

Worksheet

New Jersey Cosmetic Medical Procedures Gross Receipts Tax (Form CMPT-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 609-341-4800.
- Step 3— Choose "5" from the menu for the Cosmetic Medical Procedures Gross Receipts Tax 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 --/

Contact Phone Number --

PIN/Taxpayer Name

Tax Preparer's Identification Number (if applicable)

RETURN PERIOD

Quarter 1 - JAN, FEB, MAR 3 - JULY, AUG, SEPT
 2 - APR, MAY, JUNE 4 - OCT, NOV, DEC

Year

RETURN INFORMATION

	Provided by Filer	Provided by Phone System
1. Gross receipts for quarter	<input type="text"/>	↓
2. Exempt receipts	<input type="text"/>	
3. Amount of tax collected	<input type="text"/>	
4. Cosmetic medical procedures gross receipts tax due	<input type="text"/>	<input type="text"/>
5. Penalty and interest	<input type="text"/>	↓
6. Total amount due	<input type="text"/>	

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 tax 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

Payment Confirmation Number (if payment is made separately)

Date / /

Date / /

Signed by: _____

Signed by: _____