

**NEXUS-IMMUNE ACTIVITY DECLARATION**  
**For Periods Beginning On or After January 1, 2002**

For taxable year beginning \_\_\_\_\_, \_\_\_\_\_ and ending \_\_\_\_\_, \_\_\_\_\_

CORPORATION NAME

FEDERAL ID NUMBER

**Read the instructions on the reverse side before completing this schedule.**

Did this corporation, during the period covered by this return, perform any of the following activities in New Jersey:

- Yes  No (1) Own, lease or rent any real property in New Jersey?
- Yes  No (2) Lease tangible property to others for use in New Jersey?
- Yes  No (3) Own or lease vehicles registered in New Jersey which are provided to people who are not sales people?
- Yes  No (4) Own, lease or rent any type of property located in New Jersey (consignments, inventory, drop shipments, or like transactions)?
- Yes  No (5) License the use of any intangible rights from which royalties, licensing fees, etc., are derived from the use of these rights in New Jersey (for example without limitations, software licenses, trademarks)?
- Yes  No (6) Solicit in New Jersey for services through the use of employees, officers, agents and/or independent contractors or representatives?
- Yes  No (7) Perform any type of service in New Jersey (other than solicitation) such as constructing, erecting, installing, repairing, consulting, training, conducting seminars or meetings or administering credit investigations through the use of employees, agents, sub-contractors and/or independent contractors or representatives?
- Yes  No (8) Provide any technical assistance or expertise which is performed in New Jersey through the use of employees, agents, sub-contractors and/or independent contractors or representatives?
- Yes  No (9) Perform any detail work in New Jersey without limitations such as taking inventory, stocking shelves, maintaining displays, arranging delivery through the use of employees, agents, sub-contractors and/or independent contractors or representatives?
- Yes  No (10) Carry goods, merchandise, inventory, or other property including samples into New Jersey for direct sale to customers in New Jersey?
- Yes  No (11) Pick-up and/or replace damaged, returned or repossessed goods from New Jersey customers with company owned vehicles or through contract carriers?
- Yes  No (12) Make pick-ups or deliveries to points in New Jersey with company owned vehicles or through contract carriers? Provide the nature of what the taxpayer's business part is in transporting property.
- Yes  No (13) Provide any type of maintenance program which is performed in New Jersey by either this entity or an independent contractor?
- Yes  No (14) Have sales representatives who have the authority to accept or approve sales orders from customers located in New Jersey in which acceptance/approval takes place in New Jersey and not from an out-of-state location?
- Yes  No (15) Have employees, independent contractors or representatives with in-home offices in New Jersey for which they are reimbursed for expenses other than telephone or travel or have employees working from home telecommuting on a regular basis for the convenience of the taxpayer?
- Yes  No (16) Own an interest in either a partnership or LLC doing business in New Jersey? If yes, identify the name and address of the partnership or LLC.
- Yes  No (17) Secure deposits for sales or payment for sales and /or deliveries?
- Yes  No (18) Allow catalog or on-line sales to be returned or picked up at an in-store location of a related or affiliated company?
- Yes  No (19) Collect delinquent accounts directly or indirectly or repossess property?
- Yes  No (20) Maintain a display at a single location for more than two weeks?

**AFFIRMATION OF INFORMATION BY AN OFFICER / RESPONSIBLE INDIVIDUAL**

I hereby certify that this schedule, including any accompanying riders, is to the best of my knowledge a true, correct and complete report.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PURPOSE OF SCHEDULE

This schedule must be completed annually and be made part of the Corporation Business Tax return (either Form CBT-100 or CBT-100S) filed by any *foreign* corporation seeking to claim immunity from income taxation pursuant to Public Law 86-272, 73 Stat. 555, USC § 381 and pay either the minimum tax or the Alternative Minimum Assessment, whichever is greater, prescribed under N.J.S.A. 54:10A-5(e). This schedule is not to be filed by corporations incorporated under the laws of the State of New Jersey.

### Instructions

- 1) If *any* question is answered in the affirmative, the corporation will be required to apportion net income to New Jersey and determine the amount of tax on its New Jersey Corporation apportioned income. The corporation will pay this tax or the Alternative Minimum Assessment, or minimum tax whichever is greater.
- 2) If *all* questions are answered in the negative, this schedule can be attached to the New Jersey Corporation Business Tax return to claim immunity from tax on its net income. The tax that the corporation will pay under this scenario will be the greater of the minimum tax or the Alternative Minimum Assessment.

**Note:** For periods beginning on or after January 1, 2002, corporations using this schedule must complete the New Jersey Corporation Business Tax return in full.