

**New Jersey Income Tax
Nonresident Composite Return**
For Tax Year January 1 – December 31, 2021

| | | | | |
|---|---|--|--|--|
| 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. <input type="checkbox"/> Professional Athletic Team 2. <input type="checkbox"/> Partnership 3. <input type="checkbox"/> New Jersey Electing S Corporation 4. <input type="checkbox"/> Limited Liability Company 5. <input type="checkbox"/> Limited Liability Partnership 6. <input type="checkbox"/> Estate or Trust | | | | |
| 7. Gubernatorial Elections Fund | | Do you want to designate \$1 of your taxes for this fund? | <input type="checkbox"/> Yes <input type="checkbox"/> 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 2020 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 line 25 is less than line 20, tax is due. Subtract line 25 from line 20 and enter the amount due..... | | | 26. | |
| 27. If line 25 is more than line 20, there is an overpayment. Subtract line 20 from line 25 and enter the overpayment..... | | | 27. | |
| 28. Refund (Amount of line 27 to be refunded)..... | | | 28. | |
| 29. Credit to 2022 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 (other than the taxpayer) 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 | | |
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| 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) | | | | | |

