

NJ-1080-C 2016

STATE OF NEW JERSEY INCOME TAX - NONRESIDENT COMPOSITE RETURN

For Tax Year Jan. 1 - Dec. 31, 2016

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 2015 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 2017 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

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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)	

