State Of New Jersey

Employer's Quarterly Report

NJ-927-W

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-W
P.O. Box 633
Trenton, NJ 08646-0633

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 15 on Back)
8. Total Liability (Add Lines 5, 6, & 7)
9. Total Payments & Credits
10. Overpayment Amount
    Credit Refund
11. Balance Due $

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

1st - Month | 2nd - Month | 3rd - Month

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

Week / Period		Week / Period	
1. 07/01 - 07/04		8. 08/16 - 08/22	
2. 07/05 - 07/11		9. 08/23 - 08/29	
3. 07/12 - 07/18		10. 08/30 - 09/05	
4. 07/19 - 07/25		11. 09/06 - 09/12	
5. 07/26 - 08/01		12. 09/13 - 09/19	
6. 08/02 - 08/08		13. 09/20 - 09/26	
7. 08/09 - 08/15		14. 09/27 - 09/30	
		15. Total Withheld (Carry To Line 7)	

SCHEDULE OF WITHHOLDING LIABILITIES - QUARTER ENDING September 30, 1998

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

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.