) Total Amount Paid and Credited For This Installment (Add (b) & (c))			
1							
2							
3							
4							
	Total ->						

Amended Computation (Use if your estimated tax changes after you have filed one or more estimated tax vouchers).

1. Enter the	amended estimated tax
2. Less (a) Amount of overpayment credit from last year's return (See instruction 5)
(b) Previous estimated tax payment(s) made this year:
	From Voucher 1
	From Voucher 2
	From Voucher 3
(0) Total Lines 2(a) and 2 (b)
3. Unpaid ba	lance (Line 1 minus Line 2(c))
	lance to be paid as follows:) On Voucher 2 if unused – 50% of amended estimated tax (Line 1) less payments made (Line 2(c))
(b	On Voucher 3 if unused – 75% of amended estimated tax (Line 1) less payments made
(0	C) On Voucher 4 – 100% of amended estimated tax (Line 1) less payments made
(d) Total of Lines 4(a), 4(b) and 4(c)
5. Subtract L	ine 4(d) from Line 3. (If result is not zero, review calculations)

ESTIMATED TAX WORKSHEET FOR CORPORATIONS WITH GROSS RECEIPTS OF \$50 MILLION OR MORE IN THE PRIOR PRIVILEGE PERIOD (KEEP FOR YOUR RECORDS) – DO NOT FILE

1.	Total Estimated Tax for the current taxable year 1	
2.	Voucher 1 Due (enter 25% of Line 1) 2	
3.	Voucher 2 Due (enter 50% of Line 1)	
4.	Voucher 4 Due (enter 25% of Line 1) 4	

Record of Estimated Tax Payments								
Voucher Number (a) Date (b) Amount Overpayment Credit From Last Year's Return Total Amount Paid and Credited Form Last Installment (Add (b) & (c))								
1								
2								
4	4							
	Total ──➤							

Amended Computation (Use if your estimated tax changes after you have filed one or more estimated tax vouchers).

1. Enter the amended estimated tax
2. Less (a) Amount of overpayment credit from last year's return (see instruction 5)
(b) Previous estimated tax payment(s) made this year:
From Voucher 1
From Voucher 2
(c) Total Lines 2(a) and 2 (b)
3. Unpaid balance (Line 1 minus Line 2(c))
4. Unpaid balance to be paid as follows: (a) On Voucher 2 if unused – 75% of amended estimated tax (Line 1) less payments made (Line 2(c))
(b) On Voucher 4 – 100% of amended estimated tax (Line 1) less payments made
(c) Total of Lines 4(a) and 4(b)
5. Subtract Line 4(c) from Line 3. (If result is not zero, review calculations)

Date

Signature of Individual or Firm Preparing Return

STATE OF NEW JERSEY CORPORATION BUSINESS TAX RETURN FOR BANKING AND FINANCIAL CORPORATIONS STATEMENT OF ESTIMATED TAX

Address

Preparer's ID Number

		For Tax	Year	-	
For a	accounting period beginning	,, ar	nd ending		,
	FEDERAL EMPLOYER ID NUMBER	NJ CORPORATION NUMBER	STATE AND DATE OF INC		FISCAL YEAR
	CORPORATION NAME		FOR OFFICIAL USE ONLY	,	_
	MAILING ADDRESS		D	F	4
	CITY STATE	ZIP CODE			• •
	CHECK ONE: BANKING CORPORATION COMP taxpayer required to file a return which has he prior year must file a Statement of Est	PUTATION OF ESTIM s an accounting year that b	ATED TAX	a tax	k liability of \$500 or more
expe	putation of the Estimated Tax should be more that it is called liabilities on the basis of the circums and an extension of the circums and the contract of the circums and the contract of the circums and the circums are the contract of the circums and the circums are the	tances existing at the time	prescribed for filing this		
1. /	AMOUNT OF THIS INSTALLMENT PAYN	/IENT		1.	
2. /	AMOUNT OF OVERPAYMENT CREDIT ((See Instruction 5)		2.	
	AMOUNT OF THIS INSTALLMENT PAYN		IIS AMOUNT	3.	
	ittance to cover the full amount of payment Make check or money order payable to:	due on Line 3 must accom STATE OF NEW JERSEY	pany this statement. – BFC		
	ман to:	STATE OF NEW JERSEY DIVISION OF TAXATION-I REVENUE PROCESSING PO BOX 247 TRENTON, NJ 08646-024	BFC CENTER,		
	S	IGNATURE AND VERIFIC	ATION		
a true	lare under the penalties provided by law, that the correct, and complete return. If the return mation relating to the matters required to be re-	is prepared by a person oth	er than the taxpayer, this		
	Date Signature of Duly Authorized Of	fficer of Taxpayer	Title		

STATEMENT OF ESTIMATED TAX – 4 CALENDAR YEAR DUE – APRIL 17, 2018

STATEMENT OF ESTIMATED TAX – 6 CALENDAR YEAR DUE – JUNE 15, 2018

STATEMENT OF ESTIMATED TAX – 9 CALENDAR YEAR DUE – SEPTEMBER 15, 2018

Date

Signature of Individual or Firm Preparing Return

STATE OF NEW JERSEY CORPORATION BUSINESS TAX RETURN FOR BANKING AND FINANCIAL CORPORATIONS STATEMENT OF ESTIMATED TAX

Address

Preparer's ID Number

	For Tax	Year		
For accounting period beginning	,, an	d ending		
FEDERAL EMPLOYER ID NUMBER	NJ CORPORATION NUMBER	STATE AND DATE OF INC.		FISCAL YEAR
CORPORATION NAME		FOR OFFICIAL USE ONLY		_
MAILING ADDRESS		D F	=	6
CITY STA	TE ZIP CODE			U
CHECK ONE: BANKING CORPORAT	ION			
Any taxpayer required to file a return which he for the prior year must file a Statement of E		egins in 2018 and has a	tax liabi	lity of \$500 or more
Computation of the Estimated Tax should be expected liabilities on the basis of the circum WARNING : Interest is assessed for undere	nstances existing at the time	prescribed for filing this		
1. AMOUNT OF THIS INSTALLMENT PA	YMENT		1.	
2. AMOUNT OF OVERPAYMENT CREDIT	T (See Instruction 5)		2.	
3. AMOUNT OF THIS INSTALLMENT PA' (Line 1 minus line 2)		IS AMOUNT	3.	
Remittance to cover the full amount of payme Make check or money order payable to:	ent due on Line 3 must accomp	oany this statement.		
Mail to:	STATE OF NEW JERSEY DIVISION OF TAXATION-B REVENUE PROCESSING PO BOX 247 TRENTON, NJ 08646-0247	CENTER,		
	SIGNATURE AND VERIFIC	ATION		
I declare under the penalties provided by law, the a true, correct, and complete return. If the retu information relating to the matters required to be	rn is prepared by a person other	er than the taxpayer, this		
Date Signature of Duly Authorized	Officer of Taxpayer	Title		·····

STATEMENT OF ESTIMATED TAX – 4 CALENDAR YEAR DUE – APRIL 17, 2018

STATEMENT OF ESTIMATED TAX – 6 CALENDAR YEAR DUE – JUNE 15, 2018

STATEMENT OF ESTIMATED TAX – 9 CALENDAR YEAR DUE – SEPTEMBER 15, 2018

STATE OF NEW JERSEY CORPORATION BUSINESS TAX RETURN FOR BANKING AND FINANCIAL CORPORATIONS STATEMENT OF ESTIMATED TAX

		For Tax	Year		
For a	accounting period beginning	,, ar	nd ending		,
	FEDERAL EMPLOYER ID NUMBER	NJ CORPORATION NUMBER	STATE AND DAT	E OF INC.	FISCAL YEAR
	CORPORATION NAME		FOR OFFICIAL U	ISE ONLY	
	MAILING ADDRESS		D	F	q
	CITY STATE	ZIP CODE			
	CHECK ONE: BANKING CORPORATION	N ☐ FINANCIAL CORPORAT	TION		
	COMI	PUTATION OF ESTIM	ATED TAX		
	axpayer required to file a return which has he prior year must file a Statement of Es		egins in 2018 ar	nd has a tax	liability of \$500 or more
	putation of the Estimated Tax should be n cted liabilities on the basis of the circums		• •		
WAR	RNING: Interest is assessed for underesti	imation of tax. See instruc	tion 7.		
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2. /	AMOUNT OF OVERPAYMENT CREDIT	(See Instruction 5)		2.	
	AMOUNT OF THIS INSTALLMENT PAYN (Line 1 minus line 2)		IIS AMOUNT .	3.	
Remi	ttance to cover the full amount of payment	due on Line 3 must accom	pany this statem	ent.	
	Make check or money order payable to:	STATE OF NEW JERSEY	– BFC		
	Mail to:	STATE OF NEW JERSEY DIVISION OF TAXATION-E REVENUE PROCESSING PO BOX 247 TRENTON, NJ 08646-024	CENTER,		
	S	IGNATURE AND VERIFIC	ATION		
a true	are under the penalties provided by law, that to e, correct, and complete return. If the return nation relating to the matters required to be re	is prepared by a person other	er than the taxpa	yer, this decl	
	Date Signature of Duly Authorized O	fficer of Taxpayer	Title		

Signature of Individual or Firm Preparing Return

Date

Address

Preparer's ID Number

STATEMENT OF ESTIMATED TAX – 4 CALENDAR YEAR DUE – APRIL 17, 2018

STATEMENT OF ESTIMATED TAX – 6 CALENDAR YEAR DUE – JUNE 15, 2018

STATEMENT OF ESTIMATED TAX – 9 CALENDAR YEAR DUE – SEPTEMBER 15, 2018

STATE OF NEW JERSEY CORPORATION BUSINESS TAX RETURN FOR BANKING AND FINANCIAL CORPORATIONS STATEMENT OF ESTIMATED TAX

		For Tax	Year		
For a	accounting period beginning	,, ar	nd ending		,
	FEDERAL EMPLOYER ID NUMBER	NJ CORPORATION NUMBER	STATE AND DATE	E OF INC.	FISCAL YEAR
	CORPORATION NAME		FOR OFFICIAL U	SE ONLY	
	MAILING ADDRESS		D	F	12
	CITY STATE	ZIP CODE			
	CHECK ONE: BANKING CORPORATION	N	TION		
	COM		ATED TAY		
	axpayer required to file a return which had ne prior year must file a Statement of Es			d has a tax	liability of \$500 or more
	putation of the Estimated Tax should be n cted liabilities on the basis of the circums				
WAR	RNING: Interest is assessed for underesti	mation of tax. See instruc	tion 7.		
1. /	AMOUNT OF THIS INSTALLMENT PAYN	ИENT		1.	
2. /	AMOUNT OF OVERPAYMENT CREDIT ((See Instruction 5)		2.	
	AMOUNT OF THIS INSTALLMENT PAYN		IIS AMOUNT	3.	
Remi	ttance to cover the full amount of payment	due on Line 3 must accom	pany this stateme	ent.	
	Make check or money order payable to:	STATE OF NEW JERSEY	– BFC		
	Mail to:	STATE OF NEW JERSEY DIVISION OF TAXATION-E REVENUE PROCESSING PO BOX 247 TRENTON, NJ 08646-024	CENTER,		
	S	IGNATURE AND VERIFIC	ATION		
a true	are under the penalties provided by law, that to e, correct, and complete return. If the return nation relating to the matters required to be re	is prepared by a person oth	er than the taxpay	er, this decl	
	Date Signature of Duly Authorized O	fficer of Taxpayer	Title		

STATEMENT OF ESTIMATED TAX – 4 CALENDAR YEAR DUE – APRIL 17, 2018

STATEMENT OF ESTIMATED TAX – 6 CALENDAR YEAR DUE – JUNE 15, 2018

STATEMENT OF ESTIMATED TAX – 9 CALENDAR YEAR DUE – SEPTEMBER 15, 2018