DEFERRED PAYMENT REQUEST FORM

FILL OUT THIS SECTION IF YOU ARE REQUESTING A PAYMENT PLAN FOR YOUR PERSONAL TAXES

Name: _____
Last *First*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Home Phone: (____) _____ **Daytime Phone:** (____) _____

E-mail Address: _____

Primary Social Security Number: _____

Secondary Social Security Number: _____

FILL OUT THIS SECTION IF YOU ARE REQUESTING A PAYMENT PLAN FOR YOUR BUSINESS

Business Name: _____ **NJ Registration # / FEIN:** _____

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Business Phone: (____) _____ **Alternate Phone:** (____) _____

E-Mail Address: _____

Responsible Officer(s) _____ **Social Security Number** _____
Use additional sheets if necessary

CONTACT INFORMATION IF DIFFERENT FROM ABOVE

Name: _____
Last *First*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Primary Phone: (____) _____ **Alternate Phone:** (____) _____

PAYMENT INFORMATION

Amount of Debt: $_____

Amount of Monthly Payment: $_____ **MAKE CHECK PAYABLE TO: New Jersey Division of Taxation**

Day of Month Payment Due: _____

All request forms will be reviewed by the New Jersey Division of Taxation Deferred Payment Section and are subject to change.

Taxpayer Signature: _____ **Date:** _____

Type of Plan Requested:

- ☐ **Business**
- ☐ **Personal Income Tax**
- ☐ **ALL Property Tax Relief Programs**
- ☐ **Cigarette (Invoice #)**_____
- ☐ **Other** _____

COMPLETE FORM ONLINE, PRINT FORM AND SEND WITH YOUR FIRST PAYMENT TO:

NEW JERSEY DIVISION OF TAXATION DEFERRED PAYMENT CONTROL CENTER
PO BOX 190
TRENTON, NJ 08695-0190
FAX# 609-292-9266

TO MAKE AN ONLINE PAYMENT VISIT: http://www.state.nj.us/treasury/taxation/makeapayment.shtml