Schedule I

State of New Jersey
Division of Taxation

CERTIFICATE OF INACTIVITY

For Use With Form CBT-100U ONLY

For the period beginning _____ , _____ , and ending _____ , _____

Unitary ID Number	Member FEIN	Member Name

(NOTE: Include this schedule with the member's CBT-100U)

I certify that during the period covered by the tax return with which this schedule is included, the above named member 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.

Note: By entering the name of the authorized officer of the corporation, the officer is e-signing this certificate.

E-Signature of Corporate Officer | Title | Date

E-Signature of Duly Authorized Officer of Managerial Member | Date

INSTRUCTIONS

In lieu of providing information for the entire CBT-100U tax return for an inactive member, that member may complete this schedule. The member must also be included in and complete the Members and Affiliates Schedule, the Annual General Questionnaire, and Schedules A (Parts I, II, and III), A-2, A-3, and A-4 of the CBT-100U in order to fulfill its filing obligations with the State of New Jersey. If all the members are inactive, also complete page 1 of the CBT-100U. An inactive member is a member 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 and the applicable pages from the Corporation Business Tax Unitary Return must be filed annually by the taxpayer. Schedule I must be signed by an officer of the corporation who is authorized to attest to the truth of the statements contained therein, and by an authorized officer of the managerial member.

REFERENCE ONLY