Nonresident Payment Voucher		PT NIAN	4E AND I	NITIAI	_ [-						
MAKE YOUR CHECK PAYABLE TO 'STATE OF NEW JERSEY - TGI'.	LAST NAME, FIRST NAME AND INITIAL STREET ADDRESS													
WRITE YOUR SOCIAL SECURITY # AND TAX YEAR ON YOUR CHECK. RETURN THIS VOUCHER WITH YOUR PAYMENT	CITY, STATE, ZIP	CODE												
State of New Jersey Division of Taxation Revenue Processing Center PO Box 244 Trenton, NJ 08646-0244			E	Inter	r an	noun	t of	payı	ment	t her	e:			
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Please cut on dotted lines