



NEW JERSEY STATE POLICE

PORT SECURITY SECTION

QUARTERLY PAYROLL AND ASSESSMENT



- Please review the below instructions and complete the attached form in order to comply with the NJSP Quarterly Payroll and Assessment. The information provided will be used for the collection of quarterly assessments and the related figures and totals.
- Completed Quarterly Payroll and Assessment forms and remittances are due by the **30th** day following the end of the quarter: April 30th, July 30th, October 30th, January 30th (following year). Returns shall be submitted by completing form S.P. 85J and remitting the accompanying check payment (see details below).
- The current rate of assessment is **1.60%**
- Make checks payable to the New Jersey State Police, Fiscal Control Bureau and send to:

*New Jersey State Police
Fiscal Control Bureau
PO BOX 7068
West Trenton, NJ 08628-0068*

It is mandatory that employers pay assessments on gross payroll for:

- All individuals holding a temporary or permanent registration or license as a Longshoreman, Maintenance Worker, Hiring Agent, Pier Superintendent, Checker, Port Watchman/Security Officer and/or Telecommunications System Controller as defined within P. L. 2017, c. 32
- All payments to vacation, holiday or other funds (MMMCA, NYSA)
- All individuals who act in the capacity of those described in the above and/or who directly or indirectly handle waterborne freight or perform services incidental to the movement of waterborne freight, regardless of whether or not the individuals hold a temporary registration, permanent registration, temporary permit, and/or permanent license with the New Jersey State Police, Port Licensing & Background Unit

Notes:

- Incidental services include, but are not limited to, cargo storage, cargo repairing, coopering, general maintenance, mechanical and miscellaneous work, marine carpentry, cleaning, power sweeping, intra-port trucking, vehicle preparation, and/or export packing.
- Any person who shall willfully fail to pay assessment on payroll described shall be assessed interest at a rate of one percent (1%) per month on the amount due and unpaid and penalties of five percent (5%) of the amount due for each 30 days or part thereof that the assessment remains unpaid. N.J.S.A. 53: 2-31(a)(8).
- Any person who shall willfully furnish false or fraudulent information or shall willfully fail to furnish pertinent information, as required, with respect to the amount of assessment due, shall be guilty of a disorderly person's offense. N.J.S.A 53: 2-31(a)(9).
- Whenever any person shall fail to pay, within the time herein, any assessment which the person is required to pay to the Division of State Police, the Division may enforce payment of the assessment by civil action for the amount of the assessment with interest and penalties. N.J.S.A. 53:2-31(a)(4).
- Every employer subject to the payment of assessment hereunder shall keep an accurate record of that person's employment of Longshoremen, Pier Superintendents, Hiring Agents, or Port Watchmen, which shall show the amount of compensation paid and all other information related to the employee's compensation (i.e. hourly rates; hours worked; overtime paid; income tax information; etc.) Those records shall be preserved for a period of three (3) years and be open for inspection at reasonable times. The Division of State Police may consent to the destruction of the records at any time after that period or may require they be kept longer, but not more than six (6) years. N.J.S.A. 53:2-31(a)(2).

NEW JERSEY STATE POLICE PORT SECURITY SECTION QUARTERLY PAYROLL AND ASSESSMENT FORM

RETURNS AND REMITTANCES ARE DUE BY THE 30th DAY FOLLOWING THE END OF THE QUARTER

*MAKE REMITTANCES (CHECK ONLY) PAYABLE TO: **NEW JERSEY STATE POLICE, FISCAL CONTROL BUREAU**

*EMAIL DIGITIZED COMPLETED QUARTERLY PAYROLL AND ASSESSMENT FORM, ANY RELATED DOCUMENTATION AND/OR QUESTIONS TO: PORTAUDITUNIT@NJSP.GOV

COMPANY NAME: _____

QUARTERLY PAYROLL AND ASSESSMENT REMITTANCE TOTALS:

1 Report for Payroll Period:

Beginning _____
MM/DD/YYYY

Ending _____
MM/DD/YYYY

Total Payroll Payments During this Period:

- a. Registered Employees \$ _____
- b. Licensed Superintendents and Hiring Agents \$ _____
- c. Licensed Security Personnel \$ _____
- d. Vacation/Holiday/Other Fund \$ _____
- e. Telecommunication Controller \$ _____
- TOTAL GROSS PAYROLL.** \$ _____

Assessment Rate:
1.60%

2 TOTAL ASSESSMENT DUE

Assessment Due: \$ _____ (Total Gross Payroll x Assessment Rate)

Misc. Additions/Subtractions (i.e. Quarterly Adjustments): _____ Explanation: _____

3 AMOUNT OF REMITTANCE:

\$ _____

TOTAL QUARTERLY HOURS:

4 Hours Worked by Registered Employees:

- a. Straight Time _____
- b. Overtime _____
- TOTAL** _____

5 Hours Worked by Security Personnel:

- a. Straight Time _____
- b. Overtime _____
- TOTAL** _____

BUSINESS CONTINUITY QUESTIONS:

Questions 6 and 7 should only be answered by employers licensed by the NJSP Port Regulatory & Licensing Bureau.

6 If the business in the Port of New Jersey was permanently discontinued or sold, in whole or in part, during the period covered by this report, answer the items below:

- a. Date of Permanent Discontinuance _____
- b. Was all or part of the business sold (Y/N)? _____
Please explain: _____
- c. Date of Sale _____
- d. Contact Information for the New Owner:
Name: _____
Address: _____
Email/Phone: _____

7 Since the last/previous report was filed:

Y/N

- a. Has there been any change to the officers? _____
- b. Has there been any change in the list of stockholders who own 5% or more of your stock? (If a Corporation) _____
- c. Has there been any change in the capitalization of the corporation? _____
- d. Have any term contracts for stevedoring services with a carrier of freight by water been made or cancelled? _____

If YES to any of the questions above, was the NJSP Port Security Section notified of each such change? _____

QUARTERLY PAYROLL AND ASSESSMENT REMITTANCE CERTIFICATION:

I certify that the information contained in this report is true and correct.

Name of Company _____

Signature _____ Title _____ Date _____

Audited by: _____ Comments: _____



**NEW JERSEY STATE POLICE
PORT SECURITY SECTION
CERTIFICATION**



I, _____, hereby certify that I am authorized to
(Print Full Name)

complete this certification on behalf of: _____
(Name of Company)

I have read and understand the obligations of my company to pay assessments as set forth in these instructions, along with those under P.L. 2017, c. 324, and N.J.A.C. 19, Subtitle AA and certify that the remittance submitted as part of this return is in compliance with these obligations. I am aware that if any of the foregoing information in the Quarterly Payroll and Assessment Form submitted by me are willfully false, I am subject to punishment.

(Signature)

(Date)

Disclaimer: Any false statement contained herein constitutes a crime and may subject the permittee/licensee to suspension or revocation of such permit or license.