



STATE OF NEW JERSEY  
DIVISION OF TAXATION  
**NOTICE OF BUSINESS ACTIVITIES REPORT**  
**by a FOREIGN CORPORATION**  
(Incorporated other than in New Jersey)  
(P.L. 1973, c. 171)

FOR CALENDAR YEAR \_\_\_\_\_

or taxable year beginning \_\_\_\_\_, \_\_\_\_\_ and ending \_\_\_\_\_, \_\_\_\_\_

**DUE DATE:** File on or before the fifteenth day of the fourth month after the close of the calendar or fiscal year.

Name	Federal Identification No.
Address (Number and Street or Rural Route)	State of Incorporation
City, Town or Post Office and State	Zip Code
	Date of Incorporation

Principal Type of Business \_\_\_\_\_

Location of Principal Office \_\_\_\_\_

Offices and Other Places of Business in New Jersey:

Location

Nature of Activity

Officers, Employees, Agents and Representatives in New Jersey (attach fully descriptive duty statement for each officer and each class of employee, agent or representative)

Title

Number of Persons

**GENERAL INFORMATION**

1. Chapter 171 Laws of 1973 (N.J.S.A. 14A:13-14, et seq.) provides that every foreign corporation except corporations exempt pursuant to paragraph 2, must file a Notice of Business Activities Report on Form CBA-1 if:

- (a) Such corporation has not obtained a certificate of authority to do business in New Jersey and is not "doing business" in this State in the traditional franchise tax sense, but, nevertheless, is deriving income from sources within this State; or is engaged in any type of activity or interrelationships within this State.
- (b) Such corporation disclaims liability for the Corporation Business Tax and any obligation to obtain a certificate of authority to do business in this State.

2. A foreign corporation is exempt from the requirement of filing a Notice of Business Activities Report if:

- (a) By the end of its accounting period for the preceding calendar or fiscal year it had received a certificate of authority to do business in New Jersey issued by the Division of Revenue;
- or*
- (b) Files a timely return under the Corporation Business Tax Act for such calendar or fiscal year.

**NOTE:** The failure of a foreign corporation to file a timely report may prevent the use of the courts in this State for all contracts executed and all causes of action that arose at any time prior to the end of the last accounting period for which the corporation failed to file a required timely report.

**ANSWER ALL QUESTIONS ON THIS FORM**

Corporate Name \_\_\_\_\_

Federal ID# \_\_\_\_\_ F/Y/E \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Answer All Questions (See Instructions for Explanations):**

**DID THIS CORPORATION, now or ever, conduct any of the following activities in New Jersey:**

If "YES" insert first date (month and year) in yes box.

If "NO" insert "X" in no box

	YES Month/Year	NO X
1. Conduct any type of activity or engage in any interrelationships within New Jersey? .....	<input type="text"/>	<input type="text"/>
2. Derive Income from sources located in New Jersey? If yes, specify: Type _____ Approximate amount \$ _____ .....	<input type="text"/>	<input type="text"/>
3. Solicit sales in New Jersey? If yes, specify: <input type="checkbox"/> For product <input type="checkbox"/> By In-State Reps., etc. <input type="checkbox"/> Internet or Electronic Means <input type="checkbox"/> For services <input type="checkbox"/> By mail or phone only .. .....	<input type="text"/>	<input type="text"/>
4. If you have in-state solicitation of product is sales acceptance and/or approval: <input type="checkbox"/> By salesman at New Jersey customer <input type="checkbox"/> At corporate office located outside of New Jersey .....	<input type="text"/>	<input type="text"/>
5. If you have in-state salespeople with in-home offices in New Jersey, do you reimburse them for the expense of maintaining such space in their home? If yes, submit copies of vouchers .....	<input type="text"/>	<input type="text"/>
6. Own, rent or lease any type of property located in New Jersey either for your own or other use? .....	<input type="text"/>	<input type="text"/>
7. Do you license the use of intangible rights to clients located in New Jersey? .....	<input type="text"/>	<input type="text"/>
8. Provide any type of continuous maintenance program(s) which is/are performed in New Jersey by this entity or by any sub-contractor or independent contractor? .....	<input type="text"/>	<input type="text"/>
9. Deliver goods to points in New Jersey? <input type="checkbox"/> Your own trucks <input type="checkbox"/> Common Carrier If delivered in your own truck, do you assist in set-up, installation or pick up of damages, returned or replaced goods? .....	<input type="text"/>	<input type="text"/>
10. Perform any type of service in New Jersey, not related to solicitation of sales? .....	<input type="text"/>	<input type="text"/>
11. Do you own or lease any vehicles which are registered in New Jersey? If yes, are they assigned to: <input type="checkbox"/> Salespeople only <input type="checkbox"/> Salespeople and others <input type="checkbox"/> Others .....	<input type="text"/>	<input type="text"/>
12. Is this corporation deriving income as a partner/member of any Partnership or LLC located or doing business in New Jersey? If yes, describe this corporation's involvement: _____	<input type="text"/>	<input type="text"/>

In conclusion, is this corporation otherwise subject to tax under either the Corporation Business Tax Act (N.J.S.A. 54:10A-1, et seq.) .....

or

have any obligation to obtain a certificate of authority to do business in this State. (as qualified and issued by the Division of Revenue, Commercial Recording Bureau .....

☐ YES      ☐ NO

☐ YES      ☐ NO

**CERTIFICATION OF AN AUTHORIZED OFFICER OF THE CORPORATION**

I hereby certify that this report, including any attachments, is to the best of my knowledge and belief, a true, correct and complete report.

<b>SUBMIT COMPLETED FORM TO:</b> NJ DIVISION OF TAXATION OFFICE AUDIT BRANCH 50 BARRACK STREET PO BOX 269 TRENTON, NJ 08695-0269
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Signature of Officer

Title

Date