FOR PHONE FILING ONLY

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Business Paperless Telefiling System

Worksheet

New Jersey 9-1-1 System and Emergency Response Fee
(Form ERF-100 Quarterly Return)

TO FILE BY PHONE

Step 1 — Fill in the Worksheet.
Step 2 — Call the New Jersey Division of Taxation's Business Paperless Telefiling System 24 hours a day at **1-877-829-2866.**
Step 3 — Choose "6" from the menu for the New Jersey 9-1-1 System and Emergency Response Fee Filing System.
Step 4 — Complete the filing, enter your Confirmation Number on the Worksheet, and keep the Worksheet for your business records.

IDENTIFICATION

New Jersey Taxpayer Identification Number ☐☐☐ – ☐☐☐ – ☐☐☐ / ☐☐☐ PIN/Taxpayer Name ☐☐☐☐

Contact Phone Number ☐☐☐ – ☐☐☐ – ☐☐☐☐ Tax Preparer's Identification Number (if applicable) ☐☐☐☐☐☐☐☐☐

RETURN PERIOD

Quarter ☐ **1** – JAN, FEB, MAR **2** – APR, MAY, JUNE **3** – JULY, AUG, SEPT **4** – OCT, NOV, DEC Year ☐☐☐☐

RETURN INFORMATION

Provided by Filer **Provided by Phone System**

	(a) Mobile Telephone Nos.	(b) Service Lines
Month 1		
Month 2		
Month 3		
Total	(a)	(b)

1. Total number of mobile telephone numbers and service lines billed during the quarter (Column a plus Column b)..... ☐

	(c) Exempt Mobile Tel. Nos.	(d) Exempt Service Lines
Month 1		
Month 2		
Month 3		
Total	(c)	(d)

2. Total number of mobile telephone numbers and service lines billed which are exempt from the fee (Column c plus Column d)..... ☐
3. Number of mobile telephone numbers and service lines subject to the fee..... ☐
4. Fee due ($.90 per mobile telephone number and service line billed)..... $ ☐ . ☐
5. Penalty and interest ..... $ ☐ . ☐
6. Total amount due..... $ ☐ . ☐

PAYMENT INFORMATION

Complete this section if paying by e-check or EFT debit. If using EFT debit, enter only account type and debit date. NOTE: E-check or EFT debit payments made using an account that is funded from a financial institution outside the United States will not be accepted.

Bank Routing Number ☐☐☐☐☐☐☐☐☐

Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Type of Account ☐ 1 – Checking 2 – Savings

Payment Debit Date ☐☐/☐☐/☐☐☐☐

SIGNATURE AND CONFIRMATION

You will be required to agree with the following declaration and provide a voice signature: "I verify and affirm that all fee information provided during this telephone call is correct. I am aware that if any of the information provided by me is knowingly false, I am subject to punishment."

DO NOT HANG UP! You will be assigned a Confirmation Number. Enter this number and the date in the boxes below.

Return Confirmation Number ☐☐☐☐☐☐☐

Date ☐☐/☐☐/☐☐☐☐

Signed by: _____

Payment Confirmation Number (if payment is made separately) ☐☐☐☐☐☐☐

Date ☐☐/☐☐/☐☐☐☐

Signed by: _____

Do not mail this worksheet – Keep it for your records
WORKSHEET MAY BE REPRODUCED
(Also available at: www.state.nj.us/treasury/taxation/)

DO NOT MAIL