NJ-1065
2018

STATE OF NEW JERSEY

PARTNERSHIP RETURN

Gross Income Tax

For Calendar Year 2018, or Tax Year Beginning _____, 2018 and Ending _____, 20____

Legal Name of Taxpayer
Trade Name of Business if different from legal name above
Address (number and street or rural route)
City or Post Office State Zip Code

You Must Enter Your Federal EIN	
Federal EIN	_____ # of Resident Partners
Principal Business Activity	_____ # of Nonresident Partners with Physical Nexus to NJ
	_____ # of Nonresident Partners without Physical Nexus to NJ
Date Business Started	

Check applicable boxes

- ☐ Initial Return
- ☐ Final Return
- ☐ Amended Return
- ☐ Application for Federal Extension is attached
- ☐ Substitute Method of Allocation Granted
- ☐ Complete Liquidation
- ☐ Qualified Investment Partnership
- ☐ Listed on U.S. National Stock Exchange
- ☐ Hedge Fund
- ☐ Investment Club
- ☐ Composite Return is filed for Nonresident Partners
- ☐ Controlling Interest Transfer Tax
- ☐ Tiered Partnership
- ☐ General Partnership
- ☐ Limited Partnership
- ☐ Limited Liability Company
- ☐ Limited Liability Partnership

Partnership Income		**Column A Amount From All Sources**	**Column B Amount From NJ Sources**
1. Ordinary Income (loss) from trade or business activities (see instruction page 7)	1.		
2. Net income (loss) from rental real estate activities	2.		
3. Net income (loss) from other rental activities	3.		
4. Guaranteed payments to partners	4.		
5. Interest income	5.		
6. Dividend income	6.		
7. Royalty income	7.		
8. Net gain (loss) from disposition of property	8.		
9. Net IRC section 1231 gain (loss)	9.		
10. Other income (loss)	10.		
11. Tax-exempt interest income	11.		
12. Subtotal (Add Lines 1 through 11)	12.		
13a. Taxes based on income	13a.		
13b. Other additions – specify: _____	13b.		
13c. Total additions (Add Lines 13a and 13b)	13c.		
14. Subtotal (Add Lines 12 and 13c)	14.		

043WB02180

Legal Name of Taxpayer	Federal EIN

Partnership Income

			Column A Amount From All Sources	Column B Amount From NJ Sources
15a.	Net income (loss) from rental real estate activities	15a.		
15b.	Net gain (loss) from disposition of real property	15b.		
15c.	Guaranteed payments to partners	15c.		
15d.	Interest income from federal obligations	15d.		
15e.	Interest income from NJ obligations	15e.		
15f.	IRC Section 179 expense	15f.		
15g.	Other subtractions – specify:	15g.		
15h.	Total subtractions (Add Lines 15a through 15g)		15h.	
16a.	Subtotal (Subtract Line 15h from Line 14)		16a.	
16b.	NJ Allocation (Line 16a times business allocation % of _____%)		16b.	
17.	Net income (loss) from rental real estate activities (See instruction page 9)		17.	
18.	Net gain (loss) from disposition of real property		18.	
19.	Net partnership income (loss) (Total Lines 16a, 17, and 18 of Column A) (Total Lines 16b, 17, and 18 of Column B)		19.	
20.	Income (loss) from tiered partnership		20.	
21.	Partnership income (loss) (Total Lines 19 and 20)		21.	
22a.	Guaranteed payments to partners		22a.	
22b.	Guaranteed payments to partners – pension		22b.	
22c.	Net guaranteed payment to partners (Subtract Line 22b from Line 22a)		22c.	
23.	Net gain (loss) from disposition of assets as a result of a complete liquidation		23.	
24.	Total Nonresident Noncorporate Partners Share of Tax (Line 2c, Column J of Partners Directory)			24.
25.	Total Nonresident Corporate Partners Share of Tax (Line 2c, Column K of Partners Directory)			25.

Partnership Filing Fee

1a.	Number of Resident Partners _____ x $150.00=	1a.	
1b.	Number of Nonresident Partners with Physical Nexus to New Jersey _____ x $150.00=	1b.	
1c.	Number of Nonresident Partners without Physical Nexus to New Jersey _____ x $150.00 x _____ (Corporation Allocation Factor) =	1c.	
1d.	Filing Fee (Add Lines 1a-1c, but do not enter more than $250,000)	1d.	
2.	Installment Payment	2	
3.	Less: Installment Payment from 2017	3.	
4.	Less: PART-200-T Payment	4.	
5.	Balance Due	5.	
6.	Refund	6.	

Partnership name as shown on Form NJ-1065

043WD01180

Federal EIN

PARTNERS DIRECTORY List all partners, including principal address. Add additional sheets as necessary. 1. Corporation Allocation Factor .

A	B	C	D	E	F	G	H	I	J	K
Code	SS Number or FEIN Name and Principal Address	Distributive Share of Partnership Income (Loss)		Net Gain (Loss) From Disposition of Assets as a result of a Complete Liquidation		Pension	Nonresident Partner's		Nonresident	
		Total Distribution	NJ Source	Total Gain (Loss)	NJ Source		Share of Total Income	Share of NJ Income	Noncorporate Partner's Share of Tax	Corporate Partner's Share of Tax
	% owned by Partner Final ☐									
	% owned by Partner Final ☐									
	% owned by Partner Final ☐									

	2a. Total This Page. Enter zero if no tax is reported in Column(s) J and/or K.		
	2b. Total From _____ Additional Pages Attached. Enter zero if no tax is reported in Column(s) J and/or K.		
	2c. Total Tax (Add Lines 2a and 2b). Enter the totals here.		

Signature of General Partner or Limited Liability Company Member.

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 (other than general partner) is based on all information of which preparer has any knowledge.

Paid Preparer's Signature | Date ☐ Check if Self-Employed

Date

Firm's Name (or yours if self-employed) | Preparer's SS # or PTIN

Preparer's Address | Preparer's Federal EIN #

A complete Federal Form 1065 including all schedules and supporting attachments may be required during the course of an audit.

NJ-1065

043WD02180

Page of

Partnership name as shown on Form NJ-1065

Federal EIN

PARTNERS DIRECTORY

List all partners, including principal address. Add additional sheets as necessary.

A	B	C	D	E	F	G	H	I	J	K
Code	SS Number or FEIN Name and Principal Address	Distributive Share of Partnership Income (Loss)		Net Gain (Loss) From Disposition of Assets as a result of a Complete Liquidation		Pension	Nonresident Partner's		Nonresident	
		Total Distribution	NJ Source	Total Gain (Loss)	NJ Source		Share of Total Income	Share of NJ Income	Noncorporate Partner's Share of Tax	Corporate Partner's Share of Tax
	% owned by Partner ____ Final ☐									
	% owned by Partner ____ Final ☐									
	% owned by Partner ____ Final ☐									
	% owned by Partner ____ Final ☐									
								Total This Page **Enter zero if no tax is reported in Column(s) J and/or K.**		

NJ-1065

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Page of

Partnership name as shown on Form NJ-1065	Federal EIN

PARTNERS DIRECTORY List all partners, including principal address. Add additional sheets as necessary.

A	B	C	D	E	F	G	H	I	J	K
Code	SS Number or FEIN Name and Principal Address	Distributive Share of Partnership Income (Loss)		Net Gain (Loss) From Disposition of Assets as a result of a Complete Liquidation		Pension	Nonresident Partner's		Nonresident	
		Total Distribution	NJ Source	Total Gain (Loss)	NJ Source		Share of Total Income	Share of NJ Income	Noncorporate Partner's Share of Tax	Corporate Partner's Share of Tax
	% owned by Partner ____ Final ☐									
	% owned by Partner ____ Final ☐									
	% owned by Partner ____ Final ☐									
	% owned by Partner ____ Final ☐									
								Total This Page		
								Enter zero if no tax is reported in Column(s) J and/or K.		

SCHEDULE
NJK-1
(Form NJ-1065)
2018

STATE OF NEW JERSEY

PARTNER'S SHARE OF INCOME

For Calendar Year 2018, or Fiscal Year Beginning _____, 2018 and ending _____, 20_____

PART I General Information

Partner's SS # or Federal EIN	Partnership's Federal EIN
Partner's Name	Partnership's Name
Street Address	Partnership's Street Address
City State Zip Code	City State Zip Code

What type of entity is partner? (see instructions)_____ Code

Date Partner's Interest in Partnership began: _____ Month Day Year

☐ Final NJK-1 ☐ Hedge Fund
☐ Amended NJK-1 ☐ Member of Composite Return

Enter Partner's percentage of:

	(i) Before Decrease or Termination	(ii) End of Year
Profit Sharing	_____%	_____%
Loss Sharing	_____%	_____%
Capital Ownership	_____%	_____%

PART II Income Information

Income Classifications	A. Total Distribution	NJ-1040 Filers Enter Amounts on Line Shown Below	B. New Jersey Source Amounts	NJ-1040NR Filers
1. Partnership Income (loss)				
2. Net Guaranteed Payments				
3. Partner's 401(k) Contribution				
4. Distributive Share of Partnership Income (loss) (Line 1 plus Line 2 minus Line 3)		Line 21		Line 23
5. Pension		Line 20a		
6. Net Gain (loss) From Disposition of Assets as a Result of a Complete Liquidation		Line 19		Line 19

PART III Partner's Information

1. Nonresident Partner's Share of NJ Tax	1.		Line 19a, Page 1 CBT-100 Line 10a, Page 1 CBT-100S Line 7, NJ-CBT-1065 Line 50, NJ-1040NR Line 23, NJ-1080C Line 34a, NJ-1041
2. Partner's HEZ Deduction	2.		
3. Partner's Sheltered Workshop Tax Credit	3.		

PART IV Supplemental Information (Attach Schedule)

THIS FORM MAY BE REPRODUCED

Partnership name as shown on Form NJ-1065	Federal EIN

SCHEDULE A TIERED PARTNERSHIPS

(Complete this schedule before completing Form NJ-1065 or Schedule L, if applicable)

	PART I PARTNERSHIP INCOME		Column A Amounts Reported by this Partnership on Federal Schedule K	Column B Portion of Amount in Column A Earned by Other Partnerships	Column C Amount Earned by this Partnership (A minus B)
1	Ordinary income (loss) from trade or business activities	1			
2	Net income (loss) from rental real estate activities	2			
3	Net income (loss) from other rental activities	3			
4	Guaranteed payments to partners	4			
5	Interest Income	5			
6	Dividend Income	6			
7	Royalty Income	7			
8	Net gain (loss) from disposition of property	8			
9	Net IRC section 1231 gain (loss)	9			
10	Other income (loss)	10			
11	Tax-exempt interest income	11			

Use the amounts reported in Column C to complete Lines 1 through 11 on Form NJ-1065 or in Column A of Schedule L, if applicable.

Lines 1 - 11

Column A: Follow the instructions for Lines 1 through 11 of the NJ-1065.

Column B: Enter the portion of each amount reported in Column A that was derived from other partnerships. For each line, this will be the sum of the amounts reported for the corresponding category on the Federal Schedule K-1(s) furnished to your partnership by each subsidiary partnership in which it is a member.

Column C: For each Line 1 through 11, subtract the amount reported in Column B from the amount reported in column A. Enter the difference in Column C of that line and on the corresponding line on the front of Form NJ-1065 or in Column A of Schedule L, if applicable. Follow the instructions for Lines 1 through 11 of the NJ-1065.

PART II SUMMARY OF SCHEDULE NJK-1(S) OR FEDERAL K-1(S) RECEIVED FROM OTHER PARTNERSHIPS

(Attach copies of all Schedule NJK-1(s) Received)

12	NJK-1	Partnership Name	Federal EIN	NJ Distributive Share of Partnership Income		Nonresident Partner's
				Column A Amount from All Sources	Column B Amount from NJ Sources	Column C Share of NJ Tax
A	☐					
B	☐					
C	☐					
D	☐					
E	☐					
	13 Total Income (Loss) and Tax from Tiered Partnerships:		13			

Line 12: Check the box to indicate if you received a Schedule NJK-1.
List the Name, Federal EIN and Distributive Share of Partnership Income or Loss reported on Line 4, Columns A and B of Part II and/or Net Gain (Loss) From Disposition of Assets as a Result of a Complete Liquidation reported on Line 6, Columns A and B of Part II, and Share of NJ Tax reported on Line 1 of Part III of each Schedule NJK-1 this partnership received from another partnership.
If you did not receive a Schedule NJK-1, you will have to use the information from your Federal Schedule K-1 to complete Reconciliation Worksheet A to determine the proper amount to report as your distributive share of partnership income for New Jersey tax purposes. Refer to Tax Topic Bulletin GIT-9P, *Income From Partnerships*.

Line 13: Add the amounts(s) on Line 12, Columns A, B, and C and enter the result on Line 13, Columns A, B, and C. Carry the totals in Columns A and B to Line 20 on page 2 of Form NJ-1065.

Partnership name as shown on Form NJ-1065	Federal EIN

SCHEDULE B SHELTERED WORKSHOP TAX CREDIT FOR TAXABLE YEARS BEGINNING AFTER JANUARY 12, 2006

PART I QUALIFICATIONS

1. Is each employee for which a credit is claimed a "Qualified Person" in accordance with P.L. 2005, c. 318? . . . . . ☐ YES ☐ NO

2. Did each employee for which a credit is claimed work for at least 26 weeks during the privilege period and work at least 25 hours per week at or under the supervision of a sheltered workshop? . . . . . ☐ YES ☐ NO

NOTE: If the answer to either of the above questions is **"NO,"** do not complete the rest of this form. The taxpayer does **not** qualify for the Sheltered Workshop Tax Credit. Otherwise, go to Part II.

PART II CALCULATION OF THE AVAILABLE SHELTERED WORKSHOP TAX CREDIT FOR PARTNERSHIPS

	Column (A) Name	Column (B) Social Security #	Column (C) Total Wages	Column (D) 20% of Column C – Max $1,000
3.				
4.				
5.				
6.				
7.				
8.	Available Sheltered Workshop Tax Credit (add lines 3 through 7)			

*** If there are more names, please attach a schedule corresponding to Part II**

Enter the name of each qualified person employed by your partnership in Column A.

Enter the Social Security number of each qualified person employed by your partnership in Column B.

Enter the salary and wages paid during the tax year in Column C.

Enter the lesser of 20% of Column C or $1,000 per qualified person in Column D.

Partnership name as shown on Form NJ-1065	Federal EIN

CORPORATION ALLOCATION SCHEDULE

SCHEDULE J **A PARTNERSHIP THAT IS NOT A QUALIFIED INVESTMENT PARTNERSHIP, INVESTMENT CLUB, AND THAT IS NOT LISTED ON A UNITED STATES NATIONAL STOCK EXCHANGE BUT HAS A NONRESIDENT NONCORPORATE OR NONRESIDENT CORPORATE PARTNER SHOULD COMPLETE SCHEDULE J. THIS SCHEDULE SHOULD BE OMITTED IF THE TAXPAYER DOES NOT HAVE RECEIPTS OUTSIDE NEW JERSEY; THE ALLOCATION FACTOR WILL BE 100% (1.000000). SCHEDULE J IS NOT REQUIRED FOR A PARTNERSHIP THAT MEETS HEDGE FUND STATUS IF ITS ONLY NONRESIDENT PARTNERS ARE INDIVIDUALS, ESTATES, OR TRUSTS. SCHEDULE J IS REQUIRED IF THE PARTNERSHIP INCLUDES NONRESIDENT PARTNERS WHO DO NOT HAVE PHYSICAL NEXUS TO NEW JERSEY AND THE PARTNERSHIP WISHES TO ALLOCATE THE FILING FEE.**

PART I **ALL ALLOCATING COMPANIES MUST ANSWER THE FOLLOWING QUESTIONS**

(a) Explain in detail internal controls used in distribution of receipts in and out of New Jersey, as shown in Part II _____

_____

_____

(b) State the location of the actual seat of management or control of the partnership _____

PART II **COMPUTATION OF ALLOCATION FACTOR**

	AMOUNTS (omit cents)	
1. Receipts:		Complete by carrying the fraction to six (6) decimal places. Do not express as a percent. Example: $\frac{123.456}{1{,}000{,}000}$ = .123456
(a) From sales of tangible personal property shipped to points within New Jersey.		
(b) From services performed in New Jersey.		
(c) From rentals of property situated in New Jersey.		
(d) From royalties for the use in New Jersey of patents and copyrights.		
(e) All other business receipts earned in New Jersey.		
(f) Total New Jersey receipts (Total of Lines 1(a) to 1(e), inclusive).		
(g) Total receipts from all sales, services, rentals, royalties and other business transactions everywhere.		
(h) Allocation Factor (Percentage in New Jersey (Line 1(f)) divided by Line 1(g)). Enter result in Line 1(h) and carry to Line 1 of the Partners Directory on Page 3 of Form NJ-1065.	.	

INSTRUCTIONS FOR SCHEDULE J-CORPORATION ALLOCATION SCHEDULE

PART I – GENERAL INSTRUCTIONS REGARDING ALLOCATION OF ADJUSTED ENTIRE NET INCOME:

(a) **ALLOCATION PERCENTAGES:** In computing the allocation factor in Schedule J, division must be carried to six decimal places, e.g., .123456.

(b) Effective for returns beginning on or after July 1, 2010, all partnerships are entitled to allocate.

(c) Effective for returns beginning on or after January 1, 2016, all returns will have a 100% weighted receipts fraction only.

(d) Only the receipts attributable to the partnership entity are to be used in computing the allocation factor denominators.

PART II – COMPUTATION OF ALLOCATION FACTOR: This schedule may be omitted if the taxpayer does not have activity outside New Jersey.

Line 1(a) – 1(d) RECEIPTS FRACTION: Receipts from sales of tangible personal property are allocated to New Jersey where the goods are shipped to points within New Jersey.

Receipts from the sale of goods are allocable to New Jersey if shipped to a New Jersey or a non-New Jersey customer where possession is transferred in New Jersey. Receipts from the sale of goods shipped to a taxpayer from outside of New Jersey to a New Jersey customer by a common carrier are allocable to New Jersey. Receipts from the sale of goods shipped from outside of New Jersey to a New Jersey location where the goods are picked up by a common carrier and transported to a customer outside of New Jersey are not allocable to New Jersey.

Receipts from the following are allocable to New Jersey; services performed in New Jersey; rentals from property situated in New Jersey; royalties from the use in New Jersey of patents or copyrights; all other business receipts earned in New Jersey.

Lines 1(e) and 1(g)

(1) **RECEIPTS FROM SALES OF CAPITAL ASSETS:** Receipts from sales of capital assets (property not held by the taxpayer for sale to customers in the regular course of business), either within or outside New Jersey, should be included in the numerator and the denominator based upon the net gain recognized and not upon gross selling prices. Where the taxpayer's business is the buying and selling of real estate or the buying and selling of securities for trading purposes, gross receipts from the sale of such assets should be included in the numerator and the denominator of the receipts fraction.

NJ-NR-A
(8-18)

NEW JERSEY GROSS INCOME TAX

BUSINESS ALLOCATION SCHEDULE

Use this schedule if business activities are carried on both inside and outside New Jersey or if business activities are carried on 100% outside New Jersey.

This form must be enclosed and filed with your New Jersey Income Tax return.

Enter name, address and Social Security/federal employer identification number as shown on the Form NJ-1040NR, Form NJ-1041, or Form NJ-1065.

Legal name of taxpayer	Social Security number/federal EIN
Trade name of business if different from legal name above	For the Taxable Year Ending (Month, Day, Year)
Address (number and street or rural route)	
City or Post Office State Zip Code	

Section 1 – Business Locations

List all places BOTH INSIDE AND OUTSIDE New Jersey where business is carried on.

	(a) Street Address	(b) City and State	(c) Description of Business Location	(d) Check One RENT	(d) Check One OWN
1.				☐	☐
2.				☐	☐
3.				☐	☐
4.				☐	☐

Section 2 – Average Values

	ASSETS (See instructions)	Average Values Column A Everywhere		Average Values Column B New Jersey	
1.	Real Property Owned	1.		1.	
2.	Real and Tangible Property Rented	2.		2.	
3.	Tangible Personal Property Owned	3.		3.	
4.	TOTALS (Add Lines 1-3 in each column)	4.		4.	

Section 3 – Business Allocation Percentage

1.	Average Values of Property:				
	a. In New Jersey (From Section 2, Column B, Line 4)	1a			
	b. Everywhere (From Section 2, Column A, Line 4)	1b			
	c. Percentage in New Jersey (Divide Line 1a by Line 1b)			1c	%
2.	Total Receipts From All Sales, Services, and Other Business Transactions:				
	a. In New Jersey	2a			
	b. Everywhere	2b			
	c. Percentage in New Jersey (Divide Line 2a by Line 2b)			2c	%
3.	Wages, Salaries, and Other Personal Compensation Paid During the Year:				
	a. In New Jersey	3a			
	b. Everywhere	3b			
	c. Percentage in New Jersey (Divide Line 3a by Line 3b)			3c	%
4.	Sum of New Jersey Percentages (Add Lines 1c, 2c, and 3c)			4	%
5.	Business Allocation Percentage (Divide the total on Line 4 by 3; if less than 3 fractions, see instructions)			5	%

FORM
NJ-1065E
2018

STATE OF NEW JERSEY – CORPORATE PARTNER'S STATEMENT OF BEING AN EXEMPT CORPORATION OR MAINTAINING A REGULAR PLACE OF BUSINESS IN NEW JERSEY

PART 1 ENTITY INFORMATION

EIN	Name of Filing Entity	
Mailing Address		
City	State	Zip
Person to Contact		Telephone Number

PART 2 PARTNER INFORMATION

Federal EIN	Name of Entity	
Principal Address		
City	State	Zip

MAINTAINS A REGULAR PLACE OF BUSINESS

☐ By signing this statement, the partner is declaring that it maintains a regular place of business in New Jersey other than a statutory office and is subject to the New Jersey Corporation Business Tax in accordance with N.J.S.A. 54:10-1 et seq.

A "regular place of business" is any bona fide office (other than a statutory office), factory, warehouse, or other space of the partner that is regularly **MAINTAINED, OCCUPIED,** and **USED** by the partner in carrying on its business and in which one or more regular employees are in attendance. To maintain a place of business, the partner must either own or rent the premises. That cost must be borne directly by the partner and not by some related entity or person.

List address of at least one such regular place of business in New Jersey:

_____

_____

_____

Failure to list at least one regular place of business will result in the partnership entity remitting a payment of tax on your share of New Jersey income.

☐ By signing this statement, the corporation is declaring that it is exempt from the Corporation Business Tax Act pursuant to N.J.S.A. 54:10A-3.

☐ By signing this statement the corporate partner is declaring that it is an exempt IRC 501(c)(3) entity.

☐ By signing this statement the corporate partner is declaring that it is a retirement plan approved by the Internal Revenue Service.

I further understand that this statement:

1. Must be made annually; and
2. Must not be made after the 15th day of the fourth month succeeding the close of the privilege period or after the return has been filed, whichever occurs first; and
3. Does not relieve the partnership of the requirement to remit tax to the Division on the corporate partner's behalf if, for any reason, the corporate partner does not meet the criteria of being an exempt corporation or maintaining a regular place of business in New Jersey; and
4. Requires the corporate partner to notify the partnership and the Division of Taxation immediately in writing if the corporate partner submitted this form to the partnership in error.

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true and correct and that I am properly authorized to sign and make this consent on behalf of:

_____
Name of Entity

_____ _____
Signature of Corporate Officer and Title, General Partner or Limited Liability Company Member — Date

THIS FORM MAY BE REPRODUCED
AND MUST BE RETAINED BY THE FILING ENTITY

N.J.S.A. 54:10A-3. Exempt corporations –

The following corporations shall be exempt from the tax imposed by this act:

(a) Corporations subject to a tax assessed upon the basis of gross receipts, other than the alternative minimum assessment determined pursuant to section 7 of P.L.2002, c.40 (C.54:10A-5a), and corporations subject to a tax assessed upon the basis of insurance premiums collected;

(b) Corporations which operate regular route autobus service within this State under operating authority conferred pursuant to R.S.48:4-3, provided, however, that the corporations shall not be exempt from the tax on net income imposed by section 5(c) of P.L.1945, c.162 (C.54:10A-5);

(c) Railroad, canal corporations, production credit associations organized under the Farm Credit Act of 1933, or agricultural cooperative associations incorporated or domesticated under or subject to chapter 13 of Title 4 of the Revised Statutes and exempt under Subtitle A, Chapter 1F, Part IV, Section 521 of the federal Internal Revenue Code (26 U.S.C. s.521);

(d) Cemetery corporations not conducted for pecuniary profit or any private shareholder or individual;

(e) Nonprofit corporations, associations or organizations established, organized or chartered, without capital stock, under the provisions of Title 15, 16 or 17 of the Revised Statutes, Title 15A of the New Jersey Statutes or under a special charter or under any similar general or special law of this or any other state, and not conducted for pecuniary profit of any private shareholders or individual;

(f) Sewerage and water corporations subject to a tax under the provisions of P.L.1940, c.5 (C.54:30A-49 et seq.) or any statute or law imposing a similar tax or taxes;

(g) Nonstock corporations organized under the laws of this State or of any other state of the United States to provide mutual ownership housing under federal law by tenants, provided, however, that the exemption hereunder shall continue only so long as the corporations remain subject to rules and regulations of the Federal Housing Authority and the Commissioner of the Federal Housing Authority holds membership certificates in the corporations and the corporate property is encumbered by a mortgage deed or deed of trust insured under the National Housing Act (48 Stat.1246) as amended by subsequent Acts of Congress. In order to be exempted under this subsection, corporations shall annually file a report on or before August 15 with the commissioner, in the form required by the commissioner, to claim such exemption, and shall pay a filing fee of $25;

(h) Corporations not for profit organized under any law of this State where the primary purpose thereof is to provide for its shareholders or members housing in a retirement community as the same is defined under the provisions of the "Retirement Community Full Disclosure Act," P.L.1969, c.215 (C.45:22A-1 et seq.);

(i) Corporations which are licensed as insurance companies under the laws of another state, including corporations which are surplus lines insurers declared eligible by the Commissioner of Banking and Insurance pursuant to section 11 of P.L.1960, c.32 (C.17:22-6.45) to insure risks within this State; and

(j) (1) Municipal electric corporations that were in existence as of January 1, 1995, provided that all of their income is from sales, exchanges or deliveries of electricity derived from customers using electricity within their municipal boundaries; and (2) Municipal electric utilities that were in existence as of January 1, 1995, provided that all of their income is from sales, exchanges or deliveries of electricity derived from customers using electricity within their franchise area existing as of January 1, 1995. If a municipal electric corporation derives income from sales, exchanges or deliveries of electricity from customers using the electricity outside its municipal boundaries, the municipal electric corporation shall be subject to the tax imposed by this act on all income. If a municipal electric utility derives income from sales, exchanges or deliveries of electricity from customers using electricity outside its franchise area existing as of January 1, 1995, the municipal electric utility shall be subject to the tax imposed by the act on all income.

(k) A rural electric cooperative which is exclusively owned and controlled by the members it serves and is subject to the provisions of P.L.2017, c.297 (C.48:24-1 et al.), provided that all of the cooperative's income from the sale and distribution of electricity is derived from sales, exchanges, or deliveries of electricity to members using electricity within its franchise area. If a rural electric cooperative derives income from sales, exchanges, or deliveries of electricity from customers using electricity outside its franchise area, that rural electric cooperative shall be subject to the tax imposed by this act on income derived from those sales, exchanges, or deliveries.

L.1945, c.162,s3; amended 1949, c.236, s.1; 1951, c.130; 1960, c.174, s.1; 1963, c.59; 1967, c.48; 1972, c.211, s.4; 1973, c.275; 1975, c.170, s.1; 1991, c.184, s.22; 1993, c.338; 1997, c.162, s.1; 1998, c.114, s.1; 2002, c.40, s.2; 2017, c.297, s.20

NJ GROSS INCOME TAX

NJ-1065-V

PARTNERSHIP PAYMENT VOUCHER

2018

For period beginning _____, 2018 and ending _____, 20____

Federal Employer ID Number		
Partnership Name		
Mailing Address		
City	State	Zip Code

Mail To:
Filing Fee on Partnerships
PO Box 642
Trenton, NJ 08646-0642

Return this voucher with your payment.
Make checks payable to State of New Jersey – PART
Write the federal ID number and tax year on the check.

Enter amount of payment here: $. 0 0

02419000000000000000018120600000000000