

NJ-1080-C 2014

STATE OF NEW JERSEY INCOME TAX - NONRESIDENT COMPOSITE RETURN

For Tax Year Jan. 1 - Dec. 31, 2014

ID Number	Legal Name		
_____ Number of individuals participating in this return	Trade Name (if different from legal name)		
	Address (number and street)		
	City	State	Zip Code

- Check if: 1. Professional Athletic Team 2. Partnership 3. New Jersey Electing S Corporation
 4. Limited Liability Company 5. Limited Liability Partnership 6. Estate or Trust

7. GUBERNATORIAL ELECTIONS FUND

➔ Do you wish to designate \$1 of your taxes for this fund? YES NO

Note: If you check the "YES" box it will not increase the tax or reduce the refund.

INCOME INFORMATION	Income From New Jersey Sources	
8. Wages, salaries, tips, and other employee compensation	8	
9. Taxable interest	9	
10. Dividends	10	
11. Net gain or income from disposition of property	11	
12. Distributive share of Partnership income	12	
13. Net Pro Rata Share of S Corporation	13	
14. Net gains or income from rents, royalties, patents & copyrights	14	
15. Net gains or income derived through Estates or trusts	15	
16. Other - state nature and source	16	
17. Total New Jersey Taxable Income (Add Lines 8 through 16)	17	
18. Tax (Multiply Line 17 by 8.97%)	18	
19. Total New Jersey Tax Withheld	19	
20. Estimated payments / Credit from 2013 Composite return	20	Check <input type="checkbox"/> if Form NJ-2210 is attached
21. Tax Paid on Partners Behalf by Partnership	21	
22. Total payments / Credits (Add Lines 19 through 21)	22	
23. If payments are LESS THAN tax - enter Amount Due	23	
24. If payments are MORE THAN tax - enter OVERPAYMENT	24	
25. REFUND (Amount of Line 24 to be refunded)	25	
26. CREDIT to 2015 Tax	26	

Signature (See instructions)	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer is based on all information of which preparer has any knowledge.	
Title	Paid Preparer's Signature	Date <input type="checkbox"/> Check if Self-Employed
Date	Firm's Name (or yours if self-employed)	Preparer's SS #
	Preparer's Address	Preparer's Federal EIN #

SCHEDULE A - PARTICIPANT DIRECTORY

See instructions for the diskette requirements.

Legal name as shown on Form NJ-1080-C	ID Number
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List all participants, including principal address. Add additional sheets as necessary.

Social Security Number or EIN		Name		
Taxable Income		Address		
NJ Income Tax		City	State	Zip Code

Social Security Number or EIN		Name		
Taxable Income		Address		
NJ Income Tax		City	State	Zip Code

Social Security Number or EIN		Name		
Taxable Income		Address		
NJ Income Tax		City	State	Zip Code

Social Security Number or EIN		Name		
Taxable Income		Address		
NJ Income Tax		City	State	Zip Code

Social Security Number or EIN		Name		
Taxable Income		Address		
NJ Income Tax		City	State	Zip Code

Social Security Number or EIN		Name		
Taxable Income		Address		
NJ Income Tax		City	State	Zip Code

Total Taxable Income This Page	
_____ Additional Pages Attached	
Total Taxable Income All Pages (Carry to Line 17)	
Total NJ Income Tax This Page	
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Total NJ Income Tax All Pages (Carry to Line 18)	

