

DEFERRED PAYMENT REQUEST FORM

FILL OUT THIS SECTION IF YOU ARE REQUESTING A PAYMENT PLAN FOR YOUR INDIVIDUAL TAXES

Name: _____
Last *First*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: () _____ Daytime Phone: () _____

E-mail Address: _____

Primary Social Security Number : _____

Secondary Social Security Number : _____

FILL OUT THIS SECTION IF YOU ARE REQUESTING A PAYMENT PLAN FOR YOUR BUSINESS

Business name: _____ NJ Registration # / FEIN: _____

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Business Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Responsible Officer(s) _____ Social Security Number _____
Use additional sheets if necessary

CONTACT INFORMATION IF DIFFERENT FROM ABOVE

Name: _____
Last *First*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

PAYMENT INFORMATION

Amount of Debt: \$ _____

Amount of Monthly Payment: \$ _____

Day of Month Payment Due: _____

All request forms will be reviewed by the New Jersey Division of Taxation Deferred Payment Section and are subject to change.

Taxpayer Signature _____ Date _____

Type of Plan Requested:

- Business
- Personal Income Tax
- Rebate Program
- Cigarette (File #) _____
- Other _____

SEND COMPLETED FORM TO:

NEW JERSEY DIVISION OF TAXATION
DEFERRED PAYMENT CONTROL CENTER
PO BOX 190
TRENTON, NJ 08695-0190