

**New Jersey Income Tax
Nonresident Composite Return**
For Tax Year January 1 – December 31, 2020

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 income.....	13.		
14. Net gains or income from rents, royalties, patents, and 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 10.75%).....	18.		
19. Penalty for Underpayment of Estimated Tax Fill in <u>0</u> 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 2019 Composite return.....	22.		
23. Tax Paid on Partners' Behalf by Partnership.....	23.		
24. Pass-Through Business Alternative Income Tax credit.....	24.		
25. Total payments/credits (Add lines 21 through 24).....	25.		
26. If payments are LESS THAN tax, enter Amount Due.....	26.		
27. If payments are MORE THAN tax, enter OVERPAYMENT.....	27.		
28. REFUND (Amount of line 27 to be refunded).....	28.		
29. CREDIT to 2021 Tax.....	29.		

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

