# State of New Jersey Corporation Business Tax Return for Banking and Financial Corporations

2021

## **Statement of Estimated Tax**

C. 184 P.L. 1981 Approved June 19, 1981

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- 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 2021

### Instructions

#### Who Must File

Corporations whose accounting periods begin in 2021 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 million 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.

#### **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

### **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.

## **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 cannot be claimed as a credit.

### **Calendar Year and Fiscal Year Taxpayers**

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.

### **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 3% above the average predominant prime rate for each month or part of a month 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 interest rates assessed by the Division of Taxation are published on the Division's website.

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.

#### 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 on page 2.

#### 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.

### **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.

### **Completion Of Tax Vouchers**

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:

- 1. Enter your full name, address, New Jersey serial number and federal identification number.
- 2. Enter the appropriate tax year and accounting period in the spaces provided.

 Note:
 Print numbers like this:

 0
 1
 2
 3
 4
 5
 6
 7
 8
 9

- 3. Enter the amount shown on the line of the worksheet applicable to that voucher on line 1 of the voucher.
- 4. Enter the overpayment from last year applied to the voucher on line 2.
- 5. Subtract the overpayment credit (line 2) from the amount of installment (line 1) and enter the amount on line 3.
- 6. Sign the bottom of the voucher.
- Fill in the record of Estimated Tax Payment below the worksheet.
- 8. 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.

Calendar of Due Dates*						
For Your Current Tax		Installmen	stallment Due Dates			
Year Ended	Voucher 1	Voucher 2	Voucher 3	Voucher 4		
12/31/21	4/15/21	6/15/21	9/15/21	12/15/21		
1/31/22	5/15/21	7/15/21	10/15/21	1/15/22		
2/28/22	6/15/21	8/15/21	11/15/21	2/15/22		
3/31/22	7/15/21	9/15/21	12/15/21	3/15/22		
4/30/22	8/15/21	10/15/21	1/15/22	4/15/22		
5/31/22	9/15/21	11/15/21	2/15/22	5/15/22		
6/30/22	10/15/21	12/15/21	3/15/22	6/15/22		
7/31/22	11/15/21	1/15/22	4/15/22	7/15/22		
8/31/22	12/15/21	2/15/22	5/15/22	8/15/22		
9/30/22	1/15/22	3/15/22	6/15/22	9/15/22		
10/31/22	2/15/22	4/15/22	7/15/22	10/15/22		
11/30/22	3/15/22	5/15/22	8/15/22	11/15/22		

<sup>\*</sup>When any date falls on a Saturday, Sunday, or legal holiday, substitute the next regular workday.

**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.

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	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) and (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 amended estimated tax	
2.	Less (a) Amount of overpayment credit from last year's return (see instructions)	
	(b) Previous estimated tax payment(s) made this year:	
	From Voucher 1	
	From Voucher 2	
	From Voucher 3	
	(c) Total lines 2a and 2b	
3.	Unpaid balance (subtract line 2c from line 1)	
4.	Unpaid balance to be paid as follows:	
	(a) On Voucher 2 if unused – 50% of amended estimated tax (line 1) less payments made (line 2c)	
	(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 4a, 4b, and 4c	
5.	Subtract line 4d from line 3. (If result is not zero, review calculations)	

## 

	Record of Estimated Tax Payments							
Voucher Number	(a) Date	(d) Total Amount Paid and Credited For This Installment (Add (b) & (c))						
1								
2								
4								
,	Total							

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

1.	Enter the amended estimated tax		
2.	Less (a) Amount of overpayment credit from last year's return (see instructions)		
	(b) Previous estimated tax payment(s) made this year:		
	From Voucher 1		
	From Voucher 2		
	(c) Total lines 2a and 2b		
3.	Unpaid balance (subtract line 2c from line 1)		
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 2c)		
	(b) On Voucher 4 – 100% of amended estimated tax (line 1) less payments made		
	(c) Total of lines 4a and 4b		
5.	Subtract line 4c from line 3. (If result is not zero, revi	view calculations)	

Date

# State of New Jersey Corporation Business Tax Return for Banking and Financial Corporations Statement of Estimated Tax

		For Tax Yea	r				
	For accounting period beginning		, and ending				
	<u> </u>	Corporation Number	State and Date of Inc.		Fiscal Year		
	Corporation Name		FOR OFFICIAL USE ONLY		<u> </u>		
	Mailing Address		D F		4		
	City St.	ate ZIP Code			•		
	Check One: Banking Corporation	Financial Co	rporation				
more Com their	Computation of Estimated Tax  Any taxpayer required to file a return which has an accounting year that begins in 2021 and has a tax liability of \$500 or more for the prior year must file a Statement of 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 the circumstances existing at the time prescribed for filing this statement.  WARNING: Interest is assessed for underestimation of tax. See instructions.						
1.	Amount of this installment payment			1.			
2.	Amount of overpayment credit (See ins	tructions)		2.			
3.	Amount of this installment payment (subtract line 2 from line 1)	Pay th	iis amount	3.			
Rem	ittance to cover the full amount of pa	yment due on line 3	must accompany this sta	temer	nt.		
	Make check or money order payable:	State of New Jerse	y – BFC				
	Mail to: State of New Jersey Division of Taxation – BFC Revenue Processing Center PO Box 247 Trenton, NJ 08646-0247						
		Signature and Ver	rification	ı			
knov taxpa	I declare under the penalties provided by law, that this statement 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.						
Da	ste Signature of Duly Authorized	l Officer of Taxpayer	Title				

Address

Preparer's ID Number

Statement of Estimated Tax – 4	Calendar year due – April 15, 2021
Statement of Estimated Tax – 6	Calendar year due – June 15, 2021
Statement of Estimated Tax – 9	Calendar year due – September 15, 2021
Statement of Estimated Tax – 12	Calendar year due – December 15, 2021

Date

# State of New Jersey Corporation Business Tax Return for Banking and Financial Corporations Statement of Estimated Tax

		For Tax Yea	r				
	For accounting period beginning		, and ending				
		J Corporation Number	State and Date of INC.		Fiscal Year		
	Corporation Name		FOR OFFICIAL USE ONLY				
	Mailing Address		D F		6		
	City	State ZIP Code					
	Check One: Banking Corporation	on Financial Co	rporation				
		Computation of Esti	mated Tax				
	taxpayer required to file a return which e for the prior year must file a Statem		ar that begins in 2021 and ha	s a ta	ax liability of <b>\$500 or</b>		
	putation of the Estimated Tax should be expected liabilities on the basis of the		<b>0</b> .				
WAF	NING: Interest is assessed for undere	estimation of tax. See in	structions.	r			
1.	Amount of this installment payment			1.			
2.	Amount of overpayment credit (See in	nstructions)		2.			
3.	Amount of this installment payment (subtract line 2 from line 1)	Pay th	is amount	3.			
Rem	ittance to cover the full amount of p	payment due on line 3	must accompany this stat	emer	nt.		
	Make check or money order payable:	: State of New Jerse	y – BFC				
	Mail to: State of New Jersey Division of Taxation – BFC Revenue Processing Center PO Box 247 Trenton, NJ 08646-0247						
		Signature and Ver					
know taxpa	I declare under the penalties provided by law, that this statement 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.						
Da	te Signature of Duly Authoriz	ed Officer of Taxpayer	Title				

Address

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Statement of Estimated Tax – 12	Calendar year due – December 15, 2021

Date

# State of New Jersey Corporation Business Tax Return for Banking and Financial Corporations Statement of Estimated Tax

		For Tax Yea	ır				
	For accounting period beginning	,	, and ending		<del>,</del>		
	Federal Employer ID Number N	J Corporation Number	State and Date of INC.	1	Fiscal Year		
	Corporation Name		FOR OFFICIAL USE ONLY				
	Mailing Address		D F		9		
	City	State ZIP Code					
	Check One: Banking Corporatio	n Financial Co	rporation	1			
mor Com their	taxpayer required to file a return which e for the prior year must file a Statem putation of the Estimated Tax should be expected liabilities on the basis of the RNING: Interest is assessed for undere	ent of Estimated Tax. e made on the basis of circumstances existing	ar that begins in 2021 and ha f a full accounting period. Ta gat the time prescribed for fi	xpaye	ers should determine		
1.	Amount of this installment payment			1.			
2.	Amount of overpayment credit (See in	nstructions)		2.			
3.	Amount of this installment payment (subtract line 2 from line 1)			3.			
Rem	ittance to cover the full amount of p			temer	nt.		
	Make check or money order payable:	State of New Jerse	y – BFC				
	Mail to: State of New Jersey Division of Taxation – BFC Revenue Processing Center PO Box 247 Trenton, NJ 08646-0247						
knov taxp	clare under the penalties provided by la vledge and belief is a true, correct and ayer, his declaration is based on all the h he has knowledge.	complete return. If the	nas been examined by me a return is prepared by a pers	on oth	ner than the		
Da	ate Signature of Duly Authorize	ed Officer of Taxpayer	Title				

Address

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		For Tax Yea	ır			
	Fan and a substitution of the street of the					
	For accounting period beginning	,	, and endir			Fiscal Year
	Federal Employer ID Number NJ 0	Corporation Number	State and Date of it	١٠.		i iscai ieai
	Corporation Name		FOR OFFICIAL US	E ONLY		<u> </u>
	os, por alion traine			_ 0		
	Mailing Address		D	F		40
						12
	City Sta	ite ZIP Code				
	Check One: Banking Corporation	Financial Co	rporation			
	Barming corporation		rporution			
		mputation of Esti				
	taxpayer required to file a return which h		ar that begins ir	1 2021 and ha	s a ta	ax liability of \$500 or
	e for the prior year must file a Statemer					
	putation of the Estimated Tax should be			• .		
	expected liabilities on the basis of the ci	•	•	scribed for fill	ng tn	is statement.
WAF	RNING: Interest is assessed for underest	imation of tax. See ir	nstructions.			
1.	Amount of this installment payment				1.	
2.	Amount of overpayment credit (See inst	ructions)			2.	
3.	Amount of this installment payment					
	(subtract line 2 from line 1)	Pay th	is amount		3.	
Rem	ittance to cover the full amount of pay	ment due on line 3	must accomp	any this stat	emer	nt.
110111	Make check or money order payable:	State of New Jerse	-	arry trilo otat	011101	
	wake check of money order payable.	State of New Jerse	y – BFC			
	Mail to:	State of New Jerse	,			
		Division of Taxation				
		Revenue Processir PO Box 247	ng Center			
		Trenton, NJ 08646-	-0247			
		Signature and Ver	rification			
I dec	lare under the penalties provided by law	, that this statement h	nas been exam	ined by me ar	nd to	the best of my
	rledge and belief is a true, correct and co			•		_
	ayer, his declaration is based on all the in	nformation relating to	the matters red	quired to be re	eporte	ed in the return of
whic	h he has knowledge.					
	sto Signature of Duly Authorized	Officer of Taypayer		Titlo		
Da	ste Signature of Duly Authorized	Onicer or raxpayer		Title		

Address

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