

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

For Accounting Years Ending July 31, 2004 through June 30, 2005

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>TYPE OR PRINT 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>Federal business activity code _____</p> <p>Corporation books are in the care of _____ at _____</p> <p>Telephone Number (_____) _____</p> <p align="center">DIVISION USE</p> <p>D _____ RP _____ TP _____ A _____ F _____ FP _____ AA _____ R _____</p>
---	--

1. Entire net income from Schedule A, line 39 (if a net loss, enter zero)	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 38)	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 33(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 45)	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 46)	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(f) and 47). Penalty _____ Interest _____ Interest from BFC-160-A _____ . . . Total	23.	
24. Fees - not applicable		
25. Total Balance Due - line 22 plus line 23	25.	
26. If line 21 plus 21(a) is greater than line 20 plus line 23, enter the amount of overpayment		DIVISION USE
27. Amount of Item 26 to be		
Credited to 2005 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 Lines 1-39 of this schedule.

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 - subtract Line 2 from Line 1	3	
4. Dividends	4	
5. Interest:		
(a) On obligations of the United States and U.S. Instrumentalities5(a) _____		
(b) Other interest5(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 return21(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 (See instructions 8(b) and 16c)).	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 43)	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
------	-------------------

SCHEDULE A-1 NET OPERATING LOSS DEDUCTION AND CARRYOVER (See Instructions 16(i) and 17)

		(1) Fiscal Year Ended	(2) Income/Loss Reported on Schedule A, line 28	(3) Add N.J. ENI Adj.'s Excluding the Divident Exclusion	(4) Amount
N.J. NOL'S	1.				()
	2.				()
	3.				()
	4.				()
	5.				()
	6.				()
	7.				()
	8.				()
	9.				()
N.J. NOL'S Used	10.				
	11.				
	12.				
	13.				
	14.				
	15.				
	16.				
	17.				
	18.				
N.J. NOL Carryover	19.	Total lines 1 - 18, Column 4			

SCHEDULE A-2 COST OF GOODS SOLD (See Instruction 18)

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.

SCHEDULE A-3 SUMMARY OF TAX CREDITS (See instruction 19)

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		10.
11. Effluent Equipment Tax Credit from Form 312		11.
12. Economic Recovery Tax Credit from Form 313		12.
13. Remediation Tax Credit from Form 314		13.
14. AMA Tax Credit from Form 315		14.
15. Other Tax Credits (see instruction 44(o))		15.
16. Total tax credits taken on this return - Add lines 1 through 15. Enter here and on page 1, line 12		16.

SCHEDULE A-4 SUMMARY SCHEDULE (See Instruction 20)

Net Operating Loss Deduction and Carryover			6. Schedule J, Part III, line 2(g) . . .	6.
1. Schedule A-1, line 19	1.		7. Schedule J, Part III, line 2(h) . . .	7.
Interest and Intangible Costs and Expenses			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.		Non-Operational Income Information	
Schedule J Information			10. Schedule O, Part III, line 31	10.
4. Schedule J, Part III, line 1(c)	4.		Dividend Exclusion Information	
5. Schedule J, Part III, line 2(f)	5.		11. Schedule R, line 4	11.
			12. Schedule R, line 6	12.

Historical Information (All Corporations)	Year 2001	Year 2002	Year 2003	Year 2004
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.

From Schedule A of the CBT-100 or BFC-1	Column 1 Gross Income - Overall	Column 2 Gross Income Financial Activities
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		
TOTAL		
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		
GROSS INCOME		

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 or Receipts Factor from Schedule J (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 2001	Year 2002	Year 2003	Year 2004 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) Multiply line 3(b) by .0025	3(c)	
(d) Multiply line 3(c) by 1.11111, the NJ AMA Exclusion Rate	3(d)	
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(d) or 4(a), 4(b), 4(c), or 4(d)	5	

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) Multiply line 3(b) by .00125	3(c)	
(d) Multiply line 3(c) by 1.11111, the NJ AMA Exclusion Rate	3(d)	
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(d) or 4(a), 4(b), 4(c), or 4(d)	5	

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 23.

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)		
Liabilities and Stockholder's Equity		
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 24)

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 24)

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 25)

ALL TAXPAYERS MUST ANSWER THE FOLLOWING QUESTIONS. RIDERS MUST BE PROVIDED WHERE NECESSARY.

1. Type of business _____
Principal products handled _____
Internal Revenue Center where corresponding Federal tax return was filed _____
2. 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.**
3. 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

4. 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.
5. 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.
6. **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 26)

(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, page 2)							

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

SCHEDULE G - PART I INTEREST (See Instruction 27)

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 27)

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 27)				()
(c) Balance of intangible expenses and costs deducted (carry to Schedule A, line 33(d))				

SCHEDULE H TAXES (See Instructions 16(f) and 28)

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

SCHEDULE J

**Parts I, II, III,
IV, V and VI**

ALL TAXPAYERS WHO MAINTAIN A REGULAR PLACE OF BUSINESS OUTSIDE OF NEW JERSEY REGARDLESS OF THE AMOUNT OF ENTIRE NET INCOME REPORTED ON SCHEDULE A, LINE 39, OF THE BFC-1 SHOULD COMPLETE SCHEDULE J. THIS SCHEDULE SHOULD BE OMITTED IF THE TAXPAYER DOES NOT MAINTAIN A REGULAR PLACE OF BUSINESS OUTSIDE THIS STATE OTHER THAN A STATUTORY OFFICE, IN WHICH CASE THE TAX LAW REQUIRES THE ALLOCATION FACTOR TO BE 100% (1.000000).

PART I ALL ALLOCATING COMPANIES MUST ANSWER THE FOLLOWING QUESTIONS (See Instruction 31)

- (a) State the number of regular corporate places of business maintained outside this State (See instruction 31(b)) _____
- (b) List the address of at least one such regular place of business _____
- (c) List the States in which the taxpayer maintained a permanent and continuous place of business, indicating type of establishment, such as warehouse, factory, store, office, etc. _____
- (d) Give the address of every factory, warehouse, store, or other place of business in New Jersey, indicating type of establishment _____
- (e) Number of people employed (average) in New Jersey _____ outside New Jersey _____
- (f) Explain in detail internal controls used in distribution of receipts in and out of New Jersey, as shown in Part III, line 2 _____
- (g) State the location of the actual seat of management or control of the corporation _____

PART II AVERAGE VALUES (See Instruction 32)

- (a) This schedule showing average values of real and tangible personal property must be completed by every taxpayer entitled to and electing to allocate.
- (b) The average values of real and tangible personal property *owned* are to be computed on the basis of the average book values thereof and not on original cost. Rented or leased property is valued at 8 times the annual rent, including any amounts paid or accrued in addition to or in lieu of rent during the period covered by the return. All other property which is used by the taxpayer but is neither owned, rented or leased, should be valued at book value, however, if no such book value exists, the market value of the property should be used.
- (c) The frequency upon which the amounts in Columns A and B below have been averaged is _____ (See instruction 32).

ASSETS	AVERAGE VALUES (See instruction 32) (Omit Cents)		DIVISION USE ONLY
	Column A - New Jersey	Column B - Everywhere	
1. Land			
2. Buildings and other Improvements			
3. Machinery and Equipment			
4. Inventories			
5. All other Tangible Personalty Owned (Itemize on Rider)			
6. Property rented or leased (8 x Annual Rent)			
7. All other Property Used			
8. <i>Total Real and Tangible Personal Property</i>			

PART III COMPUTATION OF ALLOCATION FACTOR (See Instruction 33)

	COLUMN A (omit cents)		COLUMN B	
1. Average value of the taxpayer's real and tangible personal property:				
(a) In New Jersey (Part II, Column A, line 8)	1(a)			
(b) Everywhere (Part II, Column B, line 8)	1(b)			
(c) Percentage in New Jersey (line 1(a) divided by line 1(b)). Enter in Column B.	1(c)		1(c)	• [][][][][][][]
2. Receipts:				Complete by carrying the fraction to six (6) decimal places. Do not express as a percent. Example: 123.456 / 1,000,000 = . [1] [2] [3] [4] [5] [6]
(a) From sales of tangible personal property shipped to points within New Jersey.	2(a)			
(b) From services performed in New Jersey	2(b)			
(c) From rentals of property situated in New Jersey	2(c)			
(d) From royalties for the use in New Jersey of patents and copyrights	2(d)			
(e) All other business receipts earned in New Jersey. (See instruction 33(d))	2(e)			
(f) Total New Jersey receipts (Total of lines 2(a) to 2(e), inclusive, in Column A)	2(f)			
(g) Total receipts from all sales, services, rentals, royalties and other business transactions everywhere.	2(g)			
(h) Less Nonsourced Receipts (see instruction 33(e))	2(h)	()		
(i) Total Everywhere Receipts allowable (line 2(g) minus line 2(h))	2(i)			
(j) Percentage in New Jersey (line 2(f) divided by line 2(i)). Enter in Column B.			2(j)	• [][][][][][][]
(k) Double-weighted receipts factor (Enter 2(j))			2(k)	• [][][][][][][]
3. Wages, salaries and other personal service compensation (See instruction 33(g))				
(a) In New Jersey	3(a)			
(b) Everywhere	3(b)			
(c) Percentage of New Jersey (line 3(a) divided by line 3(b)). Enter in Column B.			3(c)	• [][][][][][][]
4. Sum of New Jersey percentages shown at lines 1(c), 2(j), 2(k), and 3(c) Enter in Column B.			4	• [][][][][][][]
5. Allocation Factor (line 4 divided by four, or by the number of percentages included on line 4 See instruction 33(h)). Enter in Column B and carry to Line 2, page 1, of the BFC-1.			5	• [][][][][][][]

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

PART IV COMPUTATION OF THROW OUT RECEIPTS (See Instruction 34)

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 35)

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 35)

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 39)

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.

Table with 4 columns: (1) Name of Subsidiary, (2) Percentage of Interest (Voting, Non-Voting), (3) Book Value, (4) Dividend Income. Includes a Totals row.

SCHEDULE P-1 PARTNERSHIP INVESTMENT ANALYSIS (See Instruction 40)

Table with 7 columns: (1) Name of Partnership, (2) Date and State where Organized, (3) Percentage of Ownership, (4) Limited Partner, (5) General Partner, (6) Tax Accounting Method, (7) Tax Payments Made on Behalf of Taxpayer by Partnerships.

SCHEDULE PC PER CAPITA LICENSED PROFESSIONAL FEE (See Instruction 41)

Form with 6 numbered rows for calculating professional fees, including sub-rows for installment payments and credits.

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 42)

Table with 7 rows for calculating dividend exclusion, including sub-rows for adjustments to dividend income.

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

SCHEDULE S - PART I DEPRECIATION AND SAFE HARBOR LEASING (See Instruction 43)

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 accounting periods beginning on and after July 7, 1993	3	
4. MACRS - for assets placed in service during accounting periods 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% or 50% bonus depreciation was taken. Include the initial 30% or 50% 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. _____
 - (e) Section 179 depreciation in excess of \$25,000. Fiscal filers refer to instruction 43 e. _____
- Total line 11 (lines a, b, c, d and e) 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 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 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 AS SHOWN ON RETURN

FEDERAL ID NUMBER

SCHEDULE S - PART II(A) N.J. Depreciation on Recovery Property Placed in Service On or After January 1, 1981 and Prior to Taxpayers Fiscal or Calendar Accounting Periods Beginning On and After July 7, 1993.

(A) Description of Property	(B) Month, Day and Year placed in service*	(C) Use Federal basis	(D) Depreciation allowable in earlier years	(E) Method of figuring depreciation	(F) Life or rate	(G) N.J. depreciation computations
* Year placed in service acceptable for personal property only. DO NOT USE "VARIOUS" IN ANY COLUMN. Class Life Asset Depreciation Range (CLADR) System Depreciation - Attach Computations						
Total Column G						

INSTRUCTIONS

- | | |
|---|--|
| Column A - Do not classify as 3, 5, 10 or 15 year property. Classify consistent with Internal Revenue Code at December 31, 1980. Account for distributive share of partnership property and deductions separately. Do not include certain safe harbor lease property. | consistently applied for property described. Do not adjust for the effect of any ACRS deducted on the New Jersey Corporation Business Tax Return for property placed in service during 1981. |
| Column B - Clearly segregate property placed in service during each year. Depreciation on personal property is to be computed using the half-year convention such that one half year depreciation is to be claimed to the exclusion of any other depreciation convention allowable under the Internal Revenue Code at December 31, 1980 for property placed in service during the current year. | Column E - Any method allowable under the Internal Revenue Code at December 31, 1980. |
| Column C - Basis is to be determined at the date property is placed in service and not as provided under the Internal Revenue Code at December 31, 1980. It is not to be restated where ACRS was accepted for certain property placed in service during 1981. | Column F - Any life or rate permissible under the Internal Revenue Code at December 31, 1980. (LIVES PERMISSIBLE UNDER THE IRS CODE AT DECEMBER 31, 1980 FREQUENTLY DIFFER FROM ACRS AND MACRS LIVES) |
| Column D - Depreciation allowable under the method adopted and | Column G - Consider any salvage value which was required to be considered under Internal Revenue Code at December 31, 1980. Do not claim depreciation in the year of disposal. Accumulated depreciation may not exceed accumulated ACRS and MACRS deductions over the life of the property and deductions for the final year or years are limited where ACRS was deducted on the New Jersey return for property placed in service during 1981. |

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

SCHEDULE L (See Instruction 36)

For Division Use	Column I		Column II Deposit Balances or Receipts	Column III Percentage
	Office Locations in New Jersey			
	Taxing District	County		
TOTALS			\$	

INSTRUCTIONS:

- Column I Identify all offices maintained in New Jersey by taxing district (municipality) and county.
- Column II List deposit balances for Banking Corporations and receipts for Financial Business Corporations allocable to each New Jersey office location.
- Column III List the percentage rate each amount listed in Column II bears to the total deposit balances or total receipts in New Jersey.

NOTE: Totals required in this schedule are the sum of the individual taxing district amounts and percentages. Total percentage reported at Column III must equal 100%. Also, each individual computation should be carried to six decimal places.

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 Schedule A-4 and attach it to a completed page 1 of the BFC-1 tax return and Schedule A-4 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 and Schedule A-4 must be completed and attached to page 1 of each BFC-1 tax return filed annually by the taxpayer. Taxpayers must report the minimum tax liability and the installment payment (if applicable), on page 1 of the BFC-1 tax return.

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.