| NJ | -1065 – 20 | 018 | | | | | | | SCHEDULE L |
|---|--|-----------------------------------|---|---|-------------------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Partnership name as shown on Form NJ-1065 Federal EIN | | | | | | | | | |
| | | | | | | | | | |
| SCHEDULE L COMPLETE LIQUIDATION | | | | | | | | | |
| (Complete this schedule before completing Form NJ-1065 and after Schedule A, if applicable) Column A Column B Column C Column D Column E Column F | | | | | | | | | |
| | | | Column A Amounts Reported by This Partnership | | Column B Gain/Loss From Disposition | Net Addition or | Column D Net Gain/Loss From | Column E Net Gain/Loss From | Column F Partnership Income |
| PART I Partnership Income | | | on Federal Schedule K or in Column C of | | of Assets as a Result of a | Subtraction as a Result of | | | Not From Disposition |
| | | | | Part I of Schedule A | Complete Liquidation | a Complete Liquidation | (B plus C) | From NJ Sources | of Assets (A minus B) |
| 1 | Ordinary incor business a | come (loss) from trade activities | 1 | | | | | | |
| 2 | Net income estate activit | (loss) from rental real ites | 2 | | | | | | |
| 3 | Net income activities | (loss) from other rental | 3 | | | | | | |
| 4 | 4 Guaranteed payments to partners | | 4 | | | | | | |
| 5 | 5 Interest Income | | 5 | | | | | | |
| 6 Dividend Income | | 6 | | | | | | | |
| 7 Royalty Income | | 7 | | | | | | | |
| 8 Net gain (loss) from disposition of property | | 8 | | | | | | | |
| 9 | 9 Net IRC Section 1231 gain (loss) | | 9 | | | | | | |
| 10 Other income (loss) | | 10 | | | | | | | |
| 11 | Tax-exempt | interest income | 11 | | | | | | |
| 12 Add the amount(s) on Line 8, 9, and 10 in Columns D and E and enter the result | | | | | | | | | |
| 1. Has the partnership and all its partners discontinued all business activities this year? | | | | | | | | | |
| | - | | _ | | of what date:// | | | | |
| | | | - | or loss on the disposition of their part tnership can answer yes to all three or | - | | - | | tamad |
| Lin | es 1 - 11 | i only be completed if you | r pai | thership can answer yes to an three o | i the above questions. If you | answered yes to an infee | questions, the applica | ible dates must be en | tered. |
| | Column A: Follow the instructions for Lines 1 through 11 of the NJ-1065 or if you completed Schedule A because you are a Tiered Partnership, use the amounts reported in Column C of | | | | | | | | |
| | Schedule A to complete Lines 1 through 11 of Column A of this Schedule. Column B: Enter the portion of the amounts reported in Column A on Lines 8, 9, and 10 that are applicable to the sale or disposition of its assets as a result of a complete liquidation. | | | | | | | | idation |
| | Column C: Enter any net addition or subtraction that pertains to the sale or disposition of its assets reported in Column B on Lines 8, 9, and 10 that are a result of a complete liquidation. Reference of the sale of the sa | | | | | | | | |
| the Line 13b "Other Additions" and Line 15g "Other Subtractions" instructions listed under the NJ-1065 line-by-line instructions. | | | | | | | 1 | | |
| | Column D: Enter the sum of the amounts reported in Columns B and C on Lines 8, 9, and 10. | | | | | | | | |
| Column E: Enter the portion of the amounts reported in Column D on Lines 8, 9, and 10 that are sourced to New Jersey. | | | | | | | | | |
| The gain or loss from the sale of real and tangible assets located in New Jersey is sourced to New Jersey. | | | | | | | | | |
| The gain or loss from the sale of motor vehicle equipment is sourced to the state where the vehicle is register. The gain or loss from the sale of intangibles is allocated using the average of the last three years' business all | | | | | | | | one state. | |
| Column F: 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 F of that | | | | | | | n F of that line and o | on the corresponding | |
| | Column 1. | line on the front of Form | | | in 5 from the amount report | ca in Column A. Emel un | difference in Coluit | m i oi mat ime alla (| in the corresponding |
| | | | | | | | | | |

Line 12

Add the amount(s) on Lines 8, 9, and 10 in Column D and E and enter the results on Line 12, Columns D and E. Carry the totals in Column D and E to Line 23, Columns A and B respectively, on page 2 of Form NJ-1065.