# NJ-1065 2016



### **PARTNERSHIP RETURN**

### **Gross Income Tax**

|  | For Calendar Year 2016, or Tax Year Beg                  | inning               | 5                     | _, 20               | 16 and Ending_                  |            |                                    |
|--|--|----------------------|-----------------------|---------------------|---------------------------------|------------|------------------------------------|
| Legal N  | ame of Taxpayer  |                      |                       |                     |                                 |            |                                    |
| Trade N  | lame of Business if different from legal name above      |                      |                       |                     |                                 |            |                                    |
| Address  | (number and street or rural route)                       |                      |                       |                     |                                 |            |                                    |
| City or l  | Post Office State  |                      | Zip Code              |                     |                                 |            |                                    |
|  | You Must Enter Your Federal EIN                          |                      |                       |                     |                                 |            |                                    |
| Federa   | ıl EIN   | -                    | # of Resident Part    | tners               |                                 |            |                                    |
| Princip  | pal Business Activity                                    |                      | # of Nonresident 1    |                     | -                               |            |                                    |
| Date B   | Business Started   | π or ivolitesident i | 1 41111               | ers without rilysic | Jai ive                         | Aus to INJ |                                    |
|  | Check appli  | cable                | poxes                 |                     |                                 |            |                                    |
| ☐ Initial Return ☐ Final Return ☐ Amended Return ☐ Application for Federal Extension is attached ☐ Substitute Method of Allocation Granted ☐ Complete Liquidation ☐ Qualified Investment Partnership ☐ Listed on U.S. National Stock Exchange ☐ Hedge Fund ☐ Investment Club ☐ Composite Return is filed for Nonresident Partners ☐ Controlling Interest Transfer Tax ☐ Tiered Partnership ☐ General Partnership ☐ Limited Partnership ☐ Limited Liability Company ☐ Limited Liability Partnership |  |                      |                       |                     |                                 |            | esident Partners                   |
| Par  | rtnership Income   |                      |                       | Am                  | Column A<br>ount From All Sourc | 206        | Column B<br>Amount From NJ Sources |
|  | ordinary Income (loss) from trade or business activities | es (see              | instruction page 6) . | 1.                  | dunt From An Source             | cs         | Amount From NJ Sources             |
| 2. N   | et income (loss) from rental real estate activities      |                      |                       | 2.                  |                                 |            |                                    |
| 3. N   | et income (loss) from other rental activities            |                      |                       | 3.                  |                                 |            |                                    |
| 4. G   | uaranteed payments to partners                           |                      |                       | 4.                  |                                 |            |                                    |
| 5. In  | nterest income   |                      |                       | 5.                  |                                 |            |                                    |
| 6. D   | vividend income  |                      |                       | 6.                  |                                 |            |                                    |
| 7. R   | oyalty income  |                      |                       | 7.                  |                                 |            |                                    |
| 8. N   | et gain (loss) from disposition of property              |                      | 8.                    |                     |                                 |            |                                    |
| 9. N   | tet IRC section 1231 gain (loss)                         | 9.                   |                       |                     |                                 |            |                                    |
| 10. O  | ther income (loss)                                       | 10.                  |                       |                     |                                 |            |                                    |
| 11. T  | ax-exempt interest income                                | 11.                  |                       |                     |                                 |            |                                    |
| 12. Si   | ubtotal (add lines 1 through 11)                         |                      |                       | 12.                 |                                 |            |                                    |
| 13a. T   | axes based on income                                     | 13a.                 |                       |                     |                                 |            |                                    |
| 13b. O   | ther additions - specify:                                | 13b.                 |                       |                     |                                 |            |                                    |
| 13c. T   | otal additions (add lines 13a and 13b)                   |                      |                       | 13c.                |                                 |            |                                    |
| 14 5   | ubtotal (add lines 12 and 13c)                           |                      |                       | 14                  |                                 |            |                                    |

| Legal | Name | of Tax | paver |
|-------|------|--------|-------|
|       |      |        |       |



Federal EIN

| Pai  | rtnership Income  Column A Amount From All Sour   | Column B Amount From NJ Source |
|------|---|--------------------------------|
| 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   |                                |
| 15d. | Interest income from federal obligations 15d.   |                                |
| 15e. | Interest income from NJ obligations   |                                |
| 15f. | IRC Section 179 expense   |                                |
| 15g. | Other subtractions - specify: 15g.  |                                |
| 15h. | Total subtractions (add lines 15a through 15g)  |                                |
| 16a. | Subtotal (subtract line 15h from line 14)   |                                |
| 16b. | NJ Allocation (line 16a times business allocation % of  |                                |
| 17.  | Net income (loss) from rental real estate activities (see instruction page 8) 17.                               |                                |
| 18.  | Net gain (loss) from disposition of real property   |                                |
| 19.  | Net partnership income (loss) (total lines 16a, 17 and 18 of column A) (total lines 16b, 17 and 18 of column B) |                                |
| 20.  | Income (loss) from tiered partnership   |                                |
| 21.  | Partnership income (loss) (total lines 19 and 20)   |                                |
| 22a. | Guaranteed payments to partners   |                                |
| 22b. | Guaranteed payments to partnerspension  |                                |
| 22c. | Net guaranteed payment to partners (subtract line 22b from line 22a)  |                                |
| 23.  | Net gain (loss) from disposition of assets as a result of a complete liquidation 23.                            |                                |
| 24.  | Total Nonresident Non-corporate 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.                            |
| Pai  | rtnership Filing Fee  |                                |
| 1    | N. 1 CD '1 (D (   |                                |
|      | Number of Resident Partners   | la.                            |
| 1b.  | Number of Nonresident Partners with Physical Nexus to New Jersey  | 1b.                            |
| 1c.  | Number of Nonresident Partners without Physical Nexus to New Jerseyx \$150.00 x                                 | 1c.                            |
|      | Corporation   |                                |
| 1d.  | Filing Fee (Add lines 1a-1c, but do not enter more than \$250,000)  | . 1d.                          |
| 2.   | Installment Payment   | . 2                            |
| 3.   | Less: Installment Payment from 2015   | . 3.                           |
| 4.   | Less: Part-200-T Payment  | . 4.                           |
| 5.   | Balance Due   | . 5.                           |
| 6.   | Refund  | . 6.                           |

Partnership name as shown on Form NJ-1065

Federal EIN

| A   | В   | C                         | D                                      | Е  | ditional sheets as n                                 | G                                     | Н                 | Ţ                                    | T                               | K                             |  |  |
|---|---|---------------------------|--|--|--|---------------------------------------|-------------------|--------------------------------------|---------------------------------|-------------------------------|--|--|
| 71  | D   | Distributive Share        |  |  | n Disposition of Assets                              | O .                                   | Nonresider        |                                      | Nonresident                     |                               |  |  |
| Code  | SS Number or FEIN<br>Name and Principal Address | Income Total Distribution | (Loss)  NJ Source                      | as a result of a Co                            | omplete Liquidation  NJ Source                       | Pension                               | Share of Total    | Share of                             | Noncorporate<br>Partner's Share | Corporate                     |  |  |
|   | % owned Einel                                   |                           |  | Total Gain (Loss)                              | 143 Source   |                                       | Income            | NJ Income                            | of Tax                          | of Tax                        |  |  |
|   | by Partner Final                                |                           |  |  |  |                                       |                   |                                      |                                 |                               |  |  |
|   | % owned by Partner Final Final                  |                           |  |  |  |                                       |                   |                                      |                                 |                               |  |  |
|   | % owned by Partner Final                        |                           |  |  |  |                                       |                   |                                      |                                 |                               |  |  |
|   |   | 2a. Total This Page       | . Enter zero, if no                    | tax is reported in C                           | Column(s) J and/or K.                                |                                       |                   |                                      |                                 |                               |  |  |
|   |   | 2b. Total From            |  | Additio  | onal Pages Attached.                                 |                                       | no tax is         |                                      |                                 |                               |  |  |
|   |   |                           | umn(s) J and/or K<br>Lines 2a and 2b). | Enter the totals her                           | e.   |                                       |                   |                                      |                                 |                               |  |  |
| Signature<br>Member.                        |   | correct and complete.     | Declaration of prep                    | have examined this reparer (other than general | turn, including accompa<br>l partner) is based on al | anying schedules all information of w | hich preparer has | d to the best of r<br>any knowledge. | my knowledge and                | l belief, it is true,         |  |  |
| Paid Prepare                                |   |                           | d Preparer's Signature Date ☐ Ch       |  |  |                                       |                   |                                      |                                 | ate  1 Check if Self-Employed |  |  |
| Date  |   | Firm's Name (or your      |  |  |  |                                       |                   |                                      |                                 | reparer's SS # or PTIN        |  |  |
| Preparer's Address Preparer's Federal EIN # |   |                           |  |  |  |                                       |                   |                                      |                                 |                               |  |  |

Partnership name as shown on Form NJ-1065



| age | of |
|-----|----|
| age | O1 |

Federal EIN

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

|      |                                | 1 /              | & I I  |         |                          | •                     |   |  |             |       |
|------|--------------------------------|------------------|--|---------|--------------------------|-----------------------|---|--|-------------|-------|
| A    | В                              | С                | D  | Е       | F                        | G                     | Н   | I                                      | J           | K     |
|      | SS Number or FEIN              | Distributive Sha | Distributive Share of Partnership Income (Loss)  Net Gain (Loss) From Disposition of Ass as a result of a Complete Liquidation |         | n Disposition of Assets  |                       | Nonresident Partner's                     |  | Nonresident |       |
| Code | Name and Principal Address     | A 11             | NJ Source  | Pension | Share of Total<br>Income | Share of<br>NJ Income | Noncorporate<br>Partner's Share<br>of Tax | Corporate<br>Partner's Share<br>of Tax |             |       |
|      | % owned by Partner Final Final | -                |  |         |                          |                       |   |  | Vi Tax      | Vi iu |
|      | % owned by Partner Final       | -                |  |         |                          |                       |   |  |             |       |
|      | % owned by Partner Final       |                  |  |         |                          |                       |   |  |             |       |
|      |                                | _                |  |         |                          |                       |   |  |             |       |
|      | % owned by Partner Final       | _<br>_<br>_      |  |         |                          |                       |   |  |             |       |
|      | 1                              |                  |  |         |                          | <u> </u>              | To  | otal This Page                         |             |       |
|      |                                |                  |  |         | Enter zero, if r         | no tax is report      | ed in Column(s                            | s) J and/or K.                         |             |       |

| Page | of |
|------|----|

| Federal EIN |  |
|-------------|--|
|-------------|--|

| Partnership name as shown on Form NJ-1065 |  |
|---|--|
|   |  |

| PAR' | ARTNERS DIRECTORY List all partners, including principal address. Add additional sheets as necessary. |  |           |   |                  |                   |                          |                    |   |  |  |
|------|---|--|-----------|---|------------------|-------------------|--------------------------|--------------------|---|--|--|
| A    | В   | С  | D         | Е   | F                | G                 | Н                        | I                  | J   | K                                      |  |
|      | SS Number or FEIN   | Distributive Share of Partnership<br>Income (Loss) |           | Net Gain (Loss) From Disposition of Assets<br>as a result of a Complete Liquidation |                  |                   | Nonresider               | nt Partner's       |   | esident                                |  |
| Code | Name and Principal Address  | Total Distribution                                 | NJ Source | Total Gain (Loss) NJ Source   |                  | Pension           | Share of Total<br>Income | Share of NJ Income | Noncorporate<br>Partner's Share<br>of Tax | Corporate<br>Partner's Share<br>of Tax |  |
|      | % owned by Partner Final  |  |           |   |                  |                   |                          |                    |   |  |  |
|      | % owned by Partner Final Final  |  |           |   |                  |                   |                          |                    |   |  |  |
|      | % owned by Partner Final Final  |  |           |   |                  |                   |                          |                    |   |  |  |
|      | % owned by Partner Final Final  |  |           |   |                  |                   |                          |                    |   |  |  |
|      |   |  |           |   | Enter zero, if n | no tax is renorte |                          | otal This Page     |   |  |  |

# SCHEDULE NJK-1 (Form NJ-1065)

### STATE OF NEW JERSEY

### PARTNER'S SHARE OF INCOME

2016 PART I **General Information** Partner's SS # or Federal EIN Partnership's Federal EIN Partner's Name Partnership's Name Street Address Partnership's Street Address City State Zip Code State Zip Code Enter Partner's percentage of: What type of entity is partner? (see instructions)\_\_\_\_ (i) Before Decrease (ii) End of Year or Termination Date Partner's Interest in Partnership began: \_\_\_\_ Profit Sharing % Month ☐ Final NJK-1 Loss Sharing ☐ Hedge Fund ☐ Amended NJK-1 ☐ Member of Composite Return Capital Ownership **PART II Income Information** NJ-1040 Filers **B.** New Jersey Source **Income Classifications** A. Total Distribution **Enter Amounts on** NJ-1040NR Filers **Amounts Line Shown Below** 1. Partnership Income (loss) 2. Net Guaranteed Payments 3. Partner's 401(k) Contribution 4. Distributive Share of Partnership Line 20, Page 2 Income (loss) Line 22, Page 1 (Line 1 plus Line 2 minus Line 3) 5. Pension Line 19, Page 2 6. Net Gain (loss) from Disposition of Assets as a Result of a Line 18, Page 2 Line 18, Page 1 Complete Liquidation PART III Partner's Information Line 19a, Page 1 CBT-100 Line 10a, Page 1 CBT-100S Line 7, NJ-CBT-1065 1. Nonresident Partner's Share of NJ Tax ..... Line 47, NJ-1040NR Line 23, NJ-1080C Line 32a, NJ-1041 2. 

### THIS FORM MAY BE REPRODUCED

3. Partner's Sheltered Workshop Tax Credit .....

**Supplemental Information** (Attach Schedule)

PART IV

NJ-1065 - 2016 SCHEDULE A

| NJ-1003 - 2010 SCHEDULE A |  |    |  |   |  |  |  |  |  |  |
|---------------------------|--|----|--|---|--|--|--|--|--|--|
| Part                      | nership name as shown on Form NJ-1065  |    |  | Federal EIN   |  |  |  |  |  |  |
| SC                        | SCHEDULE A TIERED PARTNERSHIPS (Complete this schedule before completing Form NJ-1065 or Schedule L, if applicable)              |    |  |   |  |  |  |  |  |  |
| PART I PARTNERSHIP INCOME |  |    | Column A<br>nounts Reported by this<br>artnership on Federal<br>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.

|         | To now the instructions for times I through III of time 13 1005. |  |                 |          |   |                             |  |  |
|---------|--|--|-----------------|----------|---|-----------------------------|--|--|
| 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  | -1 Partnership Name Federal F  |                 |          | NJ Distributive Share of Partnership Income |                             |  |  |
| 12      |  |  | rederal Ell     | Column A | Column B<br>Amount from NJ Sources          | Column C<br>Share of NJ Tax |  |  |
| A       |  |  |                 |          |   |                             |  |  |
| В       |  |  |                 |          |   |                             |  |  |
| С       |  |  |                 |          |   |                             |  |  |
| D       |  |  |                 |          |   |                             |  |  |
| Е       |  |  |                 |          |   |                             |  |  |
|         | 13 Total   | Income (Loss) and Tax from Tiered l  | Partnerships: 1 | 3        |   |                             |  |  |

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.

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 page 2 of Form NJ-1065.

| NJ-1065 - 2016 | SCHEDULE B |
|----------------|------------|
| 1005 2010      | SCHEDULL   |

| Partnership name as shown on Form NJ-1065  | Federal EIN                        |  |  |  |  |  |
|--|------------------------------------|--|--|--|--|--|
|  |                                    |  |  |  |  |  |
| SCHEDULE B SHELTERED WORKSHOP TAX  | CREDIT FOR TAXABLE YEARS           |  |  |  |  |  |
| <b>BEGINNING AFTER JANUARY</b>   | 12, 2006                           |  |  |  |  |  |
| 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 week   | cs during the privilege period and |  |  |  |  |  |
| work at least 25 hours per week at or under the supervision of a sheltered workshop?   |                                    |  |  |  |  |  |
| NOTE: If the answer to either of the above questions is "NO", do not complete the rest of this form. The taxpayer does <b>not</b> qualify for the sheltered workshop tax credit, otherwise, go to Part II. |                                    |  |  |  |  |  |

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

<sup>\*</sup> 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.

| NJ-1065 - 2016 | SCHEDULE J |
|----------------|------------|
|----------------|------------|

| Partnership name as shown on Form NJ-1065 | Federal EIN |
|---|-------------|
|   |             |

### **CORPORATION ALLOCATION SCHEDULE**

### **SCHEDULE J**

A PARTNERSHIP THAT IS NOT A QUALIFIED INVESTMENT PARTNERSHIP, INVESTMENT CLUB, AND THAT IS NOT LISTED ON A UNITED STATES NATIONAL STOCK EXCHANGE BUT HAS A NONRESIDENT NONCORPORATE OR NONRESIDENT CORPORATE PARTNER SHOULD COMPLETE SCHEDULE J. THIS SCHEDULE SHOULD BE OMITTED IF THE TAXPAYER DOES NOT HAVE RECEIPTS OUTSIDE NEW JERSEY; THE ALLOCATION FACTOR WILL BE 100% (1.000000). SCHEDULE J IS NOT REQUIRED FOR A PARTNERSHIP THAT MEETS HEDGE FUND STATUS, IF ITS ONLY NONRESIDENT PARTNERS ARE INDIVIDUALS, ESTATES, OR TRUSTS. SCHEDULE J IS REQUIRED IF THE PARTNERSHIP INCLUDES NONRESIDENT PARTNERS WHO DO NOT HAVE PHYSICAL NEXTS TO NEW JERSEY AND THE PARTNERSHIP WISHES TO ALLOCATE THE FILLING FEE

|        | WHO DO NOT HAVE PHYSICAL NEXUS TO NEW JEF  | RSEY AND THE PARTNERSHIP WISHE    | S TO ALLOCATE THE FILING FEE.  |
|--------|--|-----------------------------------|--|
| PART   | ALL ALLOCATING COMPANIES MUST ANSWER THE FOLLO   | WING QUESTIONS                    |  |
| (a) E  | xplain in detail internal controls used in distribution of receipts in and out o   | f New Jersey, as shown in Part II |  |
| _      |  |                                   |  |
|        | tate the location of the actual seat of management or control of the partner   | ship                              |  |
| PART   | II COMPUTATION OF ALLOCATION FACTOR  | AMOUNTS (omit cents)              |  |
| 1. Red | eeipts:  | (                                 |  |
| (a)    | From sales of tangible personal property shipped to points within New Jersey.  |                                   |  |
| (b)    | From services performed in New Jersey.   |                                   |  |
| (c)    | From rentals of property situated in New Jersey.   |                                   | Complete by carrying the fraction to six (6) decimal places. Do not express as a |
| (d)    | From royalties for the use in New Jersey of patents and copyrights.  |                                   | percent. Example:  |
| (e)    | All other business receipts earned in New Jersey.  |                                   | $\frac{123,456}{1,000,000} = \frac{1}{2} \frac{3}{3} \frac{4}{5} \frac{5}{6}$    |
| (f)    | Total New Jersey receipts (Total of lines 1(a) to 1(e), inclusive).  |                                   |  |
| (g)    | Total receipts from all sales, services, rentals, royalties and other business trans-<br>actions everywhere.   |                                   |  |
| (h)    | Allocation Factor (percentage in New Jersey (Line 1(f)) divided by Line 1(g)).  Enter result in Line 1(h) and carry to Line 1 of the Partners Directory on Page 3 of Form NJ-1065. | <b></b>                           |  |

#### 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, 2016 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 l- | egal 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 | (d) Check One |     |  |
|--------------------|--|--------------------|-----------------------------|---------------|-----|--|
|                    |  |                    | Location                    | RENT          | OWN |  |
| 1.                 |  |                    |                             |               |     |  |
| 2.                 |  |                    |                             |               |     |  |
| 3.                 |  |                    |                             |               |     |  |
| 4.                 |  |                    |                             |               |     |  |

### **Section 2 - Average Values**

|    |                                       |    | Average Values |                        |  |  |
|----|---------------------------------------|----|----------------|------------------------|--|--|
|    | ASSETS (See instructions)             |    |                | Column B<br>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)   |    |    |   |
|    | 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  | % |

### FORM NJ-1065E 2016

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

|  | EIN   | Name of Filing Entity  |   |  |  |  |
|--|---|--|---|--|--|--|
| ION  | 1   |  |   |  |  |  |
| MAT  | Mailing Address   |  |   |  |  |  |
| PART 1<br>INFORN   |   |  |   |  |  |  |
| PART 1<br>ENTITY INFORMATION   | City  | State  | Zip   |  |  |  |
| TITY   | Person to Contact   |  | Telephone Number                                      |  |  |  |
| EN.  | reison to Contact   |  | retephone rumber                                      |  |  |  |
| 3R   | Federal EIN   | Name of Nonresident Entity   |   |  |  |  |
| PART 2<br>NONRESIDENT PARTNER<br>INFORMATION   | 1   |  |   |  |  |  |
| 2<br>PAR<br>TION   | Principal Address   |  |   |  |  |  |
| PART<br>IDENT<br>ORMA  | ,   |  |   |  |  |  |
| PART 2<br>XESIDENT PAR'<br>INFORMATION   | City  | State  | Zip   |  |  |  |
| NRF<br>IP  | City  | State  | Σιþ   |  |  |  |
| Z  |   |  |   |  |  |  |
|  |   | S A REGULAR PLACE OF BUS   |   |  |  |  |
|  | By signing this statement, the nonresident cor<br>Jersey other than a statutory office.   | porate partner is declaring that it  | maintains a regular place of business in New          |  |  |  |
|  | A "regular place of business" is any bona fide  | e office (other than a statutory offi  | ce) factory warehouse, or other space of the          |  |  |  |
| t  | taxpayer which is regularly MAINTAINED, (   | OCCUPIED and USED by the tax   | payer in carrying on its business and in which        |  |  |  |
|  | one or more regular employees are in attendar<br>premises. That cost must be borne directly by  |  | ness, the taxpayer must either own or rent the        |  |  |  |
| _  | List address of at least one such regular place   |  | ted entity of person.                                 |  |  |  |
| _<br>  |   |  |   |  |  |  |
| _  |   |  |   |  |  |  |
| _  |   |  |   |  |  |  |
|  | Failure to list at least one regular place of busing for New Jersey income.   | ness will result in the partnership e  | ntity remitting a payment of tax on your share        |  |  |  |
|  | 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. |  |   |  |  |  |
| ☐ I  | By signing this statement the nonresident corp  | porate partner is declaring that it is   | an exempt IRC 501(c)(3) entity.                       |  |  |  |
|  | By signing this statement the nonresident corp Revenue Service.   | porate partner is declaring that it is   | a retirement plan approved by the Internal            |  |  |  |
| I  | further understand that this statement:   |  |   |  |  |  |
|  | 1. Must be made annually; and   |  |   |  |  |  |
|  | 2. May not be made after the 15th day of the been filed, whichever occurs first.  | 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 |   |  |  |  |
|  | er penalties of perjury, I declare that I have examine properly authorized to sign and make this consent of                                   |  | knowledge and belief, it is true and correct and that |  |  |  |
|  |   | Name of Nonresident Entity   |   |  |  |  |
|  | Simple of Country Office of Tie   | 1-   | - Date  |  |  |  |
| Signature of Corporate Officer and Title, Date General Partner or Limited Liability Company Member |   |  |   |  |  |  |

# REVISED STATUTES OF NEW JERSEY, 1937, TITLE 54 TAXATION, SUBTITLE 4 PARTICULAR TAXES ON CORPORATIONS AND OTHERS, PART 1PROVISIONS 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.

| NJ-1065-V<br>2016  | N J Gross Income Tax Partnership Payment Voucher | FEDERAL<br>EIN  |  |  |  | - [ |  |  | - |  |  |  |  |  |
|--|--|---|--|--|--|-----|--|--|---|--|--|--|--|--|
| MAKE YOUR CHECK PAYABLE TO 'STATE OF NEW JERSEY - PART WRITE THE FEDERAL ID NUMBER AND TAX YEAR ON YOUR CHECK. RETURN THIS VOUCHER WITH YOUR PAYMENT |  | LEGAL NAME OF TAXPAYER  ADDRESS (NUMBER AND STREET OF RURAL ROUTE)  CITY, STATE, ZIP CODE |  |  |  |     |  |  |   |  |  |  |  |  |
|  | Enter amount of payment here:                    |   |  |  |  |     |  |  |   |  |  |  |  |  |
| 0247400000000000007P750P00000000   |  |   |  |  |  |     |  |  |   |  |  |  |  |  |

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