

# NJ-1080-C 2017

## STATE OF NEW JERSEY INCOME TAX - NONRESIDENT COMPOSITE RETURN

For Tax Year Jan. 1 - Dec. 31, 2017

ID Number	Legal Name		
_____ Number of individuals participating in this return	Trade Name (if different from legal name)		
	Address (number and street)		
	City	State	Zip Code

- Check if: 1.  Professional Athletic Team      2.  Partnership      3.  New Jersey Electing S Corporation  
 4.  Limited Liability Company      5.  Limited Liability Partnership      6.  Estate or Trust

7. **GUBERNATORIAL ELECTIONS FUND** ➔ Do you wish to designate \$1 of your taxes for this fund?  YES  NO

**Note: If you check the "YES" box it will not increase the tax or reduce the refund.**

### INCOME INFORMATION

### Income From New Jersey Sources

8. Wages, salaries, tips, and other employee compensation .....	8		
9. Taxable interest .....	9		
10. Dividends .....	10		
11. Net gain or income from disposition of property .....	11		
12. Distributive share of Partnership income .....	12		
13. Net Pro Rata Share of S Corporation .....	13		
14. Net gains or income from rents, royalties, patents & copyrights .....	14		
15. Net gains or income derived through Estates or trusts .....	15		
16. Other - state nature and source _____ .....	16		
17. Total New Jersey Taxable Income (Add Lines 8 through 16) .....	17		
18. Tax (Multiply Line 17 by 8.97%) .....	18		
19. Penalty for Underpayment of Estimated Tax Fill in <input type="radio"/> if Form NJ-2210 is enclosed .....	19		
20. Total Tax and Penalty (Add Lines 18 and 19) .....	20		
21. Total New Jersey Tax Withheld .....	21		
22. Estimated payments / Credit from 2016 Composite return .....	22		
23. Tax Paid on Partners Behalf by Partnership .....	23		
24. Total payments / Credits (Add Lines 21 through 23) .....	24		
25. If payments are LESS THAN tax - enter Amount Due .....	25		
26. If payments are MORE THAN tax - enter OVERPAYMENT .....	26		
27. REFUND (Amount of Line 26 to be refunded) .....	27		
28. CREDIT to 2018 Tax .....	28		

Signature (See instructions)	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge.		
Title	Paid Preparer's Signature	Date	<input type="checkbox"/> Check if Self-Employed
	Firm's Name (or yours if self-employed)	Preparer's SS #	
Date	Preparer's Address		Preparer's Federal EIN #

**SCHEDULE A - PARTICIPANT DIRECTORY**

See instructions for the diskette requirements.

Legal name as shown on Form NJ-1080-C	ID Number
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List all participants, including principal address. Add additional sheets as necessary.

Social Security Number or EIN		Name		
Taxable Income		Address		
NJ Income Tax		City	State	Zip Code

Social Security Number or EIN		Name		
Taxable Income		Address		
NJ Income Tax		City	State	Zip Code

Social Security Number or EIN		Name		
Taxable Income		Address		
NJ Income Tax		City	State	Zip Code

Social Security Number or EIN		Name		
Taxable Income		Address		
NJ Income Tax		City	State	Zip Code

Social Security Number or EIN		Name		
Taxable Income		Address		
NJ Income Tax		City	State	Zip Code

Social Security Number or EIN		Name		
Taxable Income		Address		
NJ Income Tax		City	State	Zip Code

Total Taxable Income This Page .....	
_____ Additional Pages Attached	
Total Taxable Income All Pages (Carry to Line 17) .....	
Total NJ Income Tax This Page .....	
_____ Additional Pages Attached	
Total NJ Income Tax All Pages (Carry to Line 18) .....	

