State Of New Jersey

Employer's Quarterly Report

NJ-927

Quarter Ending: DD/MM/YYYY

Report Due: DD/MM/YYYY

999-999-999/999
NAME 1
NAME 2
ADDRESS
CITY ST ZIP

Make Checks Payable to:

State of New Jersey NJ-927
P.O. Box 632
Trenton, NJ 08646-0632

Display return address in envelope window.

1. Total of All Wages Paid Subject to UI, DI, WF & HC
2. Wages in Excess of First
3. Taxable Wages UI, WF & HC. Line 1 Minus Line 2
4. Taxable Wages Subject to DI
5. Total UI, WF & HC Contributions Multiply Line 3 by Total UI, WF, & HC Rate
6. Total DI Contributions Multiply Line 4 by DI Rate
7. Total GIT Withheld (From Line 4 on Back)
8. Total Liability (Add Lines 5, 6, & 7)
9. Total Payments & Credits
10. Overpayment Amount
    Credit ☐ Refund ☐
11. Balance Due $

Employer's Quarterly Report - NJ-927

Subject to the penalties of perjury, I hereby certify that this return, to the best of my knowledge and belief, is a true and correct statement.

Taxpayer Signature _____ Title _____

Date _____ ( ) Telephone _____

Preparer Signature _____ Date _____

Firm Name (or yours if self employed) _____ Preparer/Firm ID No. _____

Firm Address _____

The number of workers employed during pay period, which includes the 12th day of each month.

1st
2nd
3rd

The number of covered workers insured under "Private Plan" during the pay period, which includes the 12th day of the 3rd month.

WITHHOLDING LIABILITIES

1. Month 1.....$
2. Month 2.....$
3. Month 3.....$
4. Total Withheld for Quarter. (Carry to Line 7 on Front.)

THIS FORM IS NOT AN APPROVED FORM.
THE INFORMATION ON THIS FORM MUST BE TRANSCRIBED ONTO THE FORM PROVIDED TO THE EMPLOYER BY THE NJ DIVISION OF REVENUE.