

CAUTION

These forms are for **reference only**.
DO NOT mail to the Division of Taxation.

Form CBT-100S and all related forms and schedules **must** be filed electronically. See our [website](#) for more information.

REFERENCE ONLY

New Jersey Corporation Business Tax Return
For Tax Years Ending On or After July 31, 2022 Through June 30, 2023

Tax year beginning _____, _____, and ending _____, _____
The surtax enacted under P.L. 2018, c.48 does not apply to New Jersey S corporations.

FEDERAL EMPLOYER I.D. NUMBER N.J. CORPORATION NUMBER
CORPORATION NAME
MAILING ADDRESS
CITY STATE ZIP CODE
Date of NJ S Corporation election
State and date of incorporation
Date authorized to do business in New Jersey
Federal business activity code
Corporation books are in the care of
at
Phone Number
Check applicable return type: Initial Amended
Enter Amended code: If code 10, enter reason:
Check if applicable (see instructions):
Professional Corporation Qualified Subchapter S Subsidiary
Claiming P.L. 86-272 Parent ID#:

Table with 17 rows and 2 columns. Rows 1-16 contain tax calculation items and amounts. Row 17 contains 'Amount of line 14 to be Credited to a Combined Group and tax year to which it is to be applied' with a sub-table for 'Unitary ID Number' showing 'NU'.

CERTIFICATION OF INACTIVITY (See instructions)
If the corporation is inactive, page 1, the Annual General Questionnaire, and Schedules A (parts I and II), A-2, A-3, A-4, and A-GR must be completed. A corporate officer must sign and certify below:
By marking the check box to the left, I certify that the corporation did not conduct any business, did not have any income, receipts, or expenses, and did not own any assets during the entire period covered by the tax return.
(Date) (Signature of Corporate Officer) (Title)

SIGNATURE AND VERIFICATION (See instructions)
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules, forms, and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I understand that pursuant to N.J.S.A. 54:10A-14(a), I must include copies of the federal return(s), forms, and schedules with my New Jersey return. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.
(Date) (Signature of Duly Authorized Officer of Taxpayer) (Title)
(Date) (Signature of Individual Preparing Return) (Address) (Preparer's ID Number)
(Name of Tax Preparer's Employer) (Address) (Employer's ID Number)

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

ANNUAL GENERAL QUESTIONNAIRE (See instructions)

All taxpayers must answer the following questions. Riders must be provided where necessary.

1. Type of business _____
Principal products handled _____
2. State the location of the actual seat of management or control of the corporation _____
3. Did one or more other corporations own beneficially, or control, a majority of the stock of taxpayer corporation or did the same interests own beneficially, or control, a majority of the stock of taxpayer corporation and of one or more other corporations?
 Yes No
If yes, provide a rider indicating the name and FEIN of the controlled corporation, the name and FEIN of the controlling/parent corporation, and the percentage of stock owned or controlled.
4. These questions must be answered by corporations with a controlling interest in certain commercial property.
- a. During the period covered by the return, did the taxpayer acquire or dispose of directly or indirectly a controlling interest in certain commercial property?
 Yes – Answer question 4b below. No
- b. Was the CITT-1, *Controlling Interest Transfer Tax*, filed with the Division of Taxation?
 Yes. Provide a rider indicating the information and include a copy of the CITT-1.
 No. Provide a rider indicating the name and FEIN of the transferee, the name and FEIN of the transferor, and the assessed value of the property.
5. Does this corporation own any Qualified Subchapter S Subsidiaries (QSSS)?
 Yes No
If yes, provide a rider indicating the name, address, and FEIN of the subsidiary, whether the subsidiary made a New Jersey QSSS election, and whether the activities of the subsidiary are included in this return.
6. If the taxpayer is a unitary subsidiary of a combined group filing a New Jersey combined return from which the taxpayer is excluded, did the taxpayer distribute dividends or deemed dividends in the current tax year?
 Yes No
If yes, provide a rider indicating the name and FEIN of the entity to which the dividends were paid (deemed), the amount of dividends, and unitary ID number of the combined group.
7. Is the taxpayer an intangible holding company or is the taxpayer's income, directly or indirectly, from intangible property or related service activities that are deductible against the income of members of a combined group?
 Yes No
If yes, provide a rider indicating the names and ID numbers of the combined group or the related members and detail the taxpayer's income that is deductible against their income.
8. Is income from sources outside the United States included in taxable net income on Schedule A?
 Yes No NA
If yes, provide a rider indicating such items of gross income, the source, the deductions, and the amount of foreign taxes paid. Enter on Schedule A, Part I, line 37b, the difference between the net of such income and the amount of foreign taxes paid not previously deducted (include a rider).
9. Does the taxpayer have related parties or affiliates that file combined returns in New Jersey?
 Yes No
10. Is the taxpayer part of a group that files a New Jersey combined return but is excluded from the combined return?
 Yes No
If yes, name of the managerial member of the combined group: _____
11. Has the taxpayer or the preparer completing this return on the taxpayer's behalf taken any uncertain tax positions when filing this return or their federal tax return? For more information see Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740-10, formerly FASB Interpretation No. 48 (FIN 48).
 Yes – Include a rider detailing the information. No
12. Does the taxpayer own or lease real or tangible property in New Jersey?
 Yes No
13. Does the taxpayer have payroll in New Jersey?
 Yes No

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

ALL TAXPAYERS MUST COMPLETE THIS SCHEDULE

Schedule A COMPUTATION OF NEW JERSEY TAXABLE NET INCOME (SEE INSTRUCTIONS)

PART I – COMPUTATION OF ENTIRE NET INCOME

1.	a.	Gross receipts or sales	1a.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
	b.	Less: Returns and allowances	1b.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
	c.	Total – Subtract line 1b from line 1a.....	1c.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
2.		Less: Cost of goods sold (from Schedule A-2, line 8).....	2.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
3.		Gross profit – Subtract line 2 from line 1c	3.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
4.		Net gain (loss) from Form 4797 (include Form 4797) (see instructions)	4.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
5.		Other income (loss) (include schedule).....	5.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
6.		Total Income (loss). Add lines 3 through 5.....	6.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
7.		Compensation of officers (from Schedule F).....	7.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
8.		Salaries and wages (less employment credits).....	8.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
9.		Repairs	9.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
10.		Bad debts	10.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
11.		Rents	11.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
12.		Taxes	12.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
13.		Interest.....	13.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
14a.		Depreciation	14a.	XXXXXXXXXXXX
14b.		Depreciation claimed on Schedule A-2 and elsewhere on return.....	14b.	XXXXXXXXXXXX
14c.		Subtract line 14b from line 14a.....	14c.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
15.		Depletion (do not deduct oil and gas depletion)	15.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
16.		Advertising.....	16.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
17.		Pension, profit-sharing, etc., plans	17.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
18.		Employee benefit programs.....	18.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
19.		Other deductions (include schedule).....	19.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
20.		Total deductions (add lines 7 through 19).....	20.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
21.		Ordinary income (loss) from trade or business activities. Subtract line 20 from line 6 (see instructions).....	21.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
22.	a.	Gross income from all rental activities.....	22a.	XXXXXXXXXXXX
	b.	Expenses related to the above rental activities (include schedule).....	22b.	XXXXXXXXXXXX
	c.	Net income (loss) from all rental activities. Subtract line 22b from 22a.....	22c.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
23.		Portfolio income (loss):		
	a.	Interest income	23a.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
	b.	Dividend income	23b.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
	c.	Royalty income	23c.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
	d.	Capital gain net income (include Schedule D (Form 1120-S))	23d.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
	e.	Other portfolio income (loss) (include schedule).....	23e.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
24.		Net gain (loss) under section 1231 (include federal Form 4797).....	24.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
25.		Other income (loss) (include schedule).....	25.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
26.		Section 179 expense deduction (include federal Form 4562) (see instructions).....	26.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
27.		Deductions related to portfolio income (loss)	27.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
28.		Other deductions (include schedule).....	28.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
29.		Add lines 21 through 28.....	29.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
30.		Charitable contributions (limited to 10% of line 29).....	30.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
31.		Taxable income before net operating loss and special deductions. Subtract line 30 from line 29. (see instructions).....	31.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX

NAME AS SHOWN ON RETURN	FEDERAL ID NUMBER
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Schedule A COMPUTATION OF NEW JERSEY TAXABLE NET INCOME (SEE INSTRUCTIONS)

32. Taxable income before net operating loss and special deductions from page 3, line 31	32.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
33. Interest on federal, state, municipal, and other obligations not included above (see instructions).....	33.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
34. New Jersey State and other states' income taxes deducted above (see instructions).....	34.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
35. Taxes paid by the corporation on behalf of the shareholder (see instructions)	35.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
36. a. Depreciation modification being added to income (from Schedule S).....	36a.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
b. Depreciation modification being subtracted from income (from Schedule S).....	36b.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
37. a. Deduction for IRC Section 78 Gross-up not deducted at line 43 below	37a.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
b. Other deductions and additions. Explain on separate rider (see instructions)	37b.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
c. Related party interest addback (Schedule G, Part I)	37c.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
d. Related party intangibles expenses and costs addback (Schedule G, Part II).....	37d.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
e. Add back any other federally exempt income not reported elsewhere on Schedule A (see instructions)	37e.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
38. Entire net income before net operating loss deduction and dividend exclusion (net lines 32 through 37(e)).....	38.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
39. Allocation factor from Schedule J (if all receipts were derived from only New Jersey sources, enter 1.000000).....	39.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
40. Allocated Entire Net Income before net operating loss deductions and dividend exclusion – Multiply line 38 by line 39 and enter the result here (if zero or less, enter zero on line 45)	40.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
41. Deduction for Current Converted Net Operation Losses (from Form 500S) (Amount entered cannot be more than amount on line 40.).....	41.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
42. Allocated Entire Net Income before allocated dividend exclusion – Subtract line 41 from line 40 (if zero or less, enter zero here and on line 45)	42.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
43. Allocated Dividend Exclusion (from Schedule R, line 13).....	43.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
44. Reserved for future use	44.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
45. Allocated Entire Net Income – Subtract line 43 from line 42	45.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX

PART II (See instructions)

1. Entire net income that is subject to federal corporate income taxation (see instructions).....	1.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
2. Allocation factor from Schedule J (if all receipts were derived from only New Jersey sources, enter 1.000000).....	2.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
3. Allocated Entire Net Income before net operating loss deductions multiply line 1 by line 2.	3.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
4. Deduction for Available Converted Net Operation Losses (from Form 500S) (Amount entered cannot be more than amount on line 3.).....	4.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
5. Taxable Net Income subject to federal corporate income taxation (carry to page 1, line 1, ONLY if amount is more than zero) – Subtract line 4 from line 3	5.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Schedule A-2 COST OF GOODS SOLD (See instructions) All data must match amounts reported on federal Form 1125-A of the federal pro forma or federal return, whichever is applicable.

1. Inventory at beginning of year	1.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
2. Purchases.....	2.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
3. Cost of labor	3.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
4. Additional section 263A costs.....	4.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
5. Other costs (include schedule).....	5.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
6. Total – Add lines 1 through 5	6.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
7. Inventory at end of year.....	7.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
8. Cost of goods sold – Subtract line 7 from line 6. Enter here and on Schedule A, Part I, line 2	8.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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Schedule A-3 SUMMARY OF TAX CREDITS (See instructions)

PART I – Tax Credits Used Against Liability

1. New Jobs Investment Tax Credit from Form 304	1.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
2. Angel Investor Tax Credit from Form 321	2.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
3. Business Employment Incentive Program Tax Credit from Form 324	3.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
4. Pass-Through Business Alternative Income Tax Credit from Form 329	4.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
5. EITHER: a. Urban Enterprise Zone Employee Tax Credit from Form 300	5.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
OR b. Urban Enterprise Zone Investment Tax Credit from Form 301		
6. Redevelopment Authority Project Tax Credit from Form 302	6.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
7. Manufacturing Equipment and Employment Investment Tax Credit from Form 305	7.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
8. Research and Development Tax Credit from Form 306	8.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
9. Neighborhood Revitalization State Tax Credit from Form 311	9.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
10. Effluent Equipment Tax Credit from Form 312	10.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
11. Economic Recovery Tax Credit from Form 313	11.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
12. AMA Tax Credit from Form 315	12.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
13. Business Retention and Relocation Tax Credit from Form 316	13.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
14. Sheltered Workshop Tax Credit from Form 317	14.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
15. Film Production Tax Credit from Form 318	15.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
16. Urban Transit Hub Tax Credit from Form 319	16.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
17. Grow NJ Tax Credit from Form 320	17.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
18. Wind Energy Facility Tax Credit from Form 322	18.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
19. Residential Economic Redevelopment and Growth Tax Credit from Form 323	19.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
20. Public Infrastructure Tax Credit from Form 325	20.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
21. Reserved for future use	21.	
22. Film and Digital Media Tax Credit from Form 327	22.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
23. Tax Credit for Employers of Employees With Impairments from Form 328	23.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
24. Apprenticeship Program Tax Credit from Form 330	24.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
25. Tax Credit for Employer of Organ/Bone Marrow Donor from Form 331	25.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
26. Tiered Subsidiary Dividend Pyramid Tax Credit from Form 332	26.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
27. Innovation Evergreen Fund Tax Credit from Form 334	27.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
28. Unit Concrete Products Tax Credit from Form 335	28.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
29. Other Tax Credit (see instructions)	29.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
30. Total tax credits – Add lines 1 through 29. Enter here and on page 1, line 3	30.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX

PART II – Refundable Tax Credits

1. Refundable portion of New Jobs Investment Tax Credit from Form 304	1.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
2. Refundable portion of Angel Investor Tax Credit from Form 321	2.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
3. Refundable portion of Business Employment Incentive Program Tax Credit from Form 324	3.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
4. Refundable portion of Pass-Through Business Alternative Income Tax Credit from Form 329	4.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
5. Other Tax Credit to be refunded	5.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
6. Total amount of tax credits to be refunded. Enter here and on page 1, line 8c	6.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX

NAME AS SHOWN ON RETURN	FEDERAL ID NUMBER
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ALL CORPORATIONS MUST COMPLETE THIS SCHEDULE AND SUBMIT IT WITH THEIR CBT-100S TAX RETURN

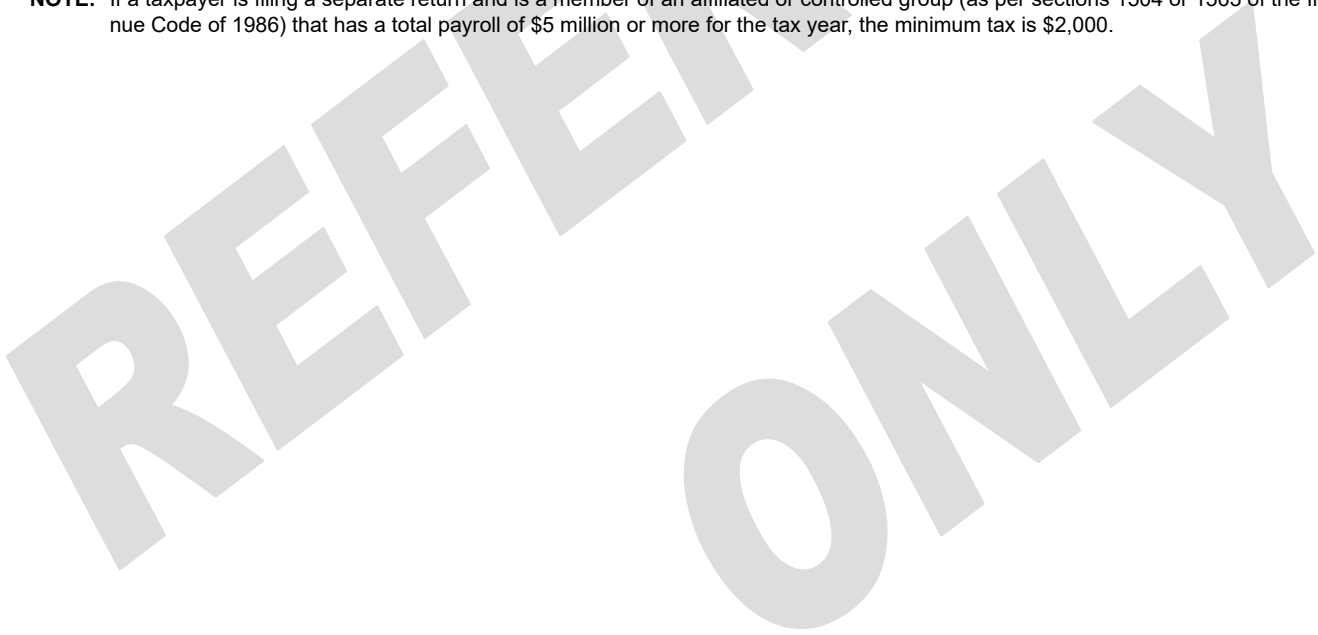
Schedule A-4 SUMMARY SCHEDULE (See instructions)

Interest and Intangible Costs and Expenses			Dividend Exclusion Information		
1. Schedule G, Part I, line b.....	1.	XXXXXXXXXXXXXXXXXX	7. Schedule R, line 7	7.	XXXXXXXXXXXXXXXXXX
2. Schedule G, Part II, line b.....	2.	XXXXXXXXXXXXXXXXXX	8. Schedule R, line 9	8.	XXXXXXXXXXXXXXXXXX
Schedule J Information			Schedule A-GR Information		
3. Schedule J, line 1f.....	3.	XXXXXXXXXXXXXXXXXX	9. Schedule A-GR, line 6	9.	XXXXXXXXXXXXXXXXXX
4. Schedule J, line 1g.....	4.	XXXXXXXXXXXXXXXXXX	Schedule P Information		
5. Schedule J, line 1h.....	5.	XXXXXXXXXXXXXXXXXX	10. Schedule P, Part III, line 1	10.	XXXXXXXXXXXXXXXXXX
			11. Schedule P, Part III, line 2.....	11.	XXXXXXXXXXXXXXXXXX
Net Operational Income Information					
6. Schedule O, Part III, line 31.....	6.	XXXXXXXXXXXXXXXXXX			

Schedule A-GR COMPUTATION OF NEW JERSEY GROSS RECEIPTS AND MINIMUM TAX (See instr.)
 Complete this schedule only if the amount reported on page 1, line 2 is less than \$1,500. Members of an affiliated or controlled group, see note below.

1. Enter sales of tangible personal property shipped to points within New Jersey.....	1.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
2. Enter services if the benefit of the service is received in New Jersey	2.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
3. Enter rentals of property situated in New Jersey.....	3.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
4. Enter royalties for the use in New Jersey of patents, copyrights, and trademarks.....	4.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
5. Enter all other business receipts earned in New Jersey.....	5.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
6. Total New Jersey Gross Receipts.....	6.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
7. Enter minimum tax per instructions. Enter here and on page 1, line 4.....	7.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

NOTE: If a taxpayer is filing a separate return and is a member of an affiliated or controlled group (as per sections 1504 or 1563 of the Internal Revenue Code of 1986) that has a total payroll of \$5 million or more for the tax year, the minimum tax is \$2,000.



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Schedule F

CORPORATE OFFICERS – GENERAL INFORMATION AND COMPENSATION (See instr.)

Data must match amounts reported on federal Form 1125-E of the federal pro forma or federal return, whichever is applicable.

(1) Name and Current Address of Officer	(2) Social Security Number	(3) Title	(4) Dates Employed in this position		(5) Percentage of Corporation Stock Owned		(6) Amount of Compensation
			From	To	Common	Preferred	
XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXX	XXXXX	XXXX	XXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXX	XXXXX	XXXX	XXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXX	XXXXX	XXXX	XXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXX	XXXXX	XXXX	XXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXX	XXXXX	XXXX	XXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXX	XXXXX	XXXX	XXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXX	XXXXX	XXXX	XXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXX	XXXXX	XXXX	XXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX
a. Total compensation of officers.....							XXXXXXXXXXXXXXXXXXXX
b. Less: Compensation of officers claimed elsewhere on the return.....							XXXXXXXXXXXXXXXXXXXX
c. Balance of compensation of officers (include here and on Schedule A, Part I, line 7).....							XXXXXXXXXXXXXXXXXXXX

Schedule G

PART I – Interest (See Instructions)

1. Was interest paid, accrued, or incurred to a related member(s) deducted from entire net income?

Yes. Fill out the following schedule. No.

Name of Related Member	Federal ID Number	Relationship to Taxpayer	Amounts
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
a. Total amount of interest deducted.....			XXXXXXXXXXXXXXXXXXXX
b. Subtract: Exceptions (see instructions).....			(XXXXXXXXXXXXXXXXXXXX)
c. Related party interest expenses disallowed for New Jersey purposes (include here and on Schedule A, Part I, line 37c).....			XXXXXXXXXXXXXXXXXXXX

PART II – Interest Expenses and Costs and Intangible Expenses and Costs (See instr.)

1. Were intangible expenses and costs, including intangible interest expenses and costs, paid, accrued, or incurred to related members, deducted from entire net income? Yes. Fill out the following schedule. No.

Name of Related Member	Federal ID Number	Relationship to Taxpayer	Type of Intangible Expense Deducted	Exception Amounts
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
a. Total amount of intangible expenses and costs deducted.....				XXXXXXXXXXXXXXXXXXXX
b. Subtract: Exceptions (see instructions).....				XXXXXXXXXXXXXXXXXXXX
c. Related party intangible expenses and costs addback (include here and on Schedule A, Part I, line 37d).....				XXXXXXXXXXXXXXXXXXXX

NOTE: For tax years beginning on or after January 1, 2018, the treaty exceptions have been limited pursuant to P.L. 2018, c. 48. See Schedule G-2 instructions for more information.

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Schedule H

TAXES (See instructions)

Include all taxes paid or accrued during the accounting period wherever deducted on Schedule A.

	(A) Corporation Franchise Business Taxes*	(B) Corporation Business/ Occupancy Taxes*	(C) Property Taxes	(D) U.C.C. or Payroll Taxes	(E) Other Taxes/ Licenses (include schedule)	(F) Total
1. New Jersey Taxes	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
2. Other States & U.S. Possessions	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
3. City and Local Taxes	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
4. Taxes Paid to Foreign Countries	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
5. Total	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
6. Combine lines 5(a) and 5(b)						
7. Sales & Use Taxes Paid by a Utility Vendor						
8. Add lines 6 and 7						
9. Federal Taxes				XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
10. Total (Combine line 5 and line 9)	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX

* Include on line 4 taxes paid or accrued to any foreign country, state, province, territory, or subdivision thereof.

Schedule J

COMPUTATION OF ALLOCATION FACTOR (See instructions)

All taxpayers, regardless of entire net income reported on Schedule A, Part I, line 38, Form CBT-100S, must complete Schedule J. This schedule can be omitted if the taxpayer does not have receipts outside New Jersey, in which case the allocation factor will be 100% (1.000000).

For tax years ending on and after July 31, 2019, services are sourced based on market sourcing, not cost of performance.

	AMOUNTS (omit cents)
1. Receipts:	
a. From sales of tangible personal property shipped to points within New Jersey.....	a. XXXXXXXXXXXXXXXXXXXX
b. From services if the benefit of the service is received in New Jersey	b. XXXXXXXXXXXXXXXXXXXX
c. From rentals of property situated in New Jersey	c. XXXXXXXXXXXXXXXXXXXX
d. From royalties for the use in New Jersey of patents, copyrights, and trademarks	d. XXXXXXXXXXXXXXXXXXXX
e. All other business receipts earned in New Jersey	e. XXXXXXXXXXXXXXXXXXXX
f. Total New Jersey receipts (Total of lines 1a to 1e, inclusive).....	f. XXXXXXXXXXXXXXXXXXXX
g. Total receipts from all sales, services, rentals, royalties, and other business transactions everywhere.....	g. XXXXXXXXXXXXXXXXXXXX
h. Allocation Factor (Percentage in New Jersey (line 1f) divided by line 1g). Carry the fraction 6 decimal places. Do not express as a percent. Include here and on Schedule A, Part I, line 39, and Schedule A, Part II, line 2.....	h. XXXXXXXXXXXXXXXXXXXX

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Schedule K SHAREHOLDERS' SHARES OF INCOME, DEDUCTIONS, ETC. (See instructions)

PART I

- 1. Total number of shareholders.....
- 2. Total number of nonresident shareholders.....
- 3. a. Total number of nonconsenting shareholders.....
- b. Percentage of stock owned %

PART II NEW JERSEY S CORPORATION INCOME (LOSS)

1. Amount from Schedule A, Part I, line 21.....	1.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
2. Add the following amounts from federal 1120-S, Schedule K		
a. Net income (loss) from rental real estate activities..... a.		
b. Net income (loss) from other rental activities b.		
c. Interest income c.		
d. Dividend income d.		
e. Royalty income e.		
f. Net short-term capital gain (loss)..... f.		
g. Net long-term capital gain (loss)..... g.		
h. Other portfolio income (loss)..... h.		
i. Net gain (loss) under sections 1231 and/or 179..... i.		
j. Other income j.		
k. Tax-exempt interest income..... k.		
l. Other tax-exempt income l.		
Total of 2a through 2l.....	2.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
3. Add line 1 plus line 2.....	3.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
4. Additions:		
a. Interest income on state and municipal bonds other than New Jersey..... a.		
b. New Jersey State and other states' income taxes deducted in arriving at line 3 including taxes paid on behalf of the shareholder b.		
c. All expenses included in line 3 to generate tax-exempt income c.		
d. Losses included in line 3 from U.S. Treasury and other obligations pursuant to N.J.S.A. 54A:6-14 and 6-14.1 ... d.		
e. Other additions e.		
Total of 4a through 4e.....	4.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
5. Add line 3 plus line 4.....	5.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
6. Subtractions:		
a. U.S. Treasury and other interest income included in line 3 from investments exempt under N.J.S.A. 54A:6-14 and 6-14.1..... a.		
b. Gains included in line 3 from U.S. Treasury and other obligations pursuant to N.J.S.A. 54A:6-14 and 6-14.1 ... b.		
c. IRC Section 179 expense from federal Schedule K..... c.		
d. Federal 50% of business meal expenses and 100% of entertainment expenses d.		
e. Charitable contributions from federal Schedule K e.		
f. Other subtractions f.		
Total of 6a through 6f.....	6.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
7. New Jersey depreciation adjustment from Gross Income Tax Depreciation Adjustment Worksheet GIT-DEP.....	7.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
8. New Jersey S Corporation Income (Loss) – Line 5 minus line 6 plus or minus line 7.....	8.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PART III ALLOCATION OF S CORPORATION INCOME (LOSS)

1. New Jersey S Corporation Income (Loss) (Part II, line 8).....	1.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
a. Current period nonoperational activity (Schedule O, Part I, line 34).....	1a.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
b. Nonunitary partnership income/loss (from Schedule P-1, Part II, line 4).....	1b.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
2. Total operational income (loss) (line 1 minus lines 1a and 1b).....	2.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
3. Allocation factor (Schedule J, line 1h).....	3.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
4. Allocated operational income (loss) (line 3 x line 2).....	4.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
5. Nonoperational income (loss) (Schedule O, Part III, line 31).....	5.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
a. Nonunitary partnership income (from Schedule P-1, Part II, line 5).....	5a.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
6. Total allocated income (loss) (line 4 plus lines 5 and 5a).....	6.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
7. New Jersey CBT reported on CBT-100S (Page 1, line 2 minus line 3).....	7.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
8. New Jersey allocated income (loss) (line 6 minus line 7).....	8.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9. Income (loss) not allocated to New Jersey (line 1 minus line 6).....	9.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

NAME AS SHOWN ON RETURN	FEDERAL ID NUMBER
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PART IV – A ANALYSIS OF NEW JERSEY ACCUMULATED ADJUSTMENTS ACCOUNT

	(A) New Jersey AAA	(B) Non New Jersey AAA	(C) Total of Columns (A) & (B)
1. Beginning balance.....	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
2. Net pro rata share of S corporation income	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
3. Other income/loss	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
4. Other reductions (include schedule)	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
5. Total lines 1-4.....	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
6. Distributions	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
7. Ending balance (line 5 minus line 6).....	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX

PART IV – B NEW JERSEY EARNINGS AND PROFITS

1. Beginning balance.....	1.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
2. Additions/Adjustments.....	2.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
3. Dividends paid.....	3.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
4. Ending balance (line 1 plus line 2 minus line 3).....	4.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PART V SUMMARY OF RESIDENT SHAREHOLDERS' PRO RATA SHARES

(A) Name	(B) Social Security Number	(C) Pro Rata Share Income/Loss	(D) Distributions	(E) Share of Pass-Through Business Alternative Income Tax
1. XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
2. XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
3. XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
4. XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
5. XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
6. Total.....		XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX

PART VI SUMMARY OF CONSENTING NONRESIDENT SHAREHOLDERS' PRO RATA SHARES

(A) Name	(B) Social Security Number	Pro Rata Share Income/Loss		(E) Distributions	(F) Share of Pass-Through Business Alternative Income Tax
		(C) Allocated to NJ	(D) Not Allocated to NJ		
1. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
2. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
3. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
4. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
5. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
6. Total.....		XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX

PART VII SUMMARY OF NONCONSENTING SHAREHOLDERS' PRO RATA SHARES

(A) Name	(B) Social Security Number	Pro Rata Share Income/Loss		(E) Distributions	(F) Gross Income Tax Paid	(G) Share of Pass-Through Business Alternative Income Tax
		(C) Allocated to NJ	(D) Not Allocated to NJ			
1. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
2. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
3. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
4. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
5. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
6. Total.....		XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

Schedule K Liquidated S CORPORATIONS SHAREHOLDERS' SHARES OF INCOME, DEDUCTIONS, ETC. (See instructions)

PART I

1. Total number of shareholders..... _____
2. Total number of nonresident shareholders..... _____
3. a. Total number of nonconsenting shareholders..... _____
- b. Percentage of stock owned _____ %
4. Enter date the assets were fully disposed..... ____/____/____
5. Enter date the shareholders' stock was fully disposed ... ____/____/____

PART II NJ S CORPORATION INCOME(LOSS) WORKSHEET UPON COMPLETE LIQUIDATION

	Column A S Corp Income Prior to Disposition of Assets	Column B Income, Gains/Losses from Disposition of Assets in Complete Liquidation
1. Amount from Schedule A, Part I, line 21.....	1. XXXXXXXXXXXXXXXX	
2. Add the following amounts from federal 1120-S, Schedule K		
a. Net income (loss) from rental real estate activities	2a. XXXXXXXXXXXXXXXX	
b. Net income (loss) from other rental activities	2b. XXXXXXXXXXXXXXXX	
c. Interest income.....	2c. XXXXXXXXXXXXXXXX	
d. Dividend income.....	2d. XXXXXXXXXXXXXXXX	
e. Royalty income.....	2e. XXXXXXXXXXXXXXXX	
f. Net short-term capital gain (loss)	2f. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
g. Net long-term capital gain (loss)	2g. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
h. Other portfolio income (loss).....	2h. XXXXXXXXXXXXXXXX	
i. Net gain (loss) under sections 1231 and/or 179	2i. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
j. Other income.....	2j. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
k. Tax-exempt interest income	2k. XXXXXXXXXXXXXXXX	
l. Other tax-exempt income.....	2l. XXXXXXXXXXXXXXXX	
3. Add line 1 plus lines 2a through 2l.....	3. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
4. Additions:		
a. Interest income on state and municipal bonds other than New Jersey.....	4a. XXXXXXXXXXXXXXXX	
b. New Jersey State and other states' income taxes deducted in arriving at line 3 including taxes paid on behalf of the shareholder	4b. XXXXXXXXXXXXXXXX	
c. All expenses included in line 3 to generate tax-exempt income	4c. XXXXXXXXXXXXXXXX	
d. Losses included in line 3 from U.S. Treasury and other obligations pursuant to N.J.S.A. 54A:6-14 and 6-14.1	4d. XXXXXXXXXXXXXXXX	
e. Other additions.....	4e. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
5. Add line 3 plus lines 4a through 4e	5. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
6. Subtractions:		
a. U.S. Treasury and other interest income included in line 3 from investments exempt under N.J.S.A. 54A:6-14 and 6-14.1	6a. XXXXXXXXXXXXXXXX	
b. Gains included in line 3 from U.S. Treasury and other obligations pursuant to N.J.S.A. 54A:6-14 and 6-14.1	6b. XXXXXXXXXXXXXXXX	
c. IRC Section 179 expense from federal Schedule K.....	6c. XXXXXXXXXXXXXXXX	
d. Federal 50% of business meal expenses and 100% of entertainment expenses.....	6d. XXXXXXXXXXXXXXXX	
e. Charitable contributions from federal Schedule K.....	6e. XXXXXXXXXXXXXXXX	
f. Other subtractions.....	6f. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
Total of 6a through 6f.....	6. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
7. New Jersey depreciation adjustment from Gross Income Tax Depreciation Adjustment Worksheet GIT-DEP	7. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
8. Total Income (Loss) – Line 5 minus line 6 plus or minus line 7	8. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX

PART III ALLOCATION OF INCOME (LOSS)

1. Income from Line 8, Part II column A and column B	1. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
a. Current period nonoperational activity (Schedule O, Part I, line 34).....	1a. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
b. Nonunitary partnership income/loss (from Schedule P-1, Part II, line 4)	1b. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
2. Total operational income (loss) (line 1 minus lines 1a and 1b).....	2. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
3. Allocation factor (Schedule J, line 1h)	3. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
4. Allocated operational income (loss) (line 3 x line 2).....	4. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
5. Nonoperational income (loss) (Schedule O, Part III, line 31)	5. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
a. Nonunitary partnership income (from Schedule P-1, Part II, line 5)	5a. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
6. Total allocated income (loss) (line 4 plus lines 5 and 5a).....	6. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
7. New Jersey CBT reported on CBT-100S (Page 1, line 2 minus line 3).....	7. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
8. New Jersey allocated income (loss) (line 6 minus line 7).....	8. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
9. Income (loss) not allocated to New Jersey (line 1 minus line 6).....	9. XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX

NAME AS SHOWN ON RETURN

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Schedule K Liquidated S CORPORATIONS SHAREHOLDERS' SHARES OF INCOME, DEDUCTIONS, ETC. (See instructions)

PART IV – A ANALYSIS OF NEW JERSEY ACCUMULATED ADJUSTMENTS ACCOUNT

	(A) New Jersey AAA	(B) Non New Jersey AAA	(C) Total of Columns (A) & (B)
1. Beginning balance.....	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
2. Net pro rata share of S corporation income	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
3. Other income/loss	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
4. Other reductions (include schedule)	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
5. Total lines 1-4.....	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
6. Distributions	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
7. Ending balance (line 5 minus line 6)	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX

PART IV – B NEW JERSEY EARNINGS AND PROFITS

1. Beginning balance	1.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
2. Additions/Adjustments	2.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
3. Dividends paid	3.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
4. Ending balance (line 1 plus line 2 minus line 3)	4.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

REFERENCED ONLY

NAME AS SHOWN ON RETURN	FEDERAL ID NUMBER
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Schedule PC

PER CAPITA LICENSED PROFESSIONAL FEE (See instructions)

1. Is the corporation a Professional Corporation (PC) formed pursuant to N.J.S.A. 14A:17-1 et seq. or any similar law from a possession or territory of the United States, a state, or political subdivision thereof? Yes. This schedule must be included with the return. No.
2. How many licensed professionals are owners, shareholders, and/or employees from this Professional Corporation (PC) as of the first day of the privilege period? 2 or less, complete Part I. More than 2, complete Part I and Part II (if additional space is needed, include a rider).

PART I – Provide the following information for each of the licensed professionals in the PC. Include a rider if additional space is needed.

Name	Address	FID/SSN
1. XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
2. XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
3. XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
4. XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
5. XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PART II – Complete only if there are more than 2 licensed professionals listed above.

1. Enter number of resident and nonresident professionals with physical nexus with New Jersey _____ x \$150	1.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
2. Enter number of nonresident professionals without physical nexus with New Jersey _____ x \$150 x allocation factor of the PC	2.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
3. Total Fee Due – Add line 1 and line 2	3.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
4. Installment Payment – 50% of line 3	4.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
5. Total Fee Due (line 3 plus line 4)	5.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
6. Less prior year 50% installment payment and credit (if applicable)	6.	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX)
7. Balance of Fee Due (line 5 minus line 6). If the result is zero or above, include the amount here and on page 1, line 6	7.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
8. Credit to next year's Professional Corporation Fee (if line 7 is below zero, enter the amount here)	8.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Schedule P-1

PARTNERSHIP INVESTMENT ANALYSIS (See instructions)

PART I – Partnership Information

(1) Name of Partnership, LLC, or Other Entity and Federal ID Number	(2) Date and State where Organized	(3) Percentage of Ownership	(4)		(5) Tax Accounting Method		(6) New Jersey Nexus		(7) Tax Payments Made on Behalf of Taxpayer by Partnerships
			Limited Partner	General Partner	Flow Through	Separate Accounting*	Yes	No	
XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXXXX	XXXXXXXX	XXXX	XXXX	XXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXXXX	XXXXXXXX	XXXX	XXXX	XXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXXXX	XXXXXXXX	XXXX	XXXX	XXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXXXX	XXXXXXXX	XXXX	XXXX	XXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXXXX	XXXXXXXX	XXXX	XXXX	XXXXXXXXXXXXXXXXXXXXXX
Enter total of column 7 here and on page 1, line 8b									XXXXXXXXXXXXXXXXXXXXXX

*Taxpayers using a separate accounting method must complete Part II.

PART II – Separate Accounting of Nonunitary Partnership Income

(1) Nonunitary Partnership's Federal ID Number	(2) Distributive Share of Income/Loss from Nonunitary Partnership	(3) Partnership's Allocation Factor (See instructions)	(4) Taxpayer's Share of Income Allocated to New Jersey (Multiply column 2 by column 3)
1. XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
2. XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
3. XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
4. Total column 2. Enter amount here and Schedule K or K liquidated, Part III, line 1b			XXXXXXXXXXXXXXXXXXXXXX
5. Total column 4. Enter amount here and Schedule K or K liquidated, Part III, line 5a			XXXXXXXXXXXXXXXXXXXXXX

If additional space is needed, include a rider.

NAME AS SHOWN ON RETURN	FEDERAL ID NUMBER
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Schedule P

SUBSIDIARY INVESTMENT ANALYSIS (See instructions)

NOTE: Taxpayers must hold 80% of the combined voting power of all classes of stock entitled to vote and at least 80% of the total number of shares of all other classes of stock, except non-voting stock which is limited and preferred as to dividends, for each subsidiary. Do not include advances to subsidiaries in book value. **Do not include any previously taxed dividends.** Instead, report those amounts on Schedule PT.

PART I DOMESTIC SUBSIDIARY

Federal ID Number	(1) Name of Subsidiary	(2) Percentage of Interest		(3) Book Value	(4) Domestic Dividend Income (as reported on Schedule A)
		(a) Voting	(b) Non-Voting		
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXX
Totals				XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXX

PART II FOREIGN SUBSIDIARY

Federal ID Number	(1) Name of Subsidiary	(2) Percentage of Interest		(3) Book Value	(4) Foreign Dividend Income (as reported on Schedule A)
		(a) Voting	(b) Non-Voting		
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXX
Totals				XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXX

PART III TOTAL OF 80% OR MORE OWNED SUBSIDIARY DIVIDENDS

1. Enter total from Part I, column 4 (include here and on Schedule A-4)	1. XXXXXXXXXXXXXXXXXXXXX
2. Enter total from Part II, column 4 (include here and on Schedule A-4)	2. XXXXXXXXXXXXXXXXXXXXX
3. Total dividends. Add lines 1 and 2 (include here and on Schedule R)	3. XXXXXXXXXXXXXXXXXXXXX

Schedule R

DIVIDEND EXCLUSION (See instructions)

1. Enter the total dividends and deemed dividends reported on Schedule A	1.	XXXXXXXXXXXXXXXXXXXXXX
2. Enter amount from Schedule PT, Section D, line 3	2.	XXXXXXXXXXXXXXXXXXXXXX
3. Dividends eligible for dividend exclusion – Subtract line 2 from line 1	3.	XXXXXXXXXXXXXXXXXXXXXX
4. Enter amount from Schedule P, Part III, line 3.....	4.	XXXXXXXXXXXXXXXXXXXXXX
5. Multiply line 4 by .95	5.	XXXXXXXXXXXXXXXXXXXXXX
6. Subtract line 4 from line 3	6.	XXXXXXXXXXXXXXXXXXXXXX
7. Dividend income from investments where taxpayer owns less than 50% of voting stock and less than 50% of all other classes of stock (do not incl. amounts subtracted on line 2)	7.	(XXXXXXXXXXXXXXXXXXXX)
8. Subtract line 7 from line 6	8.	XXXXXXXXXXXXXXXXXXXXXX
9. Multiply line 8 by 50%	9.	XXXXXXXXXXXXXXXXXXXXXX
10. Reserved for future use	10.	XXXXXXXXXXXXXXXXXXXXXX
11. DIVIDEND EXCLUSION: Add lines 5 and 9	11.	XXXXXXXXXXXXXXXXXXXXXX
12. Allocation factor from current Schedule J (if all receipts are derived from only NJ sources, enter 1.000000).....	12.	XXXXXXXXXXXXXXXXXXXXXX
13. ALLOCATED DIVIDEND EXCLUSION: Multiply line 11 by line 12 (include here and on Schedule A, Part I, line 43)	13.	XXXXXXXXXXXXXXXXXXXXXX

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

Schedule S – Depreciation and Safe Harbor Leasing (See Instructions)

Part I – From Federal Form 4562

1. IRC § 179 Deduction	1.	XXXXXXXXXXXXXXXXXX
2. Special Depreciation Allowance – for qualified property placed in service during the tax year	2.	XXXXXXXXXXXXXXXXXX
3. MACRS	3.	XXXXXXXXXXXXXXXXXX
4. ACRS	4.	XXXXXXXXXXXXXXXXXX
5. Other Depreciation	5.	XXXXXXXXXXXXXXXXXX
6. Listed Property	6.	XXXXXXXXXXXXXXXXXX
7. Total federal depreciation claimed in arriving at Schedule A, Part I, line 28	7.	XXXXXXXXXXXXXXXXXX

Include Federal Form 4562 and Federal Depreciation Worksheet

Modification at Schedule A, Part I, line 32 – Depreciation and Certain Safe Harbor Lease Transactions

8. Prior year New Jersey depreciation (see instructions)	8.	XXXXXXXXXXXXXXXXXX
9. Current year New Jersey depreciation (see instructions). Enter total from Depreciation Worksheet I	9.	XXXXXXXXXXXXXXXXXX
10. Total New Jersey Depreciation. Add lines 8 and 9	10.	XXXXXXXXXXXXXXXXXX
11. IRC § 179 depreciation in excess of New Jersey allowable deduction – If line 1 is more than \$25,000, enter \$25,000. Otherwise, leave blank	11.	XXXXXXXXXXXXXXXXXX
12. Accumulated MACRS or bonus depreciation over accumulated New Jersey depreciation on physical disposal of recovery property. Enter total from Depreciation Worksheet II	12.	XXXXXXXXXXXXXXXXXX
13. Other additions (include an explanation/reconciliation)	13.	XXXXXXXXXXXXXXXXXX
14. Other deductions (include an explanation/reconciliation)	14.	XXXXXXXXXXXXXXXXXX
15. ADJUSTMENT – Add lines 7 and 13. Subtract lines 10, 11, and 14. If line 12 is positive, add line 12 to the result. If line 12 is negative, subtract line 12 from the result. (If line 15 is positive, enter at Schedule A, Part I, line 36a. If line 15 is negative, enter at Schedule A, Part I, line 36b)	15.	XXXXXXXXXXXXXXXXXX

Part II – New Jersey Depreciation for Gas, Electric, and Gas and Electric Public Utilities (See instructions)

1. Total depreciation claimed in arriving at Schedule A, Part I, line 21	1.	XXXXXXXXXXXXXXXXXX
2. Federal depreciation for assets placed in service after January 1, 1998	2.	XXXXXXXXXXXXXXXXXX
3. Net – Subtract line 2 from line 1	3.	XXXXXXXXXXXXXXXXXX
4. New Jersey depreciation allowable on the Single Asset Account (Assets placed in service prior to January 1, 1998)		
a. Total adjusted federal depreciable basis as of December 31, 1997	4a.	XXXXXXXXXXXXXXXXXX
b. Excess book depreciable basis over federal tax basis as of December 31, 1997	4b.	XXXXXXXXXXXXXXXXXX
c. Less accumulated federal basis for all Single Asset Account property sold, retired, or disposed of to date	4c.	XXXXXXXXXXXXXXXXXX
d. Total (line 4a plus line 4b less line 4c)	4d.	XXXXXXXXXXXXXXXXXX
5. New Jersey Depreciation – Divide line 4d by 30		XXXXXXXXXXXXXXXXXX
6. New Jersey Adjustment		
a. Depreciation adjustment for assets placed in service prior to Jan. 1, 1998 – Subtract line 5 from line 3 ..	6a.	XXXXXXXXXXXXXXXXXX
b. Special bonus depreciation adjustment from Schedule S, Part I, line 15 (see instructions)	6b.	XXXXXXXXXXXXXXXXXX
7. Total Adjustment – Add lines 6a and 6b and enter the result. (If line 7 is positive, enter at Schedule A, Part I, line 36a. If line 7 is negative, enter as a positive number at Schedule A, Part I, line 36b.)	7.	XXXXXXXXXXXXXXXXXX

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New Jersey Depreciation Worksheet I (See instructions)

	(A) Classification of Property	(B) Basis for Depreciation	(C) Bonus Depreciation (30% or 50%)	(D) Convention	(E) Method	(F) Federal Depreciation Deduction	(G) New Jersey Depreciation Deduction (See Instructions)
1.	3-year property	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
2.	5-year property	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
3.	7-year property	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
4.	10-year property	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
5.	15-year property	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
6.	20-year property	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
7.	25-year property	XXXXXXXXXXXXXX			XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
8.	Residential rental property	XXXXXXXXXXXXXX			XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
9.	Nonesidential rental property	XXXXXXXXXXXXXX			XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
10.	Total Column G (Enter amount on Schedule S, Part I, line 9)						XXXXXXXXXXXXXX

New Jersey Depreciation Worksheet II – Disposal of Recovery Property (See Instructions)

	(A) Description of Property	(B) Date Acquired: month, day, year	(C) Date Sold: month, day, year	(D) Federal Depreciation	(E) New Jersey Depreciation	(F) Excess/Deficiency
1.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
2.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
3.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
4.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
5.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
6.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
7.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
8.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
9.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
10.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
11.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
12.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
13.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
14.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
15.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
16.	Total Column F					XXXXXXXXXXXXXX

**SCHEDULE
NJ-K-1**
(Form CBT-100S)
2022

**State of New Jersey
Division of Taxation
Shareholder's Share of Income/Loss**

For Calendar Year 2021, or tax year beginning _____, _____ and ending _____, _____

Shareholder's identifying number	Federal employer identification number
Shareholder's name, address, and ZIP Code	Corporation's name, address, and ZIP Code

See instructions and reverse side

Part I

1. Shareholder's percentage of stock ownership for tax year _____ %
2. Shareholder resident nonresident
3. Shareholder consenting nonconsenting
4. Check applicable box: Final NJ-K-1 Amended NJ-K-1
5. Date the shareholder's stock was fully disposed..... _____

Part II

- | | |
|--|--|
| 1. S Income/Loss allocated to NJ | |
| 2. S Income/Loss not allocated to NJ | |
| 3. Pro rata share of S Corporation Income/Loss (line 1 plus line 2)..... | |
| 4. Gain/Loss on disposition of assets allocated to NJ | |
| 5. Gain/Loss on disposition of assets not allocated to NJ | |
| 6. Total Gain/Loss from disposition of assets (line 4 plus line 5)..... | |
| 7. Total payments made on behalf of shareholder..... | |
| 8. Share of Pass-Through Business Alternative Income Tax..... | |
| 9. Distributions..... | |
- Shareholder: Follow the reporting instructions contained in your NJ Income Tax return packet and in publication GIT-9S, *Income From S Corporations*.

This schedule must be included with your NJ Income Tax return.

Part III Shareholder's NJ Accumulated Adjustments Account

	New Jersey AAA	Non New Jersey AAA
1. Beginning balance	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX
2. Income/Loss	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX
3. Other Income/Loss	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX
4. Other reductions	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX
5. Total lines 1-4	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX
6. Distributions	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX
7. Ending Balance (line 5 minus line 6)	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX

Part IV Shareholder's NJ Earnings and Profits Account

1. Beginning balance
2. Additions/Adjustments
3. Dividends received
4. Ending balance (line 1 plus line 2 minus line 3)

Part V

1. Interest paid to shareholder (per 1099-INT)
2. Indebtedness:
 - a. From corporation to shareholder:
 - b. From shareholder to corporation:
3. Shareholder's HEZ deduction:

INSTRUCTIONS FOR SCHEDULE NJ-K-1

**For additional information see publication GIT-9S, *Income From S Corporations*
(Available on the Division's [website](#))**

PART I

- Line 1 Shareholder's percentage of stock ownership as reported on federal 1120-S.
- Line 2 Indicate shareholder's residency status at year's end.
- Line 3 Indicate whether shareholder is a consenting or nonconsenting shareholder.
- Line 4 If applicable, indicate if this schedule is a final or amended NJ-K-1.
- Line 5 Enter date shareholder received final distribution (cash and/or property).

PART II

- Line 1 Enter shareholder's share of New Jersey allocated S corporation income/loss from Part III, line 8 of Schedule K or from Part III, line 8, column A of Schedule K Liquidated.
- New Jersey S corporations that claim a credit for taxes paid to other jurisdictions in accordance with N.J.A.C. 18:7-8.3 will report 100% of the shareholder's net pro rata share as allocated to New Jersey.
- Line 2 Enter shareholder's share of S corporation income/loss not allocated to New Jersey from Part III, line 9 of Schedule K or from Part III, line 9, column A of Schedule K Liquidated.
- Line 4 Enter shareholder's share of New Jersey allocated income, gains/losses from disposition of assets from Part III, line 8, column B of Schedule K Liquidated.
- Line 5 Enter shareholder's share of income, gains/losses from disposition of assets not allocated to New Jersey from Part III, line 9, column B of Schedule K Liquidated.
- Line 7 Enter total payments made on behalf of the shareholder as reported in Part VII, column F of Schedule K or in Part VII, column (H) of Schedule K Liquidated.
- Line 8 Enter Share of Pass-Through Business Alternative Income Tax as reported in Part V, column E, Part VI, column F, or Part VII, column G of Schedule K and Part V, column F, Part VI, column H, or Part VII, column I of Schedule K Liquidated.
- Line 9 Enter distributions shareholder received during the year as reported in Part V, VI, or VII, of Schedule K or Schedule K Liquidated.

PART III

- Lines 1–7 Enter shareholder's share of New Jersey Accumulated Adjustments (AAA) from Part IV-A, Schedule K or Schedule K Liquidated.

PART IV

- Lines 1–4 Enter shareholder's share of New Jersey Earnings and Profits from Part IV-B, Schedule K or Schedule K Liquidated.

PART V

- Line 1 Enter the amount of any interest paid to the shareholder that should be reported by the S corporation on federal Form 1099-INT. Include any other interest paid to the shareholder that was deducted by the S corporation in arriving at income reflected in Part II, line 8 of Schedule K or Schedule K Liquidated.
- Line 2
- a. Enter the total amount of the corporation's indebtedness to the shareholder at year's end or prior to final distribution.
 - b. Enter the total amount of the shareholder's indebtedness to the corporation at year's end or prior to final distribution.
- Line 3 If a New Jersey electing S corporation is a qualified primary care medical or dental practice located in or within 5 miles of a Health Enterprise Zone (HEZ), the corporation must determine if the shareholders are entitled to an HEZ deduction and the amount. The shareholder's deduction is entered on the shareholder's Schedule NJ-K-1 and deducted on the shareholder's Gross Income Tax return. See the Division's website, nj.gov/taxation, for qualification and calculation information.

NOTE: A New Jersey electing S corporation doing business in New Jersey may file a NJ-1080-C composite return on behalf of its qualified nonresident shareholders who elect to be included in the composite filing. Every participating shareholder must make the election to be part of the composite return in writing each year by using Form NJ-1080E, Election to Participate in Composite Return, or a form substantially similar.

**New Jersey Gross Income Tax
Payment on Behalf of
Nonconsenting Shareholders**

**NJ
1040-SC
(09-15)**

FOR OFFICIAL USE ONLY

Tax Year Beginning _____ and Ending _____

New Jersey S Corporation Information			Shareholder Information		
Federal Identification Number	NJ Corporation Number		Social Security Number		
Taxpayer Name			Last Name		First name
Address			Street Address		
City	State	ZIP Code	City	State	ZIP Code

Amount of Payment from Schedule K, Part VII, Column (F) or
Schedule K Liquidated, Part VII, Column (H) of the CBT-100S

\$, .

THIS FORM MAY BE REPRODUCED

INSTRUCTIONS FOR NJ-1040-SC

For the S Corporation:

1. A separate form must be completed for each nonconsenting shareholder and submitted with the CBT-100S. Include the completed form(s) with the CBT-100S that is filed by the corporation.
2. Payment Due Date:
Payment should be remitted no later than the time for the filing of the CBT-100S for the accounting or privilege period of the S corporation.
3. The payment amount on the NJ-1040-SC should match the amount on the individual shareholder's NJ-K-1, Part II, line 4.
4. The remittance for the total of all NJ-1040-SC forms is to be included with any corporation business tax due as shown on page 1 of the CBT-100S form.
5. A copy of the completed form must be supplied to each shareholder on whose behalf it was filed on or before the due date of the CBT-100S.

For the Shareholder:

1. Payments made by the S corporation on behalf of the shareholder do not release the shareholder of their responsibility for making estimated payments or filing a New Jersey Gross Income Tax return as required under the New Jersey Gross Income Tax Statutes.
2. A copy of the NJ-1040-SC form must accompany the New Jersey Gross Income Tax return you file. The payment is to be claimed on the return along with any other estimated payments you have made.
3. Be sure to keep a copy of the form for your records.

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

Form 500S

COMPUTATION OF THE AVAILABLE CONVERTED NET OPERATING LOSSES

PART I Net Operating Loss Carryovers Generated as a C Corporation prior to its New Jersey S election

1. Prior Net Operating Loss Conversion Carryover (PNOL) available (see instructions).....	1.	XXXXXXXXXXXXXXXXXXXXXX
2. Post Allocation Net Operating Loss Carryover (NOL) available (see instructions)	2.	XXXXXXXXXXXXXXXXXXXXXX
3. Total Net Operating Losses Available – Total lines 1 and 2	3.	XXXXXXXXXXXXXXXXXXXXXX

PART II – Available Net Operating Loss Deductions

1. Enter amount used on Schedule A, Part I, Line 41	1.	XXXXXXXXXXXXXXXXXXXXXX
2. Enter amount used on Schedule A, Part II, Line 4	2.	XXXXXXXXXXXXXXXXXXXXXX
3. Total amount of available converted NOL carryover used – Add lines 1 and 2.....	3.	XXXXXXXXXXXXXXXXXXXXXX

NOTE: Must include last Net Operating Loss Schedule/Worksheet Prior to Conversion to S Corporation (from Form CBT-100 or CBT-100U).

REFERENCE ONLY