STATE OF NEW JERSEY CORPORATION BUSINESS TAX RETURN FOR BANKING AND FINANCIAL CORPORATIONS

2017

STATEMENT OF ESTIMATED TAX

C. 184 P.L. 1981 APPROVED JUNE 19, 1981

CONTENTS

- INSTRUCTIONS
- WORKSHEET
- CALENDAR OF DUE DATES
- FOUR STATEMENTS OF ESTIMATED TAX

NOTE:

WE DO NOT SEND REMINDER NOTICES FOR THE ESTIMATED TAX INSTALLMENT PAYMENTS. PAYMENT MUST ACCOMPANY THE REMITTANCE STATEMENT WHEN DUE.

BFC-150 2017

INSTRUCTIONS

1. Who must file

Corporations whose accounting periods begin in 2017 and whose prior year tax liability is greater than \$500 must make four 25% estimated tax payments in the 4th, 6th, 9th and 12th months of its accounting period towards the current year's tax, except for corporations with gross receipts of \$50,000,000 or more for the prior privilege period shall make installment payments as follows: 25% in the 4th month, 50% in the 6th month and 25% in the 12th month. A corporation whose prior year tax liability is \$500 can, in lieu of making these estimated tax payments, make a single estimated tax payment of 50% of the prior year's tax liability. This option must be made and the 50% payment must be remitted no later than the original due date of the prior year's tax return.

2. Purpose

These forms are provided for your convenience for remitting estimated tax payments on a current basis.

3. How to determine your estimated tax

Computation of the estimated tax should be made on the basis of a full accounting period. Taxpayers should determine their expected liabilities on the basis of circumstances existing at the time prescribed for filing. Use the Estimated Tax Worksheet for computing each installment due.

4. Estimated tax worksheet

A worksheet is provided to assist in computing the amounts of installment payments due for any taxpayer required to file a statement which has an accounting year beginning after December 31, 2015.

5. Overpayment credit from BFC-1

If the prior year's return is overpaid and the taxpayer elected to apply that overpayment as a credit to the current tax year, that credit may be applied to any installment. Enter the amount of the overpayment on line 2 of the Statement of Estimated Tax. However, if the taxpayer elected to have any portion or all of the overpayment on the prior year's return refunded, this amount may not be claimed as a credit.

6. All taxpayers should enter the appropriate tax year that the remittance should be credited to in the space provided on the front of the voucher. Fiscal year taxpayers must also enter the beginning and ending dates of their accounting period in the space provided.

7. Underpayment of estimated tax

Any taxpayer who is required to file a statement of estimated tax must file each estimate together with remittance covering the estimated tax due on the required due date. Failure to remit such estimated payment or making an underpayment of such tax or any installment thereof, will result in the imposition of interest at an annual rate of three percent (3%) above the average predominant prime rate for each month or fraction thereof that the underpayment exists. The average predominant prime rate to be used is the rate as determined by the Board of Governors of the Federal Reserve System, quoted by commercial banks to large businesses on December 1st of the calendar year immediately preceding the calendar year in which the payment was due or as redetermined by the Director in accordance with N.J.S.A. 54:48-2. The average predominant prime rates will be published periodically.

In general, a taxpayer will be considered as having underpaid if the total amount of the estimated tax payments for the taxable year are less than 90% of the total tax liability reported on the current year's tax return and less than 100% of the total tax liability reported on the prior year's tax return. The addition to the tax on any underpayment of any installment payment is computed on Form BFC-160 and must be paid with the return.

8. When to file

For all fiscal year taxpayers, the appropriate due dates applicable to each installment due can be found in the Calendar of Due Dates in this packet.

9. Where to file

A statement of estimated tax shall be filed with the State of New Jersey, Division of Taxation-BFC, Revenue Processing Center, PO Box 247, Trenton, NJ 08646-0247.

10. Electronic funds transfers

The Division of Revenue has established procedures to allow the remittance of tax payments through Electronic Funds Transfer (EFT). Taxpayers with a prior year's liability of \$10,000 or more in any one tax are required to remit all tax payments using EFT. If estimated tax payments are remitted using EFT, the BFC-150 vouchers should not be sent to the Division of Taxation. If you have any questions concerning the EFT program, call (609) 984-9830 or write to the Division of Revenue, EFT Section, PO Box 191, Trenton, NJ 08646-0191.

Specific Instructions For Completion Of Tax Vouchers

- a. Figure your estimated tax for the current accounting year using the estimated tax worksheet on page 3 or page 4, whichever is applicable On the Voucher:
- b. Enter your full name, address, New Jersey serial number and Federal Identification number.
- c. Enter the appropriate tax year and accounting period in the spaces provided.

NOTE:

Please print your numbers like this:

0 1 2 3 4 5 6 7 8 9

d. Enter the amount shown on the line of the worksheet applicable to that voucher on Line 1 of the voucher.

- e. Enter the overpayment from last year applied to the voucher on Line 2.
- f. Subtract the overpayment credit (Line 2) from the amount of installment (Line 1) and enter the amount on Line 3.
- g. Sign the bottom of the voucher.
- h. Fill in the record of Estimated Tax Payment below the worksheet.
- Mail your statement of estimated tax along with your check or money order to the State of New Jersey, Division of Taxation-BFC, Revenue Processing Center, PO Box 247, Trenton, New Jersey 08646-0247.

For Your Current INSTALLMENT DUE DATES				
Taxable Year Ended	Voucher 1	Voucher 2	Voucher 3	Voucher 4
12/31/17	4/18/17	6/15/17	9/15/17	12/15/17
1/31/18	5/15/17	7/15/17	10/15/17	1/15/18
2/28/18	6/15/17	8/15/17	11/15/17	2/15/18
3/31/18	7/15/17	9/15/17	12/15/17	3/15/18
4/30/18	8/15/17	10/15/17	1/15/18	4/15/18
5/31/18	9/15/17	11/15/17	2/15/18	5/15/18
6/30/18	10/15/17	12/15/17	3/15/18	6/15/18
7/31/18	11/15/17	1/15/18	4/15/18	7/15/18
8/31/18	12/15/17	2/15/18	5/15/18	8/15/18
9/30/18	1/15/18	3/15/18	6/15/18	9/15/18
10/31/18	2/15/18	4/15/18	7/15/18	10/15/18
11/30/18	3/15/18	5/15/18	8/15/18	11/15/18

AMOUNT OF INSTALLMENTS DUE - For corporations with gross receipts less than \$50,000,000 in the prior privilege period, a 25% installment payment of the current accounting year's estimated tax liability must be submitted with each of the four vouchers on or before the 15th day of the 4th, 6th, 9th and 12th months of that year. For corporations with gross receipts of \$50,000,000 or more for the prior privilege period, estimated payment should be made as follows: a 25% installment in the 4th month, a 50% installment in the 6th month and a 25% installment in the 12th month. If any due date prescribed for filing these vouchers falls on a Saturday, Sunday or a legal holiday recognized by the State of New Jersey, the next succeeding business day will be considered the due date.

ESTIMATED TAX WORKSHEET FOR CORPORATIONS WITH GROSS RECEIPTS LESS THAN \$50,000,000 IN THE PRIOR PRIVILEGE PERIOD (KEEP FOR YOUR RECORDS) - DO NOT FILE

1.	Total Estimated Tax for the current taxable year 1
2.	Voucher 1 Due (enter 25% of Line 1) 2
3.	Voucher 2 Due (enter 25% of Line 1)
4.	Voucher 3 Due (enter 25% of Line 1) 4
5.	Voucher 4 Due (enter 25% of Line 1)

Record of Estimated Tax Payments						
Voucher Number	(a) Date	(b) Amount	(c) Overpayment Credit From Last Year's Return	(d) Total Amount Paid and Credited For This Installment (Add (b) & (c))		
1						
2						
3						
4						
	Total →					

Amended Computation (Use if your estimated tax changes after you have filed one or more estimated tax vouchers).

1. Enter the ar	nended estimated tax
2. Less (a)	Amount of overpayment credit from last year's return (see instruction 5)
(b)	Previous estimated tax payment(s) made this year:
	From Voucher 1
	From Voucher 2
	From Voucher 3
(c)	Total Lines 2(a) and 2 (b)
3. Unpaid bala	nce (Line 1 minus Line 2(c))
	nce to be paid as follows: On Voucher 2 if unused - 50% of amended estimated tax (Line 1) less payments made (Line 2(c))
(b)	On Voucher 3 if unused - 75% of amended estimated tax (Line 1) less payments made
(c)	On Voucher 4 - 100% of amended estimated tax (Line 1) less payments made
(d)	Total of Lines 4(a), 4(b) and 4(c)
5. Subtract Lin	e 4(d) from Line 3. (If result is not zero, review calculations)

ESTIMATED TAX WORKSHEET FOR CORPORATIONS WITH GROSS RECEIPTS OF \$50,000,000 OR MORE IN THE PRIOR PRIVILEGE PERIOD (KEEP FOR YOUR RECORDS) - DO NOT FILE

1.	Total Estimated Tax for the current taxable year	1
2.	Voucher 1 Due (enter 25% of Line 1)	2
3.	Voucher 2 Due (enter 50% of Line 1)	3
4.	Voucher 4 Due (enter 25% of Line 1)	4

Record of Estimated Tax Payments							
Voucher Number (a) (b) Overpayment Credit From Last Year's Return Total Amount Paid and Crediter Installment (Add (b) & (c)							
1							
2							
4	4						
	Total →						

Amended Computation (Use if your estimated tax changes after you have filed one or more estimated tax vouchers).

Enter the amended estimated tax	
Less (a) Amount of overpayment credit from last year's return (see instruction 5)	
(b) Previous estimated tax payment(s) made this year:	
From Voucher 1	
From Voucher 2	
(c) Total Lines 2(a) and 2 (b)	
3. Unpaid balance (Line 1 minus Line 2(c))	
4. Unpaid balance to be paid as follows: (a) On Voucher 2 if unused - 75% of amended estimated tax (Line 1) less payments made (Line 2(c))	
(b) On Voucher 4 - 100% of amended estimated tax (Line 1) less payments made	
(c) Total of Lines 4(a) and 4(b)	
5. Subtract Line 4(c) from Line 3. (If result is not zero, review calculations)	

STATE OF NEW JERSEY CORPORATION BUSINESS TAX RETURN FOR BANKING AND FINANCIAL CORPORATIONS STATEMENT OF ESTIMATED TAX

		For Tax	Year	-	
For a	accounting period beginning	,, ar	nd ending		
	FEDERAL EMPLOYER ID NUMBER	NJ CORPORATION NUMBER	STATE AND DATE OF INC).	FISCAL YEAR
	CORPORATION NAME		FOR OFFICIAL USE ONLY	,	
	MAILING ADDRESS		D	F	
	CITY STATE	ZIP CODE			. 🕇
	CHECK ONE: BANKING CORPORATION COM	N ☐ FINANCIAL CORPORAT			
	axpayer required to file a return which had he prior year must file a Statement of Es		egins in 2017 and has	a tax	cliability of \$500 or more
	putation of the Estimated Tax should be n cted liabilities on the basis of the circums				
WAF	RNING: Interest is assessed for underesti	imation of tax. See instruc	tion 7.		
1. /	AMOUNT OF THIS INSTALLMENT PAYN	MENT		1.	
2. /	AMOUNT OF OVERPAYMENT CREDIT ((See Instruction 5)		2.	
	AMOUNT OF THIS INSTALLMENT PAYN		IIS AMOUNT	3.	
Remi	ttance to cover the full amount of payment		-	•	
	Make check or money order payable to:	STATE OF NEW JERSEY	- BFC		
	Mail to:	STATE OF NEW JERSEY DIVISION OF TAXATION-E REVENUE PROCESSING PO BOX 247 TRENTON, NJ 08646-024	CENTER,		
	S	IGNATURE AND VERIFIC	ATION		
a true	are under the penalties provided by law, that to e, correct and complete return. If the return nation relating to the matters required to be re	is prepared by a person oth	er than the taxpayer, his		
	Date Signature of Duly Authorized O	fficer of Taxpayer	Title		

STATEMENT OF ESTIMATED TAX - 4 CALENDAR YEAR DUE - APRIL 18, 2017

STATEMENT OF ESTIMATED TAX - 6 CALENDAR YEAR DUE - JUNE 15, 2017

STATEMENT OF ESTIMATED TAX - 9 CALENDAR YEAR DUE - SEPTEMBER 15, 2017

Date

Signature of Individual or Firm Preparing Return

STATE OF NEW JERSEY CORPORATION BUSINESS TAX RETURN FOR BANKING AND FINANCIAL CORPORATIONS STATEMENT OF ESTIMATED TAX

Address

Preparer's ID Number

	For Tax \	/ear			
For accounting period beginning	,, and	d ending		,	
FEDERAL EMPLOYER ID NUMBER	NJ CORPORATION NUMBER	STATE AND DATE OF INC.	-	FISCAL YEAR	
CORPORATION NAME		FOR OFFICIAL USE ONLY		_	
MAILING ADDRESS		D	F	6	
CITY STAT	TE ZIP CODE			U	
CHECK ONE: BANKING CORPORATION CHECK ONE:					
	IPUTATION OF ESTIMA		. (12 1		
Any taxpayer required to file a return which h for the prior year must file a Statement of E	0,	egins in 2017 and has a	a tax iiai	ollity of \$500 or more	
Computation of the Estimated Tax should be					
expected liabilities on the basis of the circum WARNING : Interest is assessed for underest		_	statem	ent.	
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1. AMOUNT OF THIS INSTALLMENT PAY	/MENT		1.		
2. AMOUNT OF OVERPAYMENT CREDIT	「(See Instruction 5)		2.		
O AMOUNT OF THE INSTALLMENT DAY	/A A C N I T				
3. AMOUNT OF THIS INSTALLMENT PAY (line 1 minus line 2)		IS AMOUNT	3.		
Remittance to cover the full amount of payme					
Make check or money order payable to:	STATE OF NEW JERSEY -	BFC			
Mail to: STATE OF NEW JERSEY DIVISION OF TAXATION-BFC REVENUE PROCESSING CENTER, PO BOX 247 TRENTON, NJ 08646-0247					
	SIGNATURE AND VERIFICA	ATION			
I declare under the penalties provided by law, that a true, correct and complete return. If the returninformation relating to the matters required to be	n is prepared by a person othe	er than the taxpayer, his			
Date Signature of Duly Authorized	Officer of Taxpayer	Title			

STATEMENT OF ESTIMATED TAX - 4 CALENDAR YEAR DUE - APRIL 18, 2017

STATEMENT OF ESTIMATED TAX - 6 CALENDAR YEAR DUE - JUNE 15, 2017

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Date

Signature of Individual or Firm Preparing Return

STATE OF NEW JERSEY CORPORATION BUSINESS TAX RETURN FOR BANKING AND FINANCIAL CORPORATIONS STATEMENT OF ESTIMATED TAX

Address

Preparer's ID Number

	For Tax Y	'ear		
For accounting period beginning	,, and	ending		,
FEDERAL EMPLOYER ID NUMBER	NJ CORPORATION NUMBER	STATE AND DATE OF INC.		FISCAL YEAR
CORPORATION NAME		FOR OFFICIAL USE ONLY		
MAILING ADDRESS		_ D	F	
CITY STATE	ZIP CODE			3
CHECK ONE: BANKING CORPORATION COM	PUTATION OF ESTIMA			
Any taxpayer required to file a return which ha for the prior year must file a Statement of Es		gins in 2017 and has a	tax liability	of \$500 or more
Computation of the Estimated Tax should be respected liabilities on the basis of the circums WARNING : Interest is assessed for underest	stances existing at the time p	rescribed for filing this		d determine their
1. AMOUNT OF THIS INSTALLMENT PAY	MENT		1.	
2. AMOUNT OF OVERPAYMENT CREDIT	(See Instruction 5)		2.	
3. AMOUNT OF THIS INSTALLMENT PAY (line 1 minus line 2)		S AMOUNT	3.	
Remittance to cover the full amount of paymen Make check or money order payable to:	t due on Line 3 must accomp	any this statement.		
Mail to:	STATE OF NEW JERSEY DIVISION OF TAXATION-BF REVENUE PROCESSING C PO BOX 247 TRENTON, NJ 08646-0247			
	SIGNATURE AND VERIFICA	ATION		
I declare under the penalties provided by law, that a true, correct and complete return. If the return information relating to the matters required to be re-	is prepared by a person other	r than the taxpayer, his		
Date Signature of Duly Authorized C	Officer of Taxpaver	Title		····

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STATE OF NEW JERSEY CORPORATION BUSINESS TAX RETURN FOR BANKING AND FINANCIAL CORPORATIONS STATEMENT OF ESTIMATED TAX

		For Tax	Year			
For a	accounting period beginning	,, ar	nd ending		,	
	FEDERAL EMPLOYER ID NUMBER	NJ CORPORATION NUMBER	STATE AND DAT	E OF INC.	FISCAL YEAR	
	CORPORATION NAME		FOR OFFICIAL U	ISE ONLY		
	MAILING ADDRESS		D	F	12	
	CITY STATE	ZIP CODE				
	CHECK ONE: BANKING CORPORATION	N	TION			
	COM	DUTATION OF FOTIM	ATED TAY			
	axpayer required to file a return which had ne prior year must file a Statement of Es			nd has a tax	liability of \$500 or more	
	putation of the Estimated Tax should be n cted liabilities on the basis of the circums					
WAR	RNING: Interest is assessed for underesti	imation of tax. See instruc	tion 7.			
1. /	AMOUNT OF THIS INSTALLMENT PAYN	MENT		1.		
2. /	AMOUNT OF OVERPAYMENT CREDIT ((See Instruction 5)		2.		
	AMOUNT OF THIS INSTALLMENT PAYN		IIS AMOUNT .	3.		
Remi	ttance to cover the full amount of payment	due on Line 3 must accom	pany this statem	ent.		
	Make check or money order payable to:	STATE OF NEW JERSEY	- BFC			
	Mail to: STATE OF NEW JERSEY DIVISION OF TAXATION-BFC REVENUE PROCESSING CENTER, PO BOX 247 TRENTON, NJ 08646-0247					
	S	IGNATURE AND VERIFIC	ATION			
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	Date Signature of Duly Authorized O	fficer of Taxpayer	Title			

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