

STATE OF NEW JERSEY
 Division of Taxation
PUBLIC COMMUNITY WATER SYSTEM TAX
 Due Date: On or before 20th of the month following the report quarter.

Tax Period (check one)
 Jan-Mar Apr-Jun
 Jul-Sep Oct-Dec
 YEAR _____

If address has changed, complete the information on the back of this return

TAXPAYER ID _____

TAXPAYER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

1. TOTAL GALLONS Complete back of return	
2. LESS DEDUCTIONS	
3. TAXABLE GALLONS (Line 1 minus Line 2)	
4. TAX RATE (\$0.01 per 1,000 gallons)	.00001
5. TAX LIABILITY (Line 3 multiplied by Line 4)	
6. PENALTY AND INTEREST	
7. TOTAL AMOUNT DUE	

I Certify that all information on this return is correct.

Signature _____ Title _____ Date _____

Make Check or Money Order Payable to: State of New Jersey-PWT
 Mail to: Division of Taxation
 Revenue Processing Center
 PO Box 268
 Trenton, NJ 08646-0268

PW-3 (09-00)

Check the box corresponding to the method used to calculate total gallons on Line 1 of this return:

- 1. Metered Systems** - Enter the actual gallonage delivered to consumers.
- 2. Unmetered Systems** - Enter one-fourth (1/4) of the amount of water purchased and/or diverted for the previous year, less 20% as unaccounted for water.
- 3. Combination Systems** - Based on the percentage of service metered and unmetered, enter the total amount of water, calculated in accordance with methods 1 and 2 above.
- 4. For unmetered systems lacking diversion meters**, the pump capacity times 24 hours per day times 90 days will determine the amount of water diverted for the quarter, less 20% as unaccounted for water.

If mailing address has changed complete the following information:

Name _____

New Address _____ City _____ State _____ Zip Code _____