

CBT-100S-V CORPORATION BUSINESS TAX – PAYMENT VOUCHER

2017

For the period beginning _____, 20____ and ending _____, 20____

Federal Employer I.D. Number		Corporation Number
_____ Corporation Name		
_____ Mailing Address		
City	State	Zip Code

Payments should be made electronically. Refer to CBT-100S instruction 4 on where to file. If not possible, paper checks should be mailed to New Jersey Division of Taxation, PO Box 644, Trenton, NJ 08646-0644. Include the Federal ID# and tax year.

**KEEP THIS VOUCHER FOR YOUR RECORDS.
DO NOT MAIL IT BACK TO THE STATE.**

Enter amount of payment here:

\$

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