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|------------------------------------|------------------------|
| Name(s) as shown on Form NJ-1040NR | Social Security Number |
|------------------------------------|------------------------|

**Schedule NJ-BUS-1**  
(Form NJ-1040NR)

New Jersey Gross Income Tax  
Business Income Summary Schedule

**2025**

|                 |                                                                                                                                                                        |                                                                                   |                                                         |                                                                                                                                                                                                                              |                                                       |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>Part I</b>   |                                                                                                                                                                        | <b>Net Profits From Business</b>                                                  |                                                         | List the net profit (loss) from business(es). See Instructions.                                                                                                                                                              |                                                       |
|                 | Business Name                                                                                                                                                          | Social Security Number/<br>Federal EIN                                            | Profit or (Loss)                                        |                                                                                                                                                                                                                              |                                                       |
| 1.              |                                                                                                                                                                        |                                                                                   |                                                         |                                                                                                                                                                                                                              |                                                       |
| 2.              |                                                                                                                                                                        |                                                                                   |                                                         |                                                                                                                                                                                                                              |                                                       |
| 3.              |                                                                                                                                                                        |                                                                                   |                                                         |                                                                                                                                                                                                                              |                                                       |
| 4.              | Net Profit or (Loss). (Add lines 1, 2, and 3) (Enter here and on line 18, column A. If loss, enter zero on line 18, column A.)                                         |                                                                                   | 4.                                                      |                                                                                                                                                                                                                              |                                                       |
| <b>Part II</b>  |                                                                                                                                                                        | <b>Net Gains or Income<br/>From Rents, Royalties,<br/>Patents, and Copyrights</b> |                                                         | List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.<br>Type of Property:<br>1–Rental real estate 2–Royalties 3–Patents 4–Copyrights |                                                       |
|                 | Source of Income or Loss. If rental real estate, enter physical address of property.                                                                                   | Social Security Number/<br>Federal EIN                                            | Type – Enter number from list above                     | Income or (Loss)                                                                                                                                                                                                             |                                                       |
| 1.              |                                                                                                                                                                        |                                                                                   |                                                         |                                                                                                                                                                                                                              |                                                       |
| 2.              |                                                                                                                                                                        |                                                                                   |                                                         |                                                                                                                                                                                                                              |                                                       |
| 3.              |                                                                                                                                                                        |                                                                                   |                                                         |                                                                                                                                                                                                                              |                                                       |
| 4.              | Net Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 20, column A. If loss, enter zero on line 20, column A.)                                        |                                                                                   | 4.                                                      |                                                                                                                                                                                                                              |                                                       |
| <b>Part III</b> |                                                                                                                                                                        | <b>Distributive Share of Partnership Income</b>                                   |                                                         | List the distributive share of income (loss) from partnership(s). See instructions.                                                                                                                                          |                                                       |
|                 | Partnership Name                                                                                                                                                       | Federal EIN                                                                       | Share of Partnership Income or (Loss)                   | Share of tax paid on your behalf by Partnerships                                                                                                                                                                             | Share of Pass-Through Business Alternative Income Tax |
| 1.              |                                                                                                                                                                        |                                                                                   |                                                         |                                                                                                                                                                                                                              |                                                       |
| 2.              |                                                                                                                                                                        |                                                                                   |                                                         |                                                                                                                                                                                                                              |                                                       |
| 3.              |                                                                                                                                                                        |                                                                                   |                                                         |                                                                                                                                                                                                                              |                                                       |
| 4.              | Distributive Share of Partnership Income or (Loss). (Add lines 1, 2, and 3.) (Enter here and on line 23, column A. If loss, enter zero on line 23, column A.)          |                                                                                   |                                                         |                                                                                                                                                                                                                              |                                                       |
| 5.              | Total Share of tax paid on your behalf by Partnerships (Add lines 1, 2, and 3.) Enter total here and include on line 52.                                               |                                                                                   |                                                         |                                                                                                                                                                                                                              |                                                       |
| 6.              | Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)                                              |                                                                                   |                                                         |                                                                                                                                                                                                                              |                                                       |
| <b>Part IV</b>  |                                                                                                                                                                        | <b>Net Pro Rata Share of S Corporation Income</b>                                 |                                                         | List the pro rata share of income (usable loss) from S corporation(s). See instructions.                                                                                                                                     |                                                       |
|                 | S Corporation Name                                                                                                                                                     | Federal EIN                                                                       | Pro Rata Share of S Corporation Income or (Usable Loss) | Share of Pass-Through Business Alternative Income Tax                                                                                                                                                                        |                                                       |
| 1.              |                                                                                                                                                                        |                                                                                   |                                                         |                                                                                                                                                                                                                              |                                                       |
| 2.              |                                                                                                                                                                        |                                                                                   |                                                         |                                                                                                                                                                                                                              |                                                       |
| 3.              |                                                                                                                                                                        |                                                                                   |                                                         |                                                                                                                                                                                                                              |                                                       |
| 4.              | Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add lines 1, 2, and 3.) (Enter here and on line 24, column A. If loss, enter zero on line 24, column A.) |                                                                                   | 4.                                                      |                                                                                                                                                                                                                              |                                                       |
| 5.              | Total Share of Pass-Through Business Alternative Income Tax (Add lines 1, 2, and 3.) (Enter here and include on line 56.)                                              |                                                                                   | 5.                                                      |                                                                                                                                                                                                                              |                                                       |

**Keep a copy of this schedule for your records**