



For Calendar Year 2014, or Tax Year Beginning \_\_\_\_\_, 2014 and Ending \_\_\_\_\_, 20\_\_\_\_

<b>You Must Enter Your Federal EIN</b>	Federal EIN	Legal Name of Taxpayer		
	Principal Business Activity	Trade Name of Business if different from legal name above		
	Date Business Started	Address (number and street or rural route)		
# of Resident Partners		City or Post Office	State	Zip Code
# of Nonresident Partners with Physical Nexus to NJ				
# of Nonresident Partners without Physical Nexus to NJ		If you do not need forms mailed to you next year, fill in <input type="checkbox"/>		
Check applicable boxes:	<input type="checkbox"/> Initial Return	<input type="checkbox"/> Qualified Investment Partnership	<input type="checkbox"/> Tiered Partnership	
	<input type="checkbox"/> Final Return	<input type="checkbox"/> Listed on U.S. National Stock Exchange	<input type="checkbox"/> General Partnership	
	<input type="checkbox"/> Amended Return	<input type="checkbox"/> Hedge Fund	<input type="checkbox"/> Limited Partnership	
	<input type="checkbox"/> Application for Federal Extension is attached	<input type="checkbox"/> Investment Club	<input type="checkbox"/> Limited Liability Company	
	<input type="checkbox"/> Substitute Method of Allocation Granted	<input type="checkbox"/> Composite Return is filed for Nonresident Partners	<input type="checkbox"/> Limited Liability Partnership	
	<input type="checkbox"/> Complete Liquidation	<input type="checkbox"/> Controlling Interest Transfer Tax		

<b>Partnership Income</b>		Column A Amount From All Sources	Column B Amount From NJ Sources
1.	Ordinary Income (loss) from trade or business activities (see instruction page 6) . . . . .	1	
2.	Net income (loss) from rental real estate activities . . . . .	2	
3.	Net income (loss) from other rental activities . . . . .	3	
4.	Guaranteed payments to partners . . . . .	4	
5.	Interest income . . . . .	5	
6.	Dividend income . . . . .	6	
7.	Royalty income . . . . .	7	
8.	Net gain (loss) from disposition of property . . . . .	8	
9.	Net IRC section 1231 gain (loss) . . . . .	9	
10.	Other income (loss) . . . . .	10	
11.	Tax-exempt interest income . . . . .	11	
12.	Subtotal (add lines 1 through 11) . . . . .	12	
13a.	Taxes based on income (see instruction page 7) . . . . .	13a	
13b.	Other additions - specify: _____	13b	
13c.	Total additions (add lines 13a and 13b) . . . . .	13c	
14.	Subtotal (add lines 12 and 13c) . . . . .	14	
15a.	Net income (loss) from rental real estate activities . . . . .	15a	
15b.	Net gain (loss) from disposition of real property . . . . .	15b	
15c.	Guaranteed payments to partners . . . . .	15c	
15d.	Interest income from federal obligations . . . . .	15d	
15e.	Interest income from NJ obligations . . . . .	15e	
15f.	IRC Section 179 expense . . . . .	15f	
15g.	Other subtractions - specify: _____	15g	
15h.	Total subtractions (add lines 15a through 15g) . . . . .	15h	
16a.	Subtotal (subtract line 15h from line 14) . . . . .	16a	
16b.	NJ Allocation (line 16a times business allocation % of _____ % ) . . . . .	16b	
17.	Net income (loss) from rental real estate activities (see instruction page 8) . . . . .	17	
18.	Net gain (loss) from disposition of real property . . . . .	18	
19.	Net partnership income (loss) (total lines 16a, 17 and 18 of column A) . . . . . (total lines 16b, 17 and 18 of column B) . . . . .	19	
20.	Income (loss) from tiered partnership . . . . .	20	
21.	Partnership income (loss) (total lines 19 and 20) . . . . .	21	
22a.	Guaranteed payments to partners . . . . .	22a	
22b.	Guaranteed payments to partners--pension . . . . .	22b	
22c.	Net guaranteed payment to partners (subtract line 22b from line 22a) . . . . .	22c	
23.	Net gain (loss) from disposition of assets as a result of a complete liquidation . . . . .	23	
24.	Total Nonresident Noncorporate Partners Share of Tax (Line 2c, Column J of Partners Directory) . . . . .	24	
25.	Total Nonresident Corporate Partners Share of Tax (Line 2c, Column K of Partners Directory) . . . . .	25	

**Use the amounts reported in Column A to complete Schedule NJK-1, Column A.**  
**Use the amounts reported in Column B to complete Schedule NJK-1, Column B.**

Partnership name as shown on Form NJ-1065



Federal EIN

**PARTNERS DIRECTORY** List all partners, including principal address. Add additional sheets as necessary. 1. Corporation Allocation Factor . \_\_\_\_\_

A	B		C	D	E	F	G	H	I	J	K
Code	SS Number or FEIN Name and Principal Address		Distributive Share of Partnership Income (Loss)		Net Gain (Loss) From Disposition of Assets as a result of a Complete Liquidation		Pension	Nonresident Partner's		Nonresident	
			Total Distribution	NJ Source	Total Gain (Loss)	NJ Source		Share of Total Income	Share of NJ Income	Noncorporate Partner's Share of Tax	Corporate Partner's Share of Tax
	% owned by Partner		Final	<input type="checkbox"/>							
	% owned by Partner		Final	<input type="checkbox"/>							
	% owned by Partner		Final	<input type="checkbox"/>							

2a. Total This Page. Enter zero, if no tax is reported in Column(s) J and/or K.			
2b. Total From _____ Additional Pages Attached. Enter zero, if no tax is reported in Column(s) J and/or K.			
2c. Total Tax (add Lines 2a and 2b). Enter the totals here and carry the total in Column J to Line 24, Column B, and the total in Column K to Line 25, Column B on front of Form NJ-1065.			
Signature of General Partner or Limited Liability Company Member.	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 (other than general partner) is based on all information of which preparer has any knowledge.		
	Paid Preparer's Signature	Date <input type="checkbox"/> Check if Self-Employed	
Date	Firm's Name (or yours if self-employed)	Preparer's SS # or PTIN	
	Preparer's Address	Preparer's Federal EIN #	

**A complete Federal Form 1065 including all schedules and supporting attachments may be required during the course of an audit.**



Partnership name as shown on Form NJ-1065

**PARTNERS DIRECTORY** List all partners, including principal address. Add additional sheets as necessary.

A	B		C	D	E	F	G	H	I	J	K
Code	SS Number or FEIN Name and Principal Address		Distributive Share of Partnership Income (Loss)		Net Gain (Loss) From Disposition of Assets as a result of a Complete Liquidation		Pension	Nonresident Partner's		Nonresident	
			Total Distribution	NJ Source	Total Gain (Loss)	NJ Source		Share of Total Income	Share of NJ Income	Noncorporate Partner's Share of Tax	Corporate Partner's Share of Tax
	% owned by Partner		Final	<input type="checkbox"/>							
	% owned by Partner		Final	<input type="checkbox"/>							
	% owned by Partner		Final	<input type="checkbox"/>							
	% owned by Partner		Final	<input type="checkbox"/>							

**Total This Page**    

Enter zero, if no tax is reported in Column(s) J and/or K.



Partnership name as shown on Form NJ-1065

**PARTNERS DIRECTORY** List all partners, including principal address. Add additional sheets as necessary.

A	B		C	D	E	F	G	H	I	J	K
Code	SS Number or FEIN Name and Principal Address		Distributive Share of Partnership Income (Loss)		Net Gain (Loss) From Disposition of Assets as a result of a Complete Liquidation		Pension	Nonresident Partner's		Nonresident	
			Total Distribution	NJ Source	Total Gain (Loss)	NJ Source		Share of Total Income	Share of NJ Income	Noncorporate Partner's Share of Tax	Corporate Partner's Share of Tax
	% owned by Partner		Final	<input type="checkbox"/>							
	% owned by Partner		Final	<input type="checkbox"/>							
	% owned by Partner		Final	<input type="checkbox"/>							
	% owned by Partner		Final	<input type="checkbox"/>							

**Total This Page**    

Enter zero, if no tax is reported in Column(s) J and/or K.



Partnership name as shown on Form NJ-1065	Federal EIN
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**SCHEDULE A TIERED PARTNERSHIPS**  
 (Complete this schedule before completing Form NJ-1065 or Schedule L, if applicable)

PART I	PARTNERSHIP INCOME	Column A Amounts Reported by this Partnership on Federal Schedule K	Column B Portion of Amount in Column A Earned by Other Partnerships	Column C Amount Earned by this Partnership (A minus B)
1	Ordinary income (loss) from trade or business activities	1		
2	Net income (loss) from rental real estate activities	2		
3	Net income (loss) from other rental activities	3		
4	Guaranteed payments to partners	4		
5	Interest Income	5		
6	Dividend Income	6		
7	Royalty Income	7		
8	Net gain (loss) from disposition of property	8		
9	Net IRC section 1231 gain (loss)	9		
10	Other income (loss)	10		
11	Tax exempt interest income	11		

Use the amounts reported in Column C to complete Lines 1 through 11 on Form NJ-1065 or in Column A of Schedule L, if applicable.

Lines 1 - 11

Column A: Follow the instructions for lines 1 through 11 of the NJ-1065.

Column B: Enter the portion of each amount reported in Column A that was derived from other partnerships. For each line, this will be the sum of the amounts reported for the corresponding category on the Federal Schedule K-1(s) furnished to your partnership by each subsidiary partnership in which it is a member.

Column C: For each line 1 through 11, subtract the amount reported in Column B from the amount reported in column A. Enter the difference in Column C of that line and on the corresponding line on the front of Form NJ-1065 or in Column A of Schedule L, if applicable. Follow the instructions for lines 1 through 11 of the NJ-1065.

**PART II SUMMARY OF SCHEDULE NJK-1(S) OR FEDERAL K-1(S) RECEIVED FROM OTHER PARTNERSHIPS**  
 (Attach copies of all Schedule NJK-1(s) Received)

12	NJK-1	Partnership Name	Federal EIN	NJ Distributive Share of Partnership Income		Nonresident Partner's
				Column A Amount from All Sources	Column B Amount from NJ Sources	Column C Share of NJ Tax
A	<input type="checkbox"/>					
B	<input type="checkbox"/>					
C	<input type="checkbox"/>					
D	<input type="checkbox"/>					
E	<input type="checkbox"/>					
13 Total Income (Loss) and Tax from Tiered Partnerships:			13			

Line 12: Check the box to indicate if you received a Schedule NJK-1.

List the Name, Federal EIN and Distributive Share of Partnership Income or Loss reported on Line 4, Columns A and B of Part II and/or Net Gain (Loss) from Disposition of Assets as a Result of a Complete Liquidation reported on Line 6, Columns A and B of Part II, and Share of NJ Tax reported on Line 1 of Part III of each Schedule NJK-1 this partnership received from another partnership.

If you did not receive a Schedule NJK-1, you will have to use the information from your Federal Schedule K-1 to complete Reconciliation Worksheet A to determine the proper amount to report as your distributive share of partnership income for New Jersey tax purposes. Refer to Tax Topic Bulletin GIT-9P, *Income from Partnerships*.

Line 13: Add the amounts(s) on Line 12, Columns A, B and C and enter the result on Line 13, Columns A, B and C. Carry the totals in Columns A and B to Line 20 on the front of Form NJ-1065.

Partnership name as shown on Form NJ-1065	Federal EIN
<b>SCHEDULE B SHELTERED WORKSHOP TAX CREDIT FOR TAXABLE YEARS BEGINNING AFTER JANUARY 12, 2006</b>	

**PART I QUALIFICATIONS**

1. Is each employee for which a credit is claimed a "Qualified Person" in accordance with P.L. 2005, c. 318? .....  YES  NO
2. Did each employee for which a credit is claimed work for at least 26 weeks during the privilege period and work at least 25 hours per week at or under the supervision of a sheltered workshop? .....  YES  NO

**NOTE:** If the answer to either of the above questions is "NO", do not complete the rest of this form. The taxpayer does **not** qualify for the sheltered workshop tax credit, otherwise, go to Part II.

<b>PART II CALCULATION OF THE AVAILABLE SHELTERED WORKSHOP TAX CREDIT FOR PARTNERSHIPS</b>				
	Column (A) Name	Column (B) Social Security #	Column (C) Total Wages	Column (D) 20% of Column C - Max \$1,000
3.				
4.				
5.				
6.				
7.				
8.	Available Sheltered Workshop Tax Credit (add lines 3 through 7) .....			

**\* If there are more names, please attach a schedule corresponding to Part II**

Enter the name of each qualified person employed by your partnership in Column A.

Enter the social security number of each qualified person employed by your partnership in Column B.

Enter the salary and wages paid during the tax year in Column C.

Enter the lesser of 20% of Column C or \$1,000 per qualified person in Column D.





## INSTRUCTIONS FOR SCHEDULE J-CORPORATION ALLOCATION SCHEDULE

### **PART I - GENERAL INSTRUCTIONS REGARDING ALLOCATION OF ADJUSTED ENTIRE NET INCOME:**

- (a) **ALLOCATION PERCENTAGES:** In computing the allocation factor in Schedule J, division must be carried to six decimal places, e.g., .123456.
- (b) Effective for returns beginning on or after July 1, 2010, all partnerships are entitled to allocate.
- (c) Effective for returns, beginning on or after January 1, 2014 all returns will have a 100% weighted receipts fraction only.
- (d) Only the receipts attributable to the partnership entity are to be used in computing the allocation factor denominators.

**PART II - COMPUTATION OF ALLOCATION FACTOR:** This schedule may be omitted if the taxpayer does not have activity outside New Jersey.

**Line 1(a) - 1(d) RECEIPTS FRACTION:** Receipts from sales of tangible personal property are allocated to New Jersey where the goods are shipped to points within New Jersey.

Receipts from the sale of goods are allocable to New Jersey if shipped to a New Jersey or a non-New Jersey customer where possession is transferred in New Jersey. Receipts from the sale of

goods shipped to a taxpayer from outside of New Jersey to a New Jersey customer by a common carrier are allocable to New Jersey. Receipts from the sale of goods shipped from outside of New Jersey to a New Jersey location where the goods are picked up by a common carrier and transported to a customer outside of New Jersey are not allocable to New Jersey.

Receipts from the following are allocable to New Jersey; services performed in New Jersey; rentals from property situated in New Jersey; royalties from the use in New Jersey of patents or copyrights; all other business receipts earned in New Jersey.

### **Lines 1(e) and 1(g)**

#### **(1) RECEIPTS FROM SALES OF CAPITAL ASSETS:**

Receipts from sales of capital assets (property not held by the taxpayer for sale to customers in the regular course of business), either within or outside New Jersey, should be included in the numerator and the denominator based upon the net gain recognized and not upon gross selling prices. Where the taxpayer's business is the buying and selling of real estate or the buying and selling of securities for trading purposes, gross receipts from the sale of such assets should be included in the numerator and the denominator of the receipts fraction.

**NEW JERSEY GROSS INCOME TAX**  
**BUSINESS ALLOCATION SCHEDULE**

Use this schedule if business activities are carried on both inside and outside New Jersey or  
if business activities are carried on 100% outside New Jersey.

*This form must be enclosed and filed with your New Jersey Income Tax return.*

Enter name, address and Social Security/Federal Employer Identification Number as shown on the Form NJ-1040NR, Form NJ-1041 or Form NJ-1065.

Legal name of taxpayer	Social Security Number/Federal EIN		
Trade name of business if different from legal name above	For the Taxable Year Ending (Month, Day, Year)		
Address (number and street or rural route)			
City or Post Office	State	Zip Code	

**Section 1 - Business Locations**

List all places BOTH INSIDE AND OUTSIDE New Jersey where business is carried on.

	(a) Street Address	(b) City and State	(c) Description of Business Location	(d) Check One	
				RENT	OWN
1.					
2.					
3.					
4.					

**Section 2 - Average Values**

ASSETS (See instructions)	Average Values			
	Column A Everywhere		Column B New Jersey	
1. Real Property Owned	1.		1.	
2. Real and Tangible Property Rented	2.		2.	
3. Tangible Personal Property Owned	3.		3.	
4. TOTALS (Add Lines 1-3 in each column)	4.		4.	

**Section 3 - Business Allocation Percentage**

1.	Average Values of Property:				
	a. In New Jersey (from Section 2, Column B, Line 4)	1a			
	b. Everywhere (from Section 2, Column A, Line 4)	1b			
	c. Percentage in New Jersey. (Divide Line 1a by Line 1b)		1c		%
2.	Total Receipts from All Sales, Services and Other Business Transactions:				
	a. In New Jersey	2a			
	b. Everywhere	2b			
	c. Percentage in New Jersey (Divide Line 2a by Line 2b)		2c		%
3.	Wages, Salaries and Other Personal Compensation Paid During the Year:				
	a. In New Jersey	3a			
	b. Everywhere	3b			
	c. Percentage in New Jersey. (Divide Line 3a by Line 3b)		3c		%
4.	Sum of New Jersey Percentages. (Add Lines 1c, 2c and 3c)		4		%
5.	Business Allocation Percentage. (Divide the total on Line 4 by 3; if less than 3 fractions, see instructions)		5		%

**STATE OF NEW JERSEY - NONRESIDENT CORPORATE PARTNER'S  
STATEMENT OF BEING AN EXEMPT CORPORATION OR MAINTAINING A  
REGULAR PLACE OF BUSINESS IN NEW JERSEY**

<b>PART 1 ENTITY INFORMATION</b>	EIN	Name of Filing Entity	
	Mailing Address		
	City	State	Zip
	Person to Contact		Telephone Number

<b>PART 2 NONRESIDENT PARTNER INFORMATION</b>	Federal EIN	Name of Nonresident Entity	
	Principal Address		
	City	State	Zip

**MAINTAINS A REGULAR PLACE OF BUSINESS**

By signing this statement, the nonresident corporate partner is declaring that it maintains a regular place of business in New Jersey other than a statutory office.

A "regular place of business" is any bona fide office (other than a statutory office), factory, warehouse, or other space of the taxpayer which is regularly **MAINTAINED, OCCUPIED** and **USED** by the taxpayer in carrying on its business and in which one or more regular employees are in attendance. To maintain a place of business, the taxpayer must either own or rent the premises. That cost must be borne directly by the taxpayer and not by some related entity or person.

List address of at least one such regular place of business in New Jersey:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Failure to list at least one regular place of business will result in the partnership entity remitting a payment of tax on your share of New Jersey income.

By signing this statement the corporation is declaring that it is exempt from the Corporation Business Tax Act pursuant to N.J.S.A. 54:10A-3.

By signing this statement the nonresident corporate partner is declaring that it is an exempt IRC 501(c)(3) entity.

By signing this statement the nonresident corporate partner is declaring that it is a retirement plan approved by the Internal Revenue Service.

I further understand that this statement:

1. Must be made annually; and
2. May not be made after the 15th day of the fourth month succeeding the close of the privilege period or after the return has been filed, whichever occurs first.

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true and correct and that I am properly authorized to sign and make this consent on behalf of :

\_\_\_\_\_

Name of Nonresident Entity

\_\_\_\_\_

Signature of Corporate Officer and Title,  
General Partner or Limited Liability Company Member

\_\_\_\_\_

Date

**REVISED STATUTES OF NEW JERSEY, 1937, TITLE 54 TAXATION, SUBTITLE 4 PARTICULAR TAXES ON CORPORATIONS AND OTHERS, PART 1 PROVISIONS APPLICABLE TO CORPORATIONS GENERALLY, Ch. 10A Corporation Business Tax Act (1945)**

**Sec. 54:10A-3. Exempt corporations -**

The following corporations shall be exempt from the tax imposed by this act:

- (a) Corporations subject to a tax assessed upon the basis of gross receipts, other than the alternative minimum assessment determined pursuant to section 7 of P.L.2002, c.40 (C.54:10A-5a), and corporations subject to a tax assessed upon the basis of insurance premiums collected;
- (b) Corporations which operate regular route autobus service within this State under operating authority conferred pursuant to R.S.48:4-3, provided, however, that such corporations shall not be exempt from the tax on net income imposed by section 5(c) of P.L.1945, c.162 (C.54:10A-5);
- (c) Railroad, canal corporations, production credit associations organized under the Farm Credit Act of 1933, or agricultural cooperative associations incorporated or domesticated under or subject to chapter 13 of Title 4 of the Revised Statutes and exempt under Subtitle A, Chapter 1F, Part IV, Section 521 of the federal Internal Revenue Code (26 U.S.C. s.521);
- (d) Cemetery corporations not conducted for pecuniary profit or any private shareholder or individual;
- (e) Nonprofit corporations, associations or organizations established, organized or chartered, without capital stock, under the provisions of Title 15, 16 or 17 of the Revised Statutes, Title 15A of the New Jersey Statutes or under a special charter or under any similar general or special law of this or any other state, and not conducted for pecuniary profit of any private shareholders or individual;
- (f) Sewerage and water corporations subject to a tax under the provisions of P.L.1940, c.5 (C.54:30A-49 et seq.) or any statute or law imposing a similar tax or taxes;
- (g) Nonstock corporations organized under the laws of this State or of any other state of the United States to provide mutual ownership housing under federal law by tenants, provided, however, that the exemption hereunder shall continue only so long as the corporations remain subject to rules and regulations of the Federal Housing Authority and the Commissioner of the Federal Housing Authority holds membership certificates in the corporations and the corporate property is encumbered by a mortgage deed or deed of trust insured under the National Housing Act (48 Stat.1246) as amended by subsequent Acts of Congress. In order to be exempted under this subsection, corporations shall annually file a report on or before August 15 with the commissioner, in the form required by the commissioner, to claim such exemption, and shall pay a filing fee of \$25.00;
- (h) Corporations not for profit organized under any law of this State where the primary purpose thereof is to provide for its shareholders or members housing in a retirement community as the same is defined under the provisions of the "Retirement Community Full Disclosure Act," P.L.1969, c.215 (C.45:22A-1 et seq.);
- (i) Corporations which are licensed as insurance companies under the laws of another state, including corporations which are surplus lines insurers declared eligible by the Commissioner of Banking and Insurance pursuant to section 11 of P.L.1960, c.32 (C.17:22-6.45) to insure risks within this State; and
- (j) (1) Municipal electric corporations that were in existence as of January 1, 1995 provided that all of their income is from sales, exchanges or deliveries of electricity derived from customers using electricity within their municipal boundaries; and (2) Municipal electric utilities that were in existence as of January 1, 1995 provided that all of their income is from sales, exchanges or deliveries of electricity derived from customers using electricity within their franchise area existing as of January 1, 1995. If a municipal electric corporation derives income from sales, exchanges or deliveries of electricity from customers using the electricity outside its municipal boundaries, such municipal electric corporation shall be subject to the tax imposed by this act on all income. If a municipal electric utility derives income from sales, exchanges or deliveries of electricity from customers using electricity outside its franchise area existing as of January 1, 1995, such municipal electric utility shall be subject to the tax imposed by the act on all income.

(As amended by Ch. 236, Laws 1949; Ch. 130, Laws 1951; Ch. 174, Laws 1960; Ch. 59, Laws 1963; Ch. 48, Laws 1967; Ch. 211, Laws 1972; Ch. 275, Laws 1973; Ch. 170, Laws 1975; Ch. 184, Laws 1991; Ch. 338, Laws 1993; Ch. 162, Laws 1997; Ch. 114 (A.B. 262), Laws 1998; Ch. 40 (A. B. 2501), Laws 2002, applicable to privilege periods and taxable years beginning on or after January 1, 2002.

**PART-100**  
**2014**



STATE OF NEW JERSEY

**Partnership Filing Fee and Tax Payment Voucher**

For Calendar Year 2014, or Tax Year Beginning \_\_\_\_\_, 2014 and Ending \_\_\_\_\_, 20\_\_

Federal EIN	Legal Name of Taxpayer
<input type="checkbox"/> Amended <input type="checkbox"/> Final	Trade Name of Business if different from legal name above
_____ # of Resident Partners _____ # of Nonresident Partners with Physical Nexus to NJ _____ # of Nonresident Partners without Physical Nexus to NJ	Address (number and street or rural route) City or Post Office    State    Zip Code

1. Filing Fee (Line 4 of Filing Fee Schedule) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
2. Installment Payment (Multiply Line 1 by .50) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
3. Nonresident Noncorporate Partner Tax .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
4. Nonresident Corporate Partner Tax .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
5. Total Fee and Tax (Add Lines 1-4) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
6. Penalty for Underpayment of Estimated Tax. Check box if PART-160 attached <input type="checkbox"/> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
7. Total Due (Add Lines 5 and 6) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
8. Less: Total from Tiered Partnership Payment Schedule .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
9. Less: Installment Payment from 2013 .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
10. Less: Estimated Payments/Credit from 2013 .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
11. Less: Payment from PART-200-T .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
12. Total Balance Due .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
13. Overpayment .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
14. Credit to 2015 .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
15. Refund .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0

This Return must accompany your payment in the envelope marked PART-100.  
Make checks payable to: State of New Jersey – PART.  
Write the Federal ID number and tax year on the check.

Mail To: **Filing Fee and Tax on Partnerships**  
**Form PART-100**  
**PO Box 642**  
**Trenton, NJ 08646-0642**

**FILING FEE SCHEDULE**

1 Number of Resident Partners	_____ x \$150.00	= _____
2 Number of Nonresident Partners with Physical Nexus to New Jersey	_____ x \$150.00	= _____
3 Number of Nonresident Partners without Physical Nexus to New Jersey	_____ x \$150.00 x	= _____
	<div style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></div>	
	Corporation Allocation Factor	
4 Total Filing Fee (Add Lines 1–3)		_____

Carry the total from Line 4 to Line 1 on the front of Form PART-100. If the amount on Line 4 is greater than \$250,000, enter \$250,000 on Line 1 of Form PART-100.

**TIERED PARTNERSHIP PAYMENT SCHEDULE**

List the Partnership's Name(s), Federal Identification Number(s) and share of New Jersey Tax reported on Line 1 of Part III of each Schedule NJK-1 received.

	Name	FEIN	Amount
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____
Total Tax Paid on Behalf of Partnership:			_____

Carry this total to Line 8 on the front of this Return PART-100.

**PART-160**

NJ Division of Taxation  
(01-15)

**Underpayment of Estimated N.J. Partnership Tax**

Attach to your tax return (Form PART-100)

PARTNERSHIP NAME	FEDERAL EMPLOYER I.D. NUMBER
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**PART I How to Compute Your Underpayment**

**Note:** If you meet any of the exceptions that avoid the underpayment charge for ANY quarter, complete PART II

	(a)			
1. Amount of 2014 Tax - Refer to line 1 instruction on reverse side. ....				
2. 90% of Line 1. ....				
3. Prior year's tax - Enter the total of lines 3 and 4 from the 2013 PART-100. ....				
4. Enter the lesser of Lines 2 or 3. ....				
	(a)	(b)	(c)	(d)
5. Enter in columns (a) through (d) the installment dates that correspond to the 15th day of the 4th, 6th and 9th months of your tax period and the 15th day of the 1st month succeeding the close of your tax period. ....				
6. Enter 25% of Line 4 in columns (a) through (d). ....				
7. (a) Amount paid or credited for each period. ....				
(b) Overpayment of previous installment (enter any overpayment shown on line 9 that is more than the total of all prior underpayments as a credit against the next installment). ....				
8. Add lines 7(a) and 7(b). ....				
9. Underpayment (subtract line 8 from line 6) or overpayment (subtract line 6 from line 8). ....				

**PART II Exceptions (See Instructions)**

10. Total amount paid or credited from the beginning of the tax year through the installment dates that correspond to the 15th day of the 4th, 6th and 9th months of your tax period and the 15th day of the 1st month succeeding the close of your tax period. ....				
11. Exception 1, tax based on the facts shown on the prior year's return but using current year's rates. Refer to instructions on reverse side regarding the taxable periods of less than one year. ....	25% of tax	50% of tax	75% of tax	100% of tax
12. Exception 2, tax based on annualized tax. ....	22.5% of tax	45% of tax	67.5% of tax	90% of tax

**PART III Installment Interest Due (See Instructions)**

13. Amount of underpayment from line 9. ....				
14. Enter same installment dates used above at line 5. ....				
15. Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. ....				
16. Number of months from the date on line 14 to the date on line 15. (A part of a month is deemed to be a full month.) ....				
17. Interest. ....				
18. Installment interest due - Add columns (a), (b), (c), and (d) of line 17. Enter the total here and include in Line 6 of Form PART-100. ....				

## INSTRUCTIONS

### Purpose of Form

This Form PART-160 is used by partnerships to determine whether they paid enough estimated tax, whether they are subject to an interest charge for underpayment of estimated tax, and if so, the amount of interest.

### How to Use This Form

Complete Part I of Form PART-160 to find out if you have an underpayment for any of the four payment periods. If you have an underpayment on Line 9 (Column a, b, c or d), go to Part II, Exceptions. If you cannot meet either of the exceptions for a payment period, go to Part III, Installment Interest Due. If you are using Form PART-160 either to compute the interest on underpayment of estimated tax or to show that you qualify for any exception, attach Form PART-160 to your tax return, Form PART-100.

### Part I - How to Compute Your Underpayment

Complete Lines 1 through 9 in Part I. The instructions for most of these lines are on the form itself. Follow the instructions below for the lines indicated.

- Line 1 - Enter in Column (a) the total of lines 3 and 4 from Form PART-100.
- Line 7(b) - Enter any overpayment shown on Line 9 that is more than the total of all earlier underpayments.
- Line 9 - If Line 9 shows an underpayment, complete Part II to see if either of the exceptions apply.

### Part II - Exceptions

You will not have to pay interest if all of your tax payments (Part II, Line 10) were made on time and are equal to or more than either of the amounts computed as explained by the exceptions (Lines 11 and 12) for the same payment period (Column a, b, c or d).

#### Exception I - Tax Based on Prior Year's Return Using Current Year's Rates

This exception applies if the amount the partnership paid is equal to or more than the tax computed by using the current year's rates but based on the facts shown on the prior year's return and the law that applies to the prior year. If the prior year return covered a period of less than a year, the prior return must be annualized by dividing the taxable net income by the number of whole months covered by the short period return and multiplying by 12.

#### Exception II - Tax Based on Annualized Tax

This exception applies if the estimated tax paid was equal to or more than 90% of the amount the partnership would owe if its estimated tax was based on a tax computed from annualizing tax for the months preceding an installment date.

A partnership may annualize its tax as follows:

- a. For the first 3 months if the installment was required to be paid in the 4th month.
- b. For the first 3 months or for the first 5 months if the installment was required to be paid in the 6th month.
- c. For the first 6 months or for the first 8 months if the installment was required to be paid in the 9th month.
- d. For the first 9 months or for the first 12 months if the installment was required to be paid in the 1st month succeeding the close of your tax period.

### Part III - Installment Interest Due

If no exception applies, complete Lines 13 through 18.

A payment of estimated tax on or before any installment date is considered a payment of any previous underpayment only to the extent the payment is more than the amount of the current installment as figured on Line 6. If the partnership made more than one payment for an installment, attach a separate computation for that installment.

Interest is computed on the amount of the underpayment from the installment due date to the date of payment or the original due date of the final tax return, whichever is earlier. The annual interest rate is 3% above the average predominant prime rate and is imposed each month or fraction thereof the underpayment exists. Changes in the average predominant prime rate must be reflected in the interest calculation. The interest rates assessed by the Division of Taxation are published in the quarterly issues of the *New Jersey State Tax News*.

The average predominant prime rate 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 payment was due or as redetermined by the Director in accordance with N.J.S.A. 54:48-2.