

**State of New Jersey**  
**CORPORATION BUSINESS TAX RETURN**  
**FOR BANKING AND FINANCIAL CORPORATIONS**

For Accounting Years Ending July 31, 2003 through June 30, 2004

For Calendar Year Ended \_\_\_\_\_

Taxable year beginning \_\_\_\_\_, \_\_\_\_\_ and ending \_\_\_\_\_, \_\_\_\_\_

**DUE DATE:** File on or before April 15 if on a calendar year basis.  
For fiscal year, see instruction 3. Banking corporations are  
required to file on a calendar year basis.

**TAX REMITTANCE DUE WITH RETURN:** Make remittance payable to "State  
of New Jersey" and forward with this return to: Division of Taxation-BFC,  
Revenue Processing Center, PO Box 247, Trenton, NJ 08646-0247

<p><b>TYPE OR PRINT</b> Check if address change appears below <input type="checkbox"/> Check one: <input type="checkbox"/> Banking Corporation <input type="checkbox"/> Financial Corporation</p> <p>Federal Employer ID Number _____</p> <p>Name _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip Code _____</p>	<p>State and date of incorporation _____</p> <p>Date authorized to do business in NJ _____</p> <p>Date first began business in NJ _____</p> <p>Federal business activity code _____</p> <p>Corporation books are in the care of _____ at _____</p> <p>Telephone Number ( _____ ) _____</p> <p align="center"><b>DIVISION USE</b></p> <p>D _____ RP _____ TP _____ A _____ F _____ FP _____ AA _____ R _____</p>
---	---

1. Entire net income from Schedule A, line 39 .....	1.	
2. Allocation factor from Schedule J, Part III, line 5. Non-allocating taxpayers should not make an entry on line 2	2.	.
3. Allocated net income - Multiply line 1 by line 2. Non-allocating taxpayers must enter the amount from line 1 on this line .....	3.	
4. a) Total nonoperational income \$ _____ (Schedule O, Part I) (see instruction 39)	4(b)	
b) Allocated New Jersey nonoperational income (Schedule O, Part III) .....		
5. Total operational and nonoperational income (line 3 plus line 4(b)) .....	5.	
6. Investment Company - not applicable.		
7. Real Estate Investment Trust - not applicable.		
8. Tax Base - Enter amount from line 5. ....	8.	
9. Amount of Tax - Multiply line 8 by the applicable tax rate (see instruction 11(a)) .....	9.	
10. Credit for taxes paid to other jurisdictions (see instruction 34(a)) .....	10.	
11. Subtract line 10 from line 9 .....	11.	
12. Tax Credits (from Schedule A-3) (see instruction 19) .....	12.	
13. TOTAL CBT TAX LIABILITY - line 11 minus line 12 .....	13.	
14. Alternative Minimum Assessment (Schedule AM, Part VI, line 5) <input type="checkbox"/> Check and enter zero if AMA paid by a Key Corporation (see instruction 22) .....	14.	
15. Tax Due (greater of line 13 or 14 or minimum tax due per instruction 11(b)) .....	15.	
16. INSTALLMENT PAYMENT (see instruction 47) .....	16.	
17. Key Corporation AMA Payment (Form 401, Part II, line 5) .....	17.	
18. Key Corporation Throw Out Payment (Form 400) .....	18.	
19. Professional Corporation Fees (Schedule PC, line 5) .....	19.	
20. TOTAL TAX AND PROFESSIONAL CORPORATION FEES (Sum of lines 15, 16, 17, 18 and 19) .....	20.	
21. Payments & Credits (see instruction 48) .....	21.	
a) Payments made by Partnerships on behalf of taxpayer .....	21a.	
22. Balance of Tax Due - line 20 minus line 21 and 21(a) .....	22.	
23. Penalty and Interest Due - (see instructions 7(b), 48 and 49). Penalty _____ Interest _____ Interest from CBT-160 _____ Total	23.	
24. Fees - not applicable		
25. Total Balance Due - line 22 plus line 23 plus line 24 .....	25.	
26. If line 21 plus 21(a) is greater than line 20 plus line 23 plus line 24, enter the amount of overpayment		\$
27. Amount of Item 26 to be		
Credited to 2004 return		\$
Refunded		\$

**SIGNATURE AND VERIFICATION** (See Instruction 14)

I declare under the penalties provided by law, that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. If the return is prepared by a person other than the taxpayer, his declaration is based on all the information relating to the matters required to be reported in the return of which he has 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)

**SCHEDULE A Computation of Entire Net Income (Instruction 16). Every corporation must complete this schedule. Federal schedules are acceptable for lines 1-28. Lines 29-39 MUST BE COMPLETED ON THIS FORM.**

**GROSS INCOME**

1. Gross receipts or sales _____ Less Returns and allowances _____	1	\$
2. Less: Cost of goods sold and/or operations .....	2	
3. Gross profit .....	3	\$
4. Dividends .....	4	
5. Interest:		
(a) On obligations of the United States and U.S. Instrumentalities .....5(a) _____		
(b) Other interest .....5(b) _____	5	
6. Gross rents .....	6	
7. Gross royalties .....	7	
8. Capital gain net income (attach separate Federal Schedule D) .....	8	
9. Net gain or (loss) from Federal Form 4797 (attach Federal Form 4797) .....	9	
10. Other income (attach Schedule) .....	10	
11. TOTAL Income - Add lines 3 through 10 .....	11	\$

**DEDUCTIONS**

12. Compensation of officers (Schedule F) .....	12	\$
13. Salaries and wages _____ less Jobs Credit _____ .Balance	13	
14. Repairs (Do not include capital expenditures) .....	14	
15. Bad debts .....	15	
16. Rents .....	16	
17. Taxes (Schedule H) .....	17	
18. Interest .....	18	
19. Contributions .....	19	
20. Depreciation from Federal Form 4562 (attach copy) .....20 _____		
21. Less depreciation claimed in Schedule A and elsewhere on return .....21(a) ( _____ )	21(b)	
22. Depletion .....	22	
23. Advertising .....	23	
24. Pension, profit-sharing plans, etc. ....	24	
25. Employee benefit programs .....	25	
26. Other deductions (attach schedule) .....	26	
27. TOTAL deductions - Add lines 12 through 26 .....	27	\$
28. Taxable income before net operating loss deduction and special deductions (line 11 less line 27 must agree with line 28, page 1 of Unconsolidated Federal Form 1120). 1120S filers who have not elected to be New Jersey S Corporations must report the amount from line 7, Schedule S-1 of the BFC-1. (See instructions 8(b) and 16(c)) ..	28	\$

**ADJUSTMENTS - LINES 29 - 39 MUST BE COMPLETED ON THIS FORM**

29. Interest on Federal, State, Municipal and other obligations not included in Item 5 above (see instruction 16(d)) .....	29	
30. Related interest addback (Schedule G, Part I) .....	30	
31. New Jersey State and other states taxes deducted above (see instruction 16(f)) .....	31	
32. Depreciation and other adjustments from Schedule S (see instruction 44) .....	32	
33. (a) Deduction for Section 78 Gross-up not deducted at line 37 below .....	33(a)	
(b) Other deductions and additions. Explain on separate rider. (see instruction 16(h)) .....	33(b)	
(c) Elimination of nonoperational activity (Schedule O, Part I) .....	33(c)	
(d) Interest and intangible expenses and costs addback (Schedule G, Part II) .....	33(d)	
34. Entire net income before net operating loss deduction and dividend exclusion (total of lines 28 through 33 inclusive) .....	34	
35. Net operating loss deduction from Schedule A-1 (see instructions 16(i) and 17) .....	35	
36. Entire Net Income before dividend exclusion (line 34 minus line 35) .....	36	
37. Dividend Exclusion from Schedule R, line 7. (see instruction 16(j)) .....	37	
38. I.B.F. exclusion. (See instruction 16(k)) .....	38	
39. ENTIRE NET INCOME (Line 36 minus line 37 and line 38 - Carry to page 1, line 1) .....	39	\$

Name	Federal ID Number
------	-------------------

<b>SCHEDULE A-1 NET OPERATING LOSS DEDUCTION AND CARRYOVER (See Instructions 16(i) and 17)</b>					
		(1) Fiscal Year Ended	(2) Income/Loss Reported on Schedule A, line 28	(3) Add N.J. ENI Adj.'s Excluding the Dividend Exclusion	(4) Amount
N.J. NOL'S	1.				( )
	2.				( )
	3.				( )
	4.				( )
	5.				( )
	6.				( )
	7.				( )
N.J. NOL'S Used	8.				
	9.				
	10.				
	11.				
	12.				
	13.				
	14.				
N.J. NOL Carryover	15.	Total lines 1 - 14, Column 4 .....			

<b>SCHEDULE A-2 COST OF GOODS SOLD (See Instruction 18)</b>		
1. Inventory at beginning of year .....	1.	
2. Purchases .....	2.	
3. Cost of labor .....	3.	
4. Additional section 263A costs .....	4.	
5. Other costs (attach schedule) .....	5.	
6. Total - Add lines 1 through 5 .....	6.	
7. Inventory at end of year .....	7.	
8. Cost of goods sold - Subtract line 7 from line 6. Enter here and on Schedule A, line 2 .....	8.	

<b>SCHEDULE A-3 SUMMARY OF TAX CREDITS (See Instruction 19)</b>		
1. HMO Assistance Fund Tax Credit from Form 310 .....	1.	
2. New Jobs Investment Tax Credit from Form 304 .....	2.	
3. EITHER: a) Urban Enterprise Zone Employee Tax Credit from Form 300 OR b) Urban Enterprise Zone Investment Tax Credit from Form 301 .....	3.	
4. Redevelopment Authority Project Tax Credit from Form 302 .....	4.	
5. Recycling Equipment Tax Credit from Form 303 .....	5.	
6. Manufacturing Equipment and Employment Investment Tax Credit from Form 305 .....	6.	
7. Research and Development Tax Credit from Form 306 .....	7.	
8. Smart Moves For Business Programs Tax Credit from Form 307 .....	8.	
9. Small New Jersey-Based High-Technology Business Investment Tax Credit from Form 308 .....	9.	
10. Neighborhood Revitalization State Tax Credit from Form 311 (See instruction 46(j)) .....	10.	
11. Effluent Equipment Tax Credit from Form 312 .....	11.	
12. Economic Recovery Tax Credit from Form 313 .....	12.	
13. Other Tax Credits (see instruction 46(m)) .....	13.	
14. Total tax credits taken on this return - Add lines 1 through 13. Enter here and on page 1, line 12 .....	14.	

**SCHEDULE A-4 SUMMARY SCHEDULE (See Instruction 20)**

<b>Net Operating Loss Deduction and Carryover</b>			6. Schedule J, Part III, line 2(g) . . .	6.
1. Schedule A-1, line 15 . . . . .	1.		7. Schedule J, Part III, line 2(h) . . .	7.
<b>Interest and Intangible Costs and Expenses</b>			8. Schedule J, Part III, line 2(j) . . . .	8.
2. Schedule G, Part I, line b . . . . .	2.		9. Schedule J, Part III, line 3(c) . . .	9.
3. Schedule G, Part II, line b . . . . .	3.		<b>Non-Operational Income Information</b>	
<b>Schedule J Information</b>			10. Schedule O, Part III, line 31 . . . .	10.
4. Schedule J, Part III, line 1(c) . . . .	4.		<b>Dividend Exclusion Information</b>	
5. Schedule J, Part III, line 2(f) . . . .	5.		11. Schedule R, line 4 . . . . .	11.
			12. Schedule R, line 6 . . . . .	12.

<b>Historical Information (All Corporations)</b>	<b>Year 2000</b>	<b>Year 2001</b>	<b>Year 2002</b>	<b>Year 2003</b>
13. Schedule AM, Part III, line 1 . . . .				
14. Schedule AM, Part III, line 2 . . . .				

**SCHEDULE A-5 GROSS INCOME TEST FOR FINANCIAL BUSINESSES (See Instruction 21)**  
**Qualifying financial businesses must file this form along with their tax return Form BFC-1**

This form is used to determine whether a corporation qualifies as a Financial Business Corporation. For the purpose of making this computation, Column 1 shall be the sum of the amounts reported on line 1 and lines 4 through 10 of Schedule A on Form CBT-100 or BFC-1, adjusted for interest on Federal, State, Municipal and other obligations not included on line 5 of Schedule A and the dividend exclusion. Column 2 shall be the gross income included in Column 1 which was derived from the following financial activities:

- 1) Discounting and negotiating promissory notes, drafts, bills of exchange and other evidences of debt;
- 2) Buying and selling exchange;
- 3) Making of or dealing in secured or unsecured loans and discounts;
- 4) Dealing in securities or shares of corporate stock by purchasing and selling such securities and stock without recourse, solely upon the order and for the account of customers;
- 5) Investing and reinvesting in marketable obligations evidencing indebtedness of any person, copartnership, association or corporation in the form of bonds, notes or debentures commonly known as investment securities; or
- 6) Dealing in or underwriting obligations of the United States, any state or any political subdivision thereof or of a corporate instrumentality of any of them.
- 7) Certain leasing transactions which approximate secured loans by meeting each of the following requirements:
  - i. Lessor must look primarily to the creditworthiness of the lessee in order to recover its investment.
  - ii. Lessor may not rely on repetitious leasing of the same property.
  - iii. The lease must be a net lease.
  - iv. The lessor must recover its full investment plus its cost of financing through the rental payments, tax benefits, and the residual value of the property.

See N.J.A.C. 18:7-1.16(b) for additional information regarding leasing transactions.

<b>From Schedule A of the CBT-100 or BFC-1</b>	<b>Column 1 Gross Income - Overall</b>	<b>Column 2 Gross Income Financial Activities</b>
Line 1 Gross receipts		
Line 4 Dividends		
Line 5 Interest		
Line 6 Gross rents		
Line 7 Gross royalties		
Line 8 Capital gain net income		
Line 9 Net gain or loss from Federal Form 4797		
Line 10 Other income		
<b>TOTAL</b>		
Add: Interest on Federal, State, Municipal and other obligations not included in line 5		
Subtotal		
Deduct: Dividend exclusion from Schedule R of CBT-100 or BFC-1		
<b>GROSS INCOME</b>		

Divide the gross income from Column 2 by the gross income from Column 1 and enter the result \_\_\_\_\_%

If the resulting percentage is less than 75%, the corporation does not qualify as a Financial Business and must file a Corporation Business Tax Return, Form CBT-100.

If the resulting percentage is 75% or more, the corporation qualifies as a Financial Business and must file a Corporation Business Tax Return for Banking and Financial Corporations, Form BFC-1, and complete Schedule L apportioning the financial business in New Jersey consistent with N.J.S.A. 54:10A-38 (section 38 of the Corporation Business Tax Act).

This schedule must be attached to the BFC-1 filed by the taxpayer.

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

**SCHEDULE AM ALTERNATIVE MINIMUM ASSESSMENT FOR BFC CORPORATIONS (See Instruction 22)**

**PART I COMPUTATION OF NEW JERSEY GROSS RECEIPTS**

1. Enter sales of tangible personal property shipped to points within New Jersey . . . . .	1	
2. Enter services performed in New Jersey . . . . .	2	
3. Enter rentals of property situated in New Jersey . . . . .	3	
4. Enter royalties for the use in New Jersey of patents and copyrights . . . . .	4	
5. Enter all other business receipts earned in New Jersey . . . . .	5	
6. Total New Jersey Gross Receipts . . . . .	6	

**PART II COMPUTATION OF NEW JERSEY GROSS PROFITS**

1. Enter New Jersey Gross Receipts from Part I, line 6 . . . . .	1.	
2. Enter Cost of Goods Sold amount from Schedule A-2, line 8 . . . . .	2.	
3. Enter the Allocation Factor (see instruction 22, Non-allocators enter 100%) . . . . .	3.	
4. New Jersey Cost of Goods Sold - multiply line 2 by line 3 . . . . .	4.	
5. New Jersey Gross Profits - subtract line 4 from line 1 . . . . .	5.	

**PART III GROSS SALES AND COST OF GOODS SOLD FOR CURRENT AND PRIOR YEARS**

	Year 2000	Year 2001	Year 2002	Year 2003 From Part II Above
1. NJ Gross receipts				
2. NJ Cost of Goods Sold				

**PART IV ALTERNATIVE MINIMUM ASSESSMENT BASED UPON GROSS PROFITS**

1. New Jersey Gross Profits - enter amount from Part II, line 5; if less than \$1,000,000, enter zero on line 5 and go to Part V. . . . .	1	
2. If line 1 is greater than \$1,000,000, but not over \$10,000,000, complete line 3. If line 1 is greater than \$10,000,000 then go to line 4.		
3. (a) Maximum exclusion amount . . . . .	3(a)	\$1,000,000
(b) Subtract line 3(a) from line 1 . . . . .	3(b)	
*(c) Combined Group Limitation Percentage (See Schedule AM-L) . . . . .	3(c)	
*(d) Multiply line 3(b) by line 3(c) . . . . .	3(d)	
(e) Multiply line 3(b) or line 3(d), whichever applies, by .0025 . . . . .	3(e)	
(f) Multiply line 3(e) by 1.11111, the NJ AMA Exclusion Rate . . . . .	3(f)	
4. (a) If line 1 is greater than \$10,000,000, but not over \$15,000,000, multiply line 1 by .0035 . . .	4(a)	
(b) If line 1 is greater than \$15,000,000, but not over \$25,000,000, multiply line 1 by .006 . . .	4(b)	
(c) If line 1 is greater than \$25,000,000, but not over \$37,500,000, multiply line 1 by .007 . . .	4(c)	
(d) If line 1 is greater than \$37,500,000, multiply line 1 by .008 . . . . .	4(d)	
5. AMA based on Gross Profits - amount from line 3(f) or 4(a), 4(b), 4(c), or 4(d) . . . . .	5	

\* Complete lines 3(c) and 3(d) only if part of an affiliated or controlled group. See instruction 21.

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

**PART V ALTERNATIVE MINIMUM ASSESSMENT BASED UPON GROSS RECEIPTS**

1. New Jersey Gross Receipts - enter amount from Part I, line 6; if less than \$2,000,000, enter zero on line 5 and go to Part VI. . . . .	1	
2. If line 1 is greater than \$2,000,000, but not over \$20,000,000, complete line 3. If line 1 is greater than \$20,000,000 then go to line 4.		
3. (a) Maximum exclusion amount . . . . .	3(a)	\$2,000,000
(b) Subtract line 3(a) from line 1 . . . . .	3(b)	
* (c) Combined Group Limitation Percentage (See Schedule AM-L) . . . . .	3(c)	
* (d) Multiply line 3(b) by line 3(c) . . . . .	3(d)	
(e) Multiply line 3(b) or line 3(d), whichever applies, by .00125 . . . . .	3(e)	
(f) Multiply line 3(e) by 1.11111, the NJ AMA Exclusion Rate . . . . .	3(f)	
4. (a) If line 1 is greater than \$20,000,000, but not over \$30,000,000, multiply line 1 by .00175 . . . . .	4(a)	
(b) If line 1 is greater than \$30,000,000, but not over \$50,000,000, multiply line 1 by .003 . . . . .	4(b)	
(c) If line 1 is greater than \$50,000,000, but not over \$75,000,000, multiply line 1 by .0035 . . . . .	4(c)	
(d) If line 1 is greater than \$75,000,000, multiply line 1 by .004 . . . . .	4(d)	
5. AMA based on Gross Receipts - amount from line 3(f) or 4(a), 4(b), 4(c), or 4(d) . . . . .	5	

\* Complete lines 3(c) and 3(d) only if part of an affiliated or controlled group. See instruction 21.

**PART VI CORPORATION BUSINESS TAX/ALTERNATIVE MINIMUM ASSESSMENT**

1. Enter amount from Part V, line 5, Alternative Minimum Assessment (Gross Receipts) . . . . .	1	
2. Enter amount from Part IV, line 5, Alternative Minimum Assessment (Gross Profits) . . . . .	2	
3. Maximum Alternative Minimum Assessment . . . . .	3	\$5,000,000
4. For the first privilege period, the taxpayer has the option to select the computation of the Alternative Minimum Assessment on line 1 or 2. However, once selected, the method must be employed for that privilege period, and for the next succeeding four privilege periods. Enter your selection on line 4 . . . . .	4	
5. Amount of Tax - enter the lesser of line 3 or line 4. Enter this amount on line 14, page 1 of the BFC-1. If taxpayer is part of an affiliated group claiming the AMA Threshold Limit, enter zero on line 14 and go to Part VII . . . . .	5	

**PART VII KEY CORPORATION ELECTION**

1. Enter the name of the elected Key Corporation . . . . .		
2. Enter the FID Number of the Key Corporation . . . . .		
3. Enter the AMA tax from Part VI, line 5 . . . . .	3	
4. Enter the CBT liability from BFC-1, page 1, line 13, or the minimum tax, whichever is greater . . . . .	4	
5. Excess AMA over CBT - line 3 minus line 4 (if less than zero, enter zero) . . . . .	5	



NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

**SCHEDULE B BALANCE SHEET AS OF \_\_\_\_\_, \_\_\_\_\_**

Figures appearing below must be the same as year-end figures shown on the taxpayer's books. If not, explain and reconcile on rider. Consolidated returns are not permitted. See instruction 24.

Assets	Beginning of the Tax Year	End of Tax Year
1. Cash		
2. Trade notes and accounts receivable		
(a) Reserve for bad debts	(                    )	(                    )
3. Loans to stockholders / affiliates		
4. Stock of subsidiaries		
5. Corporate stocks		
6. Bonds, mortgages and notes		
7. New Jersey State and Local government obligations		
8. All other government obligations		
9. Patents and copyrights		
10. Deferred charges		
11. Goodwill		
12. All other intangible personal property (itemize)		
13. <i>Total intangible personal property</i> (total lines 1 to 12)		
14. Land		
15. Buildings and other improvements		
(a) Less accumulated depreciation	(                    )	(                    )
16. Machinery and equipment		
(a) Less accumulated depreciation	(                    )	(                    )
17. Inventories		
18. All other tangible personalty (net) (itemize on rider)		
19. <i>Total real and tangible personal property</i> (total lines 14 to 18)		
20. Total assets (add lines 13 and 19)		
<b>Liabilities and Stockholder's Equity</b>		
21. Accounts payable		
22. Mortgages, notes, bonds payable in less than 1 year (attach schedule)		
23. Other current liabilities (attach schedule)		
24. Loans from stockholders / affiliates		
25. Mortgages, notes, bonds payable in 1 year or more (attach schedule)		
26. Other liabilities (attach schedule)		
27. Capital stock:      (a) Preferred stock		
(b) common stock		
28. Paid-in or capital surplus		
29. Retained earnings - appropriated (attach schedule)		
30. Retained earnings - unappropriated		
31. Adjustments to shareholders' equity (attach schedule)		
32. Less cost of treasury stock		
33. Total liabilities and stockholder's equity (total lines 21 to 32)		

**SCHEDULE C RECONCILIATION OF INCOME PER BOOKS WITH INCOME PER RETURN (See Instruction 25)**

1. Net income per books		7. Income recorded on books this year not included in this return (itemize)
2. Federal income tax		(a) Tax-exempt interest \$ _____
3. Excess of capital losses over capital gains		(b) _____
4. Income subject to tax not recorded on books this year (itemize)		(c) _____
_____		
_____		8. Deductions in this tax return not charged against book income this year (itemize)
5. Expenses recorded on books this year not deducted in this return (itemize)		(a) Depreciation \$ _____
(a) Depreciation \$ _____		(b) Contributions Carryover \$ _____
(b) Contributions Carryover \$ _____		
(c) Other (itemize) \$ _____		9. Total of lines 7 and 8
6. Total of lines 1 through 5		10. Income (Item 28, Schedule A) - line 6 less 9



NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

**SCHEDULE C-1 ANALYSIS OF UNAPPROPRIATED RETAINED EARNINGS PER BOOKS (See Instruction 25)**

1. Balance at beginning of year		5. Distributions	
2. Net income per books		(a) Cash \$ _____	
3. Other increases (itemize)		(b) Stock \$ _____	
_____		(c) Property \$ _____	
_____		6. Other decreases (itemize)	
_____		_____	
_____		7. Total of lines 5 and 6	
4. Total of lines 1, 2 and 3		8. Balance end of year (line 4 less 7)	

**SCHEDULE E GENERAL INFORMATION (See Instruction 26)**  
**ALL TAXPAYERS MUST ANSWER THE FOLLOWING QUESTIONS. RIDERS MUST BE PROVIDED WHERE NECESSARY.**

- Type of business \_\_\_\_\_  
Principal products handled \_\_\_\_\_  
Internal Revenue Center where corresponding Federal tax return was filed \_\_\_\_\_
- FINAL DETERMINATION OF NET INCOME BY FEDERAL GOVERNMENT (See Instruction 15)  
Has a change or correction in the amount of taxable income of the reporting corporation or for any other corporation purchased, merged or consolidated with the reporting corporation, been finally determined by the Internal Revenue Service, and not previously reported to New Jersey? "Yes" or "No" \_\_\_\_\_. If "Yes", an amended return must be filed.
- 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" or "No" \_\_\_\_\_. If "Yes", give full information below (Attach rider if necessary).

Name of Controlled Corporations	Percent of Stock Owned or Controlled	By Whom Controlled

- Is the capital stock of the taxpayer listed on any exchange? "Yes or No" \_\_\_\_\_. If yes, specify exchanges where listed and submit taxpayer's Annual Report to stockholders for the period covered by this return.
- Is this corporation a Professional Corporation (PC) formed pursuant to NJSA 14:17-1 et.seq. or any similar law from a possession or territory of the United States, a state, or political subdivision thereof? "Yes or No" \_\_\_\_\_. If yes, go to the next question.  
How many licensed professionals are owners, shareholders, and/or employees from this PC as of the first day of the privilege period? \_\_\_\_\_. Attach a rider providing the names, addresses, and FID or SS numbers of the licensed professionals in the PC. If the number of licensed professionals is greater than 2, complete Schedule PC-Per Capita Licensed Professional Fee. See instruction 41 for examples of licensed professionals.
- This question must be answered by corporations with income from sources outside the United States.**  
(a) Is income from sources outside the United States included in entire net income at line 39 of Schedule A. "Yes or No" \_\_\_\_\_.  
(b) If the answer is "No", set forth such items of gross income, the source, the deductions and the amount of foreign taxes paid thereon. Enter at line 33(b), Schedule A, the difference between the net of such income and the amount of foreign taxes paid thereon not previously deducted.

**SCHEDULE F CORPORATE OFFICERS - GENERAL INFORMATION AND COMPENSATION (See Instruction 27)**

(1) Name and Current Address of Officer	(2) Social Security Number	(3) Title	(4) Dates Employed in this position		(5) Percent of Corporation Stock Owned		(6) Amount of Compensation
			From	To	Common	Preferred	
(a) Total compensation of officers .....							
(b) Less: Compensation of officers claimed elsewhere on the return .....							
(c) Balance of compensation of officers (enter here and on Schedule A, line 12) .....							

NAME AS SHOWN ON RETURN	FEDERAL ID NUMBER
-------------------------	-------------------

**SCHEDULE G - PART I INTEREST (See Instruction 28)**

1. Was interest paid, accrued or incurred to a related member(s), deducted from entire net income?  
 "Yes" or "No" \_\_\_\_\_. If "Yes", fill out the following schedule.

Name of Related Member	Federal ID Number	Relationship to Taxpayer	Amount Deducted
(a) Total amount of interest deducted .....			
(b) Less: Exceptions (see instruction 27) .....			(                    )
(c) Balance of interest deducted (carry to Schedule A, line 30) .....			

**SCHEDULE G - PART II INTEREST EXPENSES AND COSTS AND INTANGIBLE EXPENSES AND COSTS (See Instruction 28)**

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" or "No" \_\_\_\_\_. If "Yes", fill out the following schedule.

Name of Related Member	Federal ID Number	Relationship to Taxpayer	Type of Intangible Expense Deducted	Amount Deducted
(a) Total amount of intangible expenses and costs deducted .....				
(b) Less: Exceptions (see instruction 28) .....				(                    )
(c) Balance of intangible expenses and costs deducted (carry to Schedule A, line 33(d)) .....				

**SCHEDULE H TAXES (See Instructions 16(f) and 29)**

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 (attach schedule)	(f) Total
1. New Jersey Taxes						
2. Other States & U.S. Possessions						
3. City and Local Taxes						
4. Taxes Paid to Foreign Countries						
5. Total						
6. Combine lines 5(a) and 5(b)						
7. Sales & Use Taxes Paid by a Utility Vendor						
8. Add lines 6 and 7 - Carry to Schedule A, line 31.						
9. Federal Taxes						
10. Total (Combine line 5 and line 9)						

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



NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

**PART IV COMPUTATION OF THROW OUT RECEIPTS (See Instruction 35)**

Name of the Jurisdiction in which Receipts are Sourced	Total Receipts from all Sales, Services, Rental, Royalties, and Other Business Transactions
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
TOTAL - Add lines 1 through 10. Carry to Schedule J, Part III, line 2(h)	

**PART V KEY CORPORATION DESIGNATION (See Instruction 36)**

All taxpayers claiming the throw out limitation must designate a key corporation and complete Part VI below. The key corporation will be responsible for remitting the additional tax. The key corporation must complete Form 400.

Name: \_\_\_\_\_ FID# \_\_\_\_\_

**PART VI COMPUTATION OF THE THROW OUT TAX EFFECT FOR LIMITATION (See Instruction 36)**

1. Entire net income from Schedule A, line 39	1.	
2. Allocation factor from Schedule J, Part III, line 5.	2.	
3. Allocated net income - Multiply line 1 by line 2.	3.	
4. Tax Rate (See Instruction 11(a))	4.	
5. Gross Tax Liability - Multiply line 3 by line 4	5.	
6. Less Tax Credits	6.	( )
7. Net Tax Liability - line 5 minus line 6	7.	
8. Property Fraction (Schedule J, Part III, line 1(c))	8.	
9. Wage Fraction (Schedule J, Part III, line 3(c))	9.	
10. Total New Jersey Receipts (Schedule J, Part III, line 2(f))	10.	
11. Total Everywhere Receipts (Schedule J, Part III, line 2(g))	11.	
12. Receipts Fraction (line 10 divided by line 11)	12.	
13. Double Weight Receipts (enter amount from line 12)	13.	
14. Total (line 8 plus line 9 plus line 12 plus line 13)	14.	
15. Allocation Factor (line 14 divided by 4) Carry to Page 1, line 2	15.	
16. Entire Net Income from Schedule A, line 39	16.	
17. Allocated Net Income - Multiply line 15 by line 16	17.	
18. Tax Rate (from line 4)	18.	
19. Gross Tax Liability - Multiply line 17 by line 18	19.	
20. Less Tax Credits	20.	( )
21. Net Tax Liability (line 19 minus line 20)	21.	
22. Throw Out Tax Income (line 7 minus line 21) This amount should be carried to Form 400 of the BFC-1 filed by the designated key corporation.	22.	

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

**SCHEDULE P SUBSIDIARY INVESTMENT ANALYSIS (See Instruction 40)**

**NOTE:** Taxpayers must hold at least 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.

(1) Name of Subsidiary	(2) Percentage of Interest		(3) Book Value (as reported in Schedule B)	(4) Dividend Income (as reported in Schedule A)
	Voting	Non-Voting		
Totals .....				

**SCHEDULE P-1 PARTNERSHIP INVESTMENT ANALYSIS (See Instruction 41)**

(1) Name of Partnership LLC, or Other Entity and Federal ID Number	(2) Date and State where Organized	(3) Percentage of Ownership	(4)		(5)		(6)		(7) Tax Payments Made on Behalf of Taxpayer by Partnerships
			Limited Partner	General Partner	Tax Accounting Method Flow Through	Separate Accounting	New Jersey Nexus Yes	No	
Total Column 7 .....									

**SCHEDULE PC PER CAPITA LICENSED PROFESSIONAL FEE (See Instruction 42)**

1 (a). Enter number of resident and non-resident professionals with physical nexus with New Jersey _____ x \$150 .....	1(a)	
1(b). Enter number of non-resident professionals without physical nexus with New Jersey _____ x \$150 x allocation factor of the PC .....	1(b)	
1(c). Total Fee Due - Add lines 1(a) and line 1(b) .....	1(c)	
2. Installment Payment - 50% of line 1(c) .....	2.	
3. Total Fee Due (line 1(c) plus line 2) .....	3.	
4. Less prior year 50% installment payment and credit (if applicable) .....	4.	(                    )
5. Balance of Fee Due (line 3 minus line 4). If the result is zero or above, enter this amount on page 1, line 19 . . .	5.	
6. Credit to next year's Professional Corporation Fee (if line 5 is below zero, enter the amount here) .....	6.	

**SCHEDULE Q QUALIFIED SUBCHAPTER S SUBSIDIARIES (QSSS)**

1. Does this corporation own any Qualified Subchapter S Subsidiaries?  Yes  No  
 If yes, list all the QSSS's names, addresses, and FID#'s below. Attach additional rider if necessary. Separately note those subsidiaries who have made a New Jersey QSSS election and whose activities are included in this return.

**SCHEDULE R DIVIDEND EXCLUSION (See Instruction 43)**

1. Dividend income included in Schedule A .....	1	
2. Less: Dividend Income - Schedule P, Column (4) .....	2	(                    )
3. Balance (line 1 less line 2) .....	3	
4. Less: Dividend income from investments where taxpayer owns less than 50% of voting stock and less than 50% of all other classes of stock .....	4.	(                    )
5. Balance (line 3 less line 4) .....	5.	
6. 50% of line 5 .....	6	
7. DIVIDEND EXCLUSION: Line 2 plus line 6 (Carry to Schedule A, line 37) .....	7	

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

**SCHEDULE S - PART I DEPRECIATION AND SAFE HARBOR LEASING (See Instruction 44)**

1. Section 179 Deduction	1	
2. Special Depreciation Allowance - for certain property acquired after September 10, 2001	2	
3. MACRS - for assets placed in service during <b>accounting periods</b> beginning on and after July 7, 1993	3	
4. MACRS - for assets placed in service during <b>accounting periods</b> beginning prior to July 7, 1993	4	
5. ACRS	5	
6. Other Depreciation - for assets placed in service after December 31, 1980	6	
7. Other Depreciation - for assets placed in service prior to January 1, 1981	7	
8. Listed Property - for assets placed in service during accounting periods beginning on and after July 7, 1993	8	
9. Listed Property - for assets placed in service during accounting periods beginning prior to July 7, 1993	9	
10. Total depreciation claimed in arriving at line 28, Schedule A	10	

**Attach Form 4562 to Return and Include Federal Depreciation Worksheet**

Adjustments at Line 32, Schedule A - Depreciation and Certain Safe Harbor Lease Transactions

**11. Additions**

- (a) ACRS and MACRS from lines 4, 5, 6 and 9 above a. \_\_\_\_\_
- (b) Special Depreciation Allowance - for assets placed in service during accounting periods beginning on and after January 1, 2002, and for which federal 30% bonus depreciation was taken. Include the initial 30% bonus amount and the regular depreciation on the adjusted basis. b. \_\_\_\_\_
- (c) Distributive share of ACRS and MACRS from a partnership c. \_\_\_\_\_
- (d) Deductions on Federal return resulting from an election made pursuant to IRC Section 168(f)8 exclusive of elections made with respect to mass commuting vehicles.
  - Interest \_\_\_\_\_
  - Rent \_\_\_\_\_
  - Amortization of Transactional Costs \_\_\_\_\_
  - Other Deductions \_\_\_\_\_ d. \_\_\_\_\_
- Total line 11 (lines a, b, c and d) 11 \_\_\_\_\_

**12. Deductions**

- (a) New Jersey depreciation - (From Schedule S, Part II(A)) a. \_\_\_\_\_
- (b) New Jersey depreciation - (From Schedule S, Part II(B)) b. \_\_\_\_\_
- (c) Recomputed depreciation attributable to distributive share of recovery property from a partnership (From Schedule S, Part II(A)) c. \_\_\_\_\_
- (d) Any income included in the return with respect to property described at line 11(d) solely as a result of that election d. \_\_\_\_\_
- (e) The lessee/user should enter the amount of depreciation which would have been allowable under the Internal Revenue Code at December 31, 1980 had there been no safe harbor lease election - (From Schedule S, Part II(A)) e. \_\_\_\_\_
- (f) Excess of accumulated ACRS, MACRS, or bonus depreciation over accumulated NJ depreciation on physical disposal of recovery property (attach computations) f. \_\_\_\_\_
- Total line 12 (lines a, b, c, d, e and f) 12 \_\_\_\_\_

**13. ADJUSTMENT** - (line 11 minus line 12) Enter at line 32, Schedule A 13 \_\_\_\_\_







Name	Federal ID Number
------	-------------------

---

**SCHEDULE S-1    MODIFICATION OF FEDERAL TAXABLE INCOME FOR S CORPORATIONS (See Instruction 45)**  
**(Attach to Your Return)**

---

- 1. Ordinary income (loss) from page 1 of form 1120S ..... 1. \_\_\_\_\_
- 2. Distributive income items not included in line 1:
  - (a) Net short-term capital gain over net long-term capital loss ..... a \_\_\_\_\_
  - (b) Net long-term capital gain over net short-term capital loss ..... b \_\_\_\_\_
  - (c) Other net gain (loss) under Section 1231 ..... c \_\_\_\_\_
  - (d) Other Income. Explain on separate rider ..... d \_\_\_\_\_

TOTAL ..... 2. \_\_\_\_\_
- 3. Line 1 plus line 2 ..... 3. \_\_\_\_\_
- 4. Distributive expense items not included in line 1:
  - (a) Expense deduction for recovery property under Section 179 ..... a \_\_\_\_\_
  - (b) Interest on investment indebtedness ..... b \_\_\_\_\_
  - (c) Total foreign taxes paid or accrued ..... c \_\_\_\_\_
  - (d) Other deductions. Explain on separate rider. (See Instruction 45) d \_\_\_\_\_

TOTAL ..... 4. \_\_\_\_\_
- 5. Line 3 less line 4 ..... 5. \_\_\_\_\_
- 6. Deductible contributions (limited to 10% of taxable income) ..... 6. \_\_\_\_\_
- 7. Taxable income before net operating loss and special deductions (carry to Schedule A, Line 28) ... 7. \_\_\_\_\_

---



---



---



**SCHEDULE I**

**State of New Jersey  
Division of Taxation**

**CERTIFICATION OF INACTIVITY**

For the period beginning \_\_\_\_\_, \_\_\_\_\_ and ending \_\_\_\_\_, \_\_\_\_\_

Corporation Name	Federal ID Number
------------------	-------------------

(NOTE: Attach this schedule to the taxpayer's BFC-1 return)

I certify that during the period covered by the attached tax return, the above named taxpayer had no business activities, no income, no assets, and, additionally in the case of a New Jersey S corporation, made no distributions and did not have any change in ownership.

Signature of Corporate Officer	Title	Date
--------------------------------	-------	------

**INSTRUCTIONS**

In lieu of completing the entire BFC-1 tax return, an inactive corporation may complete this schedule and attach it to a completed page 1 of the BFC-1 return in order to fulfill its filing obligations with the State of New Jersey. An inactive corporation is a corporation that, during the entire period covered by the tax return, did not conduct any business, did not have any income, receipts or expenses, did not own any assets, and, additionally for New Jersey S corporations, did not make any distributions and did not have any change in ownership.

This schedule must be completed and attached to page 1 of each Corporation Business Tax return filed annually by the taxpayer. Taxpayers must report the minimum tax liability and the installment payment (if applicable).

Schedule I and page 1 of the BFC-1 return must be signed by an officer of the corporation who is authorized to attest to the truth of the statements contained therein.