

NJ-CBT-1065**2025**

New Jersey Partnership Return Corporation Business Tax

For Calendar Year 2025, or Tax Year Beginning _____, 20_____, and Ending _____, 20_____

Legal Name of Taxpayer								
Trade Name of Business if different from legal name above								
Address (number and street or rural route)								
City or Post Office	State	ZIP Code						
You Must Enter Your Federal EIN <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Federal EIN</td> <td style="width: 70%;">_____ # of Resident Partners</td> </tr> <tr> <td>Principal Business Activity</td> <td>_____ # of Nonresident Partners with Physical Nexus to NJ</td> </tr> <tr> <td>Date Business Started</td> <td>_____ # of Nonresident Partners without Physical Nexus to NJ</td> </tr> </table>			Federal EIN	_____ # of Resident Partners	Principal Business Activity	_____ # of Nonresident Partners with Physical Nexus to NJ	Date Business Started	_____ # of Nonresident Partners without Physical Nexus to NJ
Federal EIN	_____ # of Resident Partners							
Principal Business Activity	_____ # of Nonresident Partners with Physical Nexus to NJ							
Date Business Started	_____ # of Nonresident Partners without Physical Nexus to NJ							

Check applicable boxes

 Initial Return Final Return Amended Return Application for Federal Extension is Attached Tiered Partnership

Nonresident Partners Tax		Column A Amount From All Sources
1. Total Income (From line 12, NJ-1065).....		1.
2. Total Nonresident Noncorporate Partner Share of Tax (Line 1c, col. I of Partners Directory).....		2.
3. Total Nonresident Corporate Partner Share of Tax (Line 1c, col. J of Partners Directory).....		3.
4. Total Tax (Add lines 2 and 3).....		4.
5. Interest on Underpayment of Estimated Tax.....		5.
Check box if CBT-160-P attached <input type="checkbox"/>		
6. Total Due (Add lines 4 and 5).....		6.
7. Less: Pass-Through Business Alternative Income Tax Credit (See instructions).....		7.
8. Less: Total Tax Paid on Behalf of Partnership from Tiered Partnership Payment Schedule.....		8.
9. Less: Estimated Payments/Credit from 2024.....		9.
10. Less: Payment from CBT-206		10.
11. Total Balance Due		11.
12. Overpayment.....		12.
13. Credit to 2026.....		13.
14. Refund.....		14.

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 #

Partnership Name as shown on Form NJ-CBT-1065

Schedule T Tiered Partnership**Tiered Partnership Payment Schedule**

List the Partnership Name(s), Federal Identification Number(s), Share of New Jersey Tax reported on line 1 of Part III of each Schedule NJK-1 received, and Share of Pass-Through Business Alternative Income Tax reported on each Schedule PTE-K-1 received.

Name		FEIN	Share of NJ Tax	Share of Pass-Through Business Alternative Income Tax
A.				
B.				
C.				
D.				
E.				
F.				
Total Tax Paid on Behalf of Partnership Enter here and on line 8, Form NJ-CBT-1065				
Total Share of Pass-Through Business Alternative Income Tax If the nonresident partners tax box on Form NJ-1065, Schedule A, Part II, line 3 is checked, also enter this amount on Form NJ-CBT-1065, line 7.				

Underpayment of Estimated NJ Partnership Tax

Attach to your tax return (Form NJ-CBT-1065)

Partnership Name	Federal EIN
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Part I How to Calculate Your UnderpaymentNote: If you meet any of the exceptions that avoid the underpayment charge for **any** quarter, complete Part II.

			(a)
1. Amount of 2025 Tax – Refer to line 1 instruction on reverse side.....			
2. 90% of line 1.....			
3. Prior year's tax – Enter the amount from line 4 of the 2024 NJ-CBT-1065.....			
4. Enter the lesser of lines 2 or 3			
	(a)	(b)	(c)
5. Enter in columns (a) through (d) the installment dates that correspond to the 15th day of the fourth, sixth, and ninth months of your tax period and the first 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 fourth, sixth, and ninth month of your tax period and the first 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 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 the same installment dates used above at line 5				
15. Enter the date of payment or the 15th day of the fourth 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 on line 5 of Form NJ-CBT-1065				

CBT-160-P Instructions

Purpose of Form

This CBT-160-P 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 CBT-160-P 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. If you cannot meet either of the exceptions for a payment period, go to Part III. If you are using CBT-160-P either to calculate the interest on underpayment of estimated tax or to show that you qualify for any exception, attach CBT-160-P to your tax return, NJ-CBT-1065.

Part I – How to Calculate 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 amount reported on line 4 of NJ-CBT-1065.

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 calculated 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 calculated from annualizing tax for the months preceding an installment date.

A partnership may annualize its tax as follows:

- a. For the first three months if the installment was required to be paid in the fourth month.
- b. For the first three months or for the first five months if the installment was required to be paid in the sixth month.
- c. For the first six months or for the first eight months if the installment was required to be paid in the ninth month.
- d. For the first nine months or for the first 12 months if the installment was required to be paid in the first 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 calculation for that installment.

Interest is calculated 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 part of a month 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 online at www.nj.gov/treasury/taxation/pdf/pubs/tb/tb21r.pdf.

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 1 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.

Corporation Business Tax Partnership Payment Voucher

NJ-CBT-V

2025

For period beginning _____, 2025 and ending _____, 20____

Federal Employer ID Number (required)

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Partnership Name

Mailing Address

City, Town, Post Office

State

ZIP Code

Return this voucher with payment to.
Corporation Business Tax – Nonresident Partner Tax
PO Box 642
Trenton, NJ 08646-0642



Enter amount of payment here:

\$

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