

STATE OF NEW JERSEY
ESTIMATED SUMMARY TAX RETURN

(IMPORTANT: See General Instructions on page 3 before completing this form)

Period Beginning _____ Ending _____

Proposed date of legal dissolution, withdrawal, merger, etc. _____

Federal Employer I.D. Number	N.J. Corporation Number	State and Date of Incorporation _____
Corporation Name		Date authorized to do business in New Jersey _____
		Date first began business in New Jersey _____
Mailing Address		Date first acquired real property in New Jersey _____
City	State	Zip Code
		Nature of business _____

SUMMARY OF NEW JERSEY STATE TAXES
(Submit separate checks for each tax)

1. Amount of Estimated Liability for Corporation Business Tax \$ _____
(Complete Schedule I)
2. Amount of Estimated Liability for Sales and/or Use Taxes \$ _____
(Complete Schedule II)
3. Amount of Estimated Liability for Gross Income Tax (W/H) \$ _____
(Complete Schedule III)
4. Amount of Estimated Liability for All Other Taxes \$ _____
(Complete Schedule IV)
5. Total Amount of Estimated Liability for All Taxes \$ _____

SIGNATURE AND AFFIRMATION OF AN OFFICER OF THE CORPORATION

I declare and affirm, 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 ESTIMATE of tax liability under Title 54 of the revised Statutes.

(Date) (Signature of Duty 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 I

COMPUTATION OF ESTIMATED **CORPORATION BUSINESS TAX** - For accounting periods beginning on or after July 1, 1986, the tax is due only on net income allocable to New Jersey, subject to the minimum tax indicated in N.J.A.C. 18:7-3.4(c).

1. (a) ADJUSTED ENTIRE NET INCOME \$ _____
- (b) If less than 100% of the Adjusted Net Income is allocated to New Jersey, enter Business Allocation Factor %
- (c) Tax Base - In the case of a non-allocating taxpayer, enter amount at Item 1(a); if allocating, multiply Item 1(a) by Item 1(b) and enter product here \$ _____
- (d) Estimated Corporation Business Tax - Multiply line 1(c) by .09 or, if applicable, by .075 (Refer to instruction 5(a)). Refer to instruction 5(b) for minimum tax requirements. New Jersey S Corporations must follow the instructions in 5(c) to calculate the appropriate estimated corporation business tax liability to be reported on this line. Carry the amount reported on line 1(d) to page 1, line 1 \$ _____

SCHEDULE II**COMPUTATION OF ESTIMATED NEW JERSEY SALES & USE TAX -**

Enter tax paid over the last four reporting (quarterly) periods:

PERIOD ENDING	AMOUNT PAID
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Enter Estimated Tax for current or subsequent period (as applicable). (Carry to Page 1, Line 2) \$ _____

(ATTACH RIDER FOR METHOD OF COMPUTATION OF ESTIMATED TAX, IF APPLICABLE)

SCHEDULE III**COMPUTATION OF ESTIMATED NEW JERSEY GROSS INCOME TAX EMPLOYER WITHHOLDINGS -**

Enter tax paid over the last reporting periods:

PERIOD ENDING	AMOUNT PAID
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Enter Estimated Tax for current or subsequent period (as applicable). (Carry to Page 1, Line 3) \$ _____

(ATTACH RIDER FOR METHOD OF COMPUTATION OF ESTIMATED TAX, IF APPLICABLE)

SCHEDULE IV**COMPUTATION OF ESTIMATED TAX FOR ALL OTHER APPLICABLE NEW JERSEY TAXES -**

(Do not include New Jersey Unemployment & Disability Taxes, Secretary of States Annual Report Fee, etc.)

NAME OF TAX	LAST FILING PERIOD	AMOUNT PAID
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL		\$ _____

Enter Estimated Tax for current period. (Carry to Page 1, Line 4) \$ _____

(ATTACH RIDER FOR METHOD OF COMPUTATION OF ESTIMATED TAX, IF APPLICABLE)