

NJ
1040-ES
2017



New Jersey Gross Income Tax
Declaration of Estimated Tax-VOUCHER 2017

1 - OFFICIAL USE ONLY

Calendar Year - Due
APRIL 18, 2017

Voucher
1

Check box if Paid Preparer Filed

YOUR SOCIAL SECURITY NUMBER

SPOUSE/CIVIL UNION PARTNER
SOCIAL SECURITY NUMBER

LAST NAME, FIRST NAME AND INITIAL

Be sure to include your Social Security Number on your check or money order to ensure proper credit for this payment.

STREET ADDRESS

If you are married/civil union couple, filing jointly, be sure that the Social Security Number which is first on this payment voucher is the Social Security Number on your check and is listed first when filing your income tax return.

CITY, STATE ZIP CODE

Indicate the return for which payment is being made by checking the appropriate box:

Make Checks Payable To:

State of NJ-Div. of Taxation
Revenue Processing Center
PO Box 222
Trenton, NJ 08646-0222

R
06

NJ-1040

N
16

NJ-1040NR
NJ-1080C

F
26

NJ-1041
NJ-1041SB

AMOUNT OF
THIS PAYMENT

\$

01209000000000000000000001712000000000000

Please Cut Along Dotted Line

Please Cut Along Dotted Line

NJ
1040-ES
2017



New Jersey Gross Income Tax
Declaration of Estimated Tax-VOUCHER 2017

1 - OFFICIAL USE ONLY

Calendar Year - Due
JUNE 15, 2017

Voucher
2

Check Box if Paid Preparer Filed

YOUR SOCIAL SECURITY NUMBER

SPOUSE/CIVIL UNION PARTNER
SOCIAL SECURITY NUMBER

LAST NAME, FIRST NAME AND INITIAL

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Revenue Processing Center
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Trenton, NJ 08646-0222

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NJ
1040-ES
2017



New Jersey Gross Income Tax
Declaration of Estimated Tax-VOUCHER 2017

I - OFFICIAL USE ONLY

Calendar Year - Due
SEPTEMBER 15, 2017

Voucher
3

Check Box if Paid Preparer Filed

YOUR SOCIAL SECURITY NUMBER

SPOUSE/CIVIL UNION PARTNER
SOCIAL SECURITY NUMBER

LAST NAME, FIRST NAME AND INITIAL

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NJ-1041SB

AMOUNT OF
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NJ
1040-ES
2017



New Jersey Gross Income Tax
Declaration of Estimated Tax-VOUCHER 2017

I - OFFICIAL USE ONLY

Calendar Year - Due
JANUARY 16, 2018

Voucher
4

Check Box if Paid Preparer Filed

YOUR SOCIAL SECURITY NUMBER

SPOUSE/CIVIL UNION PARTNER
SOCIAL SECURITY NUMBER

LAST NAME, FIRST NAME AND INITIAL

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