

IPT-V

Insurance Premium Tax Payment Voucher

Return Period: 2019

Company ID#

Company Name:

*NCTL:

Company Address:

Tax Type: INSURE

City/State/Zip:

* First four characters of the company name

BALANCE DUE ON OR BEFORE: June 1, 2020

Amount Due:

\$ _____

Make Check or Money Order **Payable to:** State of New Jersey – INSURE.

Include the Company ID# and 2019-INSURE on the lower left corner of the check.

**Mail To: Division of Taxation
Revenue Processing Center**

PO Box 247 (if sending by courier: 200 Woolverton St. Bldg. 20)

Trenton, NJ 08646-0247

DETACH THIS VOUCHER AND INCLUDE YOUR CHECK PAYMENT WITH THE AMOUNT DUE.

Please Cut Along Dotted Line