

**NEW JERSEY DIVISION OF REVENUE**  
**Specifications for the NJ-927 & NJ-927-W Duplexed Version**  
**As of July 1, 2006**

The following pages include information on the construction of the Scan Line, including the calculating of the Check Digit Verification (CDV), print lines and print positions for the required fields, front and back and other miscellaneous information.

Samples are required prior to approval. They may be sent to:

New Jersey Division of Revenue  
Technology Branch  
Attention: Christine Wetzel  
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Both preprinted NJ-927 and NJ-927-W returns are printed front and back. The Division of Revenue's remittance processor reads and captures both sides simultaneously. Therefore duplex printing is also required of facsimiles to gain approval.

This form *must be* printed on the bottom of an 8 ½" by 11" sheet of paper that will include a dotted line for cutting the form to a size of 8 ½" by 3 2/3". The purpose is to have uncut, straight edges on the bottom and sides of the form to speed processing.

The following fields are required to be printed on all vouchers in the specified locations:

**PRINT LINES AND PRINT POSITIONS FOR NJ-927**  
**FRONT**

**Quarter Ending** (verbiage) – Print Line 48, Print Position 5  
**Date** – Print Line 49, Print Position 6  
**Report Due** (verbiage) – Print Line 48, Print Position 26  
**Date** – Print Line 49, Print Position 26  
**FEIN** – Print Line 50, Print Position 5 (FEIN should be formatted as such 999-999-999/000)  
**Name Control** – Print Line 50, Print Position 17 (four characters, this should be the same as the Name Control in the Scan line, following the same requirements)  
**Business Name** – Print Line 51, Print Position 5  
**Secondary Name** (if necessary) – Print Line 52, Print Position 5  
**Street Address** – Print Line 53, Print Position 5  
**Town, State & zip code** – Print Line 54, Print Position 5  
If no **Secondary Name** is necessary, than the **Street** – Print Line is 52 and **Town** – Print Line is 53

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**Vendor Code** (assigned by the NACTP) – Print Line 61, Print Position 5

**Scan Line** – Print Line 63, Begin Print Position 13.

The scan line is REQUIRED to be printed using the OCR-A font.

**NJ-927 Scan Line**

The scan line contains 28 characters broken down as follows:

Position	Length	Description
1-5	5	“92700” tax code
6-14	9	Federal ID# (no hyphens)
15-17	3	Suffix – ‘000’ (three zeros)
18-18	1	Check Digit (See 1, 3, 7 MOD 10 algorithm attached)
19-22	4	Name Control (First four letters of company’s name) No spaces, apostrophes or periods. The only allowable characters are dash ‘-’ and ampersand ‘&’.
23-24	2	Year – (e.g. 2005 is 05)
25-26	2	03, 06, 09, or 12 (This is a quarterly return no other months are allowable)
27-28	2	‘08’

Check digit algorithm (1, 3, 7 MOD 10)

The following conversion values will be assigned to the alphabetic characters:

A 1	E 5	J 1	N 5	S 2	W 6
B 2	F 6	K 2	O 6	T 3	X 7
C 3	G 7	L 3	P 7	U 4	Y 8
D 4	H 8	M 4	Q 8	V 5	Z 9
	I 9		R 9		‘-’ and ‘&’ = 0

Each digit in the scan line (except for the check digit field) is assigned a value. The weights 1, 3, 7 are assigned to each byte of the scan line from left to right.

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A product derived for each byte by multiplying the value of the scan line digit to the applied weight. Next all products (sum of the values) are added to get a total product. The total product is divided by modulus 10. The remainder is subtracted from 10 to obtain the Check Digit.

Below is an example of a scan line taken from a NJ-927 document with calculations to demonstrate the check digit algorithm.

```

9 2 7 0 0 9 9 9 9 9 9 9 9 9 9 0 0 0 CD T H E B 0 5 0 3 0 8
9 2 7 0 0 9 9 9 9 9 9 9 9 9 9 0 0 0      3 8 5 2 0 5 0 3 0 8
1 3 7 1 3 7 1 3 7 1 3 7 1 3 7 1 3      7 1 3 7 1 3 7 1 3 7
9 6 49 0 0 63 9 27 63 9 27 63 9 27 0 0 0    21 8 15 14 0 15 0 3 0 56

```

The first line is the original scan line with CD,  
The second line shows letters converted to numeric value,  
The third line shows applied weights and  
The fourth line is the products.

Sum of Products  
=9+6+49+0+0+63+9+27+63+9+27+63+9+27+0+0+0+21+8+15+14+0+15+0+3+0+56  
Total product 493  
Divide by 10 49.3  
Subtracting the remainder from 10 gives the Check Digit: 10 – 3 = 7  
Check Digit = 7  
If the remainder is zero the check digit is zero.

**PRINT LINES AND VALUE FIELDS FOR FRONT OF NJ-927**

- LINE 1**  
Verbiage – Print Line 44, Print Position 36 - 50  
Value Fields – Print Line 45, Print Position 52 – 77 right justify
- LINE 2**  
Verbiage including Rate Box – Print Line 46, Print Position 36 - 50  
Value Fields – Print Line 47, Print Position 52 – 77 right justify
- LINE 3**  
Verbiage – Print Line 48, Print Position 36 - 50  
Value Fields – Print Line 49, Print Position 52 – 77 right justify

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**LINE 4**

Verbiage including Rate Box – Print Line 50, Print Position 36 - 50  
Value Fields – Print Line 51, Print Position 52 – 77 right justify

**LINE 5**

Verbiage including Rate Box – Print Line 52, Print Position 36 - 54  
Value Fields – Print Line 53, Print Position 56 – 77 right justify

**LINE 6**

Verbiage including Rate Box – Print Line 54, Print Position 39 - 55  
Value Fields – Print Line 55, Print Position 56 – 77 right justify

**LINE 7**

Verbiage – Print Line 56, Print Position 39 - 55  
Value Fields – Print Line 56, Print Position 56 – 77 right justify

**LINE 8**

Verbiage – Print Line 57, Print Position 39 - 55  
Value Fields – Print Line 57, Print Position 56 – 77 right justify

**LINE 9**

Verbiage – Print Line 59, Print Position 39 - 55  
Value Fields – Print Line 59, Print Position 56 – 77 right justify

**LINE 10**

Verbiage – Print Line 60, Print Position 39 - 55  
Value Fields – Print Line 61, Print Position 56 – 77 right justify

**CREDIT & REFUND CHECKOFF BOXES**

Credit verbiage – Print Line 61, Print Position 41 – 43  
Credit check off box – Print Line 61, Print Position 45  
Refund verbiage – Print Line 61, Print Position 47 – 49  
Refund check off box – Print Line 61, Print Position 52

**LINE 11**

Verbiage – Print Line 63, Print Position 48 – 54  
Value Fields – Print Line 63, Print Position 56 – 77 right justify

**PRINT LINES AND PRINT POSITIONS FOR THE BACK OF NJ-927**

**NUMBER OF WORKERS** in the upper right hand corner

**1st Month**

Value Fields – Print Line 45, Print Position 64 – 78 right justify

**2nd Month**

Value Fields – Print Line 47, Print Position 64 – 78 right justify

**3rd Month**

Value Fields – Print Line 49, Print Position 64 – 78 right justify

**Private Plan**

Value Fields – Print Line 52, Print Position 64 – 78 right justify

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**GROSS INCOME TAX WITHHELD**

**LINE 1**

Verbiage – Print Line 56, Print Position 43 – 54

Value Field – Print Line 56, Print Position 59 – 79 right justify

**LINE 2**

Verbiage – Print Line 58, Print Position 43 – 55

Value Field – Print Line 58, Print Position 59 – 79 right justify

**LINE 3**

Verbiage – Print Line 60, Print Position 43 – 54

Value Field – Print Line 60, Print Position 59 – 79 right justify

**LINE 4**

Verbiage – Print Line 62 & 63, Print Position 43 – 54

Value Field – Print Line 62, Print Position 59 – 79 right justify

**SIGNATURE FIELDS**

Print Line 46 to Line 61

Print Position 6 to Position 35

Please see the grids on the next pages to get a visual of placement.

**TARGET MARKS**

In the lower left hand corner, Print Line 63, Print Positions 6 & 7.

This should be a black rectangle that appears on front and back of voucher

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	
43																																																																																					43
44	<b>State Of New Jersey</b>																																	1. Total of All Wages Paid																																																	44		
45	<b>Employer's Quarterly Report</b>																																	Subject to UI, DI, WF & HC																																																	45		
46	NJ-927																																	2. Wages in																																																	46		
47	Quarter Ending											Report Due											Excess of First																																																	47													
48	mm-dd-yyyy											mm-dd-yyyy											3. Taxable Wages UI, WF &																																																	48													
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50	999-999-999/000											THEB											4. Taxable Wages																																																	50													
51	The Big Apple																																	Subject to DI																																																	51		
52	21 Main Street																																	5. Total UI, WF & HC Contrib. Multiply																																																	52		
53	Trenton, NJ 08646																																	Line 3 By Total UI, WF & HC Rate																																																	53		
54																																		6. Total DI Contributions																																																	54		
55	Make Check																																	Multiply Line 4 by DI Rate																																																	55		
56	Payable To: <b>State of New Jersey NJ-927</b>																																	7. Total GIT Withheld ( From 4 on Back)																																																	56		
57	Display return <b>PO Box 632</b>																																	8. Total Liability (ADD Lines 5, 6 & 7)																																																	57		
58	address in en- <b>Trenton, NJ 08646-0632</b>																																																																																	58			
59	velope window																																	9. Total Payments & Credits																																																	59		
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NOTE: This Sample of the NJ-927 is not the correct dimensions. However, the number of Print Lines and Print Positions are accurate. ( 24 Print Lines and 85 Print Positions )																																																																																					

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85
43																																																																																				
44 <b>Employer's Quarterly Report - NJ-927</b> 44																																																																																				
45																																																																																				
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.																																													The number of covered workers employed during pay period, which includes the 12th day of each month.															1st _____ 2nd _____ 3rd _____																								
Taxpayer Signature _____ Title _____																														The number of covered workers insured under "Private Plan" during the pay period, which includes the 12th day of the 3rd month.															_____																																							
Date _____ Telephone _____																														<b>GROSS INCOME TAX WITHHELD</b>															_____																																							
Preparer Signature _____ Date _____																														<b>1 Month 1... \$</b>															_____																																							
Firm Name(or yours' if self employed) _____ Preparer/Firm ID No. _____																														<b>2 Month 2... \$</b>															_____																																							
Firm Address _____																														<b>3 Month 3... \$</b>															_____																																							
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<b>NOTE:</b> This Sample of the NJ-927 is not the correct dimensions. However, the number of Print Lines and Print Positions are accurate. ( 24 Print Lines and 85 Print Positions )																																																																																				

**NEW JERSEY DIVISION OF REVENUE**  
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**As of July 1, 2006**

**PRINT LINES AND PRINT POSITIONS FOR NJ-927-W**  
**FRONT**

**Quarter Ending** (verbiage) – Print Line 48, Print Position 5

**Date** – Print Line 49, Print Position 6

**Report Due** (verbiage) – Print Line 48, Print Position 26

**Date** – Print Line 49, Print Position 26

**FEIN** – Print Line 50, Print Position 5 (FEIN should be formatted as such 999-999-999/000)

**Name Control** – Print Line 50, Print Position 17 (four characters, this should be the same as the Name Control in the Scan line, following the same requirements)

**Business Name** – Print Line 51, Print Position 5

**Secondary Name** (if necessary) – Print Line 52, Print Position 5

**Street Address** – Print Line 53, Print Position 5

**Town, State & zip code** – Print Line 54, Print Position 5

If no **Secondary Name** is necessary, than the **Street** – Print Line is 52 and **Town** – Print Line is 53

**Vendor Code** (assigned by the NACTP) – Print Line 61, Print Position 5

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**Scan Line** – Print Line 63, Begin Print Position 13.  
The scan line is REQUIRED to be printed using the OCR-A font.

**NJ-927-W Scan Line**

The scan line contains 28 characters broken down as follows:

Position	Length	Description
1-5	5	“92777” tax code
6-14	9	Federal ID# (no hyphens)
15-17	3	Suffix – ‘000’ (three zeros)
18-18	1	Check Digit (See 1, 3, 7 MOD 10 algorithm attached)
19-22	4	Name Control (First four letters of company’s name) No spaces, apostrophes or periods. The only allowable characters are dash ‘-’ and ampersand ‘&’.
23-24	2	Year – (e.g. 2005 is 05)
25-26	2	03, 06, 09, or 12 (This is a quarterly return no other months are allowable)
27-28	2	‘09’

Check digit algorithm (1, 3, 7 MOD 10)

The following conversion values will be assigned to the alphabetic characters:

A 1	E 5	J 1	N 5	S 2	W 6
B 2	F 6	K 2	O 6	T 3	X 7
C 3	G 7	L 3	P 7	U 4	Y 8
D 4	H 8	M 4	Q 8	V 5	Z 9
	I 9		R 9		‘-’ and ‘&’ = 0

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Each digit in the scan line (except for the check digit field) is assigned a value. The weights 1, 3, 7 are assigned to each byte of the scan line from left to right.

A product derived for each byte by multiplying the value of the scan line digit to the applied weight. Next all products (sum of the values) are added to get a total product. The total product is divided by modulus 10. The remainder is subtracted from 10 to obtain the Check Digit.

Below is an example of a scan line taken from a NJ-927 document with calculations to demonstrate the check digit algorithm.

9 2 7 7 7 9 9 9 9 9 9 9 9 9 9 0 0 0	CD T H E B 0 5 0 3 0 9
9 2 7 7 7 9 9 9 9 9 9 9 9 9 9 0 0 0	3 8 5 2 0 5 0 3 0 9
1 3 7 1 3 7 1 3 7 1 3 7 1 3 7 1 3	7 1 3 7 1 3 7 1 3 7
9 6 49 7 21 63 9 27 63 9 27 63 9 27 0 0 0	21 8 15 14 0 15 0 3 0 63

The first line is the original scan line with CD,  
 The second line shows letters converted to numeric value,  
 The third line shows applied weights and  
 The fourth line is the products.

Sum of Products  
 =9+6+49+7+21+63+9+27+63+9+27+63+9+27+0+0+0+21+8+15+14+1+15+0+3+0+63  
 Total product 528  
 Divide by 10 52.8  
 Subtracting the remainder from 10 gives the Check Digit: 10 – 8 = 2  
 Check Digit = 2  
 If the remainder is zero the check digit is zero.

**PRINT LINES AND VALUE FIELDS FOR FRONT OF NJ -927-W**

**LINE 1**

Verbiage – Print Line 44, Print Position 36 - 50  
 Value Fields – Print Line 45, Print Position 52 – 77 right justify

**LINE 2**

Verbiage including Rate Box – Print Line 46, Print Position 36 - 50  
 Value Fields – Print Line 47, Print Position 52 – 77 right justify

**NEW JERSEY DIVISION OF REVENUE**  
**Specifications for the NJ-927 & NJ-927-W Duplexed Version**  
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**LINE 3**

Verbiage – Print Line 48, Print Position 36 - 50

Value Fields – Print Line 49, Print Position 52 – 77 right justify

**LINE 4**

Verbiage including Rate Box – Print Line 50, Print Position 36 - 50

Value Fields – Print Line 51, Print Position 52 – 77 right justify

**LINE 5**

Verbiage including Rate Box – Print Line 52, Print Position 36 - 54

Value Fields – Print Line 53, Print Position 56 – 77 right justify

**LINE 6**

Verbiage including Rate Box – Print Line 54, Print Position 39 - 55

Value Fields – Print Line 55, Print Position 56 – 77 right justify

**LINE 7**

Verbiage – Print Line 56, Print Position 39 - 55

Value Fields – Print Line 56, Print Position 56 – 77 right justify

**LINE 8**

Verbiage – Print Line 57, Print Position 39 - 55

Value Fields – Print Line 57, Print Position 56 – 77 right justify

**LINE 9**

Verbiage – Print Line 59, Print Position 39 - 55

Value Fields – Print Line 59, Print Position 56 – 77 right justify

**LINE 10**

Verbiage – Print Line 60, Print Position 39 - 55

Value Fields – Print Line 61, Print Position 56 – 77 right justify

**CREDIT & REFUND CHECKOFF BOXES**

Credit verbiage – Print Line 61, Print Position 41 – 43

Credit check off box – Print Line 61, Print Position 45

Refund verbiage – Print Line 61, Print Position 47 – 49

Refund check off box – Print Line 61, Print Position 51 & 52

**LINE 11**

Verbiage – Print Line 63, Print Position 48 – 54

Value Fields – Print Line 63, Print Position 56 – 77 right justify

**PRINT LINES AND PRINT POSITIONS FOR THE BACK OF NJ-927-W**

**1<sup>ST</sup> MONTH**

Value Field – Print Line 45, Print Position 11 – 22 right justify

Verbiage – Print Line 46, Print Position 14 – 19

**2<sup>ND</sup> MONTH**

Value Field – Print Line 45, Print Position 25 – 36 right justify

Verbiage – Print Line 46, Print Position 28 – 33

**NEW JERSEY DIVISION OF REVENUE**  
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**3<sup>RD</sup> MONTH**

Value Field – Print Line 45, Print Position 40 – 51 right justify

Verbiage – Print Line 46, Print Position 43 – 47

**Private Plan**

Value Field – Print Line 45, Print Position 58 – 69 right justify

**LINE 1**

Verbiage – Print Line 48, Print Position 3 – 10

Value Field – Print Line 48 & 49, Print Position 11 – 29 right justify

**LINE 2**

Verbiage – Print Line 51, Print Position 3 – 10

Value Field – Print Line 51, Print Position 11 – 29 right justify

**LINE 3**

Verbiage – Print Line 52, Print Position 3 – 10

Value Field – Print Line 52 & 53, Print Position 11 – 29 right justify

**LINE 4**

Verbiage – Print Line 54, Print Position 3 – 10

Value Field – Print Line 54 & 55, Print Position 11 – 29 right justify

**LINE 5**

Verbiage – Print Line 56, Print Position 3 – 10

Value Field – Print Line 56 & 57, Print Position 11 – 29 right justify

**LINE 6**

Verbiage – Print Line 58, Print Position 3 – 10

Value Field – Print Line 58 & 59, Print Position 11 – 29 right justify

**LINE 7**

Verbiage – Print Line 60, Print Position 3 – 10

Value Field – Print Line 60 & 61, Print Position 11 – 29 right justify

**LINE 8**

Verbiage – Print Line 48, Print Position 33 – 40

Value Field – Print Line 48 & 49, Print Position 42 – 61 right justify

**LINE 9**

Verbiage – Print Line 51, Print Position 33 – 40

Value Field – Print Line 51, Print Position 42 – 61 right justify

**LINE 10**

Verbiage – Print Line 52, Print Position 33 – 40

Value Field – Print Line 52 & 53, Print Position 42 – 61 right justify

**LINE 11**

Verbiage – Print Line 54, Print Position 33 – 40

Value Field – Print Line 54 & 55, Print Position 42 – 61 right justify

**LINE 12**

Verbiage – Print Line 56, Print Position 33 – 40

Value Field – Print Line 56 & 57, Print Position 42 – 61 right justify

**NEW JERSEY DIVISION OF REVENUE**  
**Specifications for the NJ-927 & NJ-927-W Duplexed Version**  
**As of July 1, 2006**

**LINE 13**

Verbiage – Print Line 58, Print Position 33 – 40

Value Field – Print Line 58 & 59, Print Position 42 – 61 right justify

**LINE 14**

Verbiage – Print Line 60, Print Position 33 – 40

Value Field – Print Line 60 & 61, Print Position 42 – 61 right justify

**LINE 15**

Verbiage – Print Line 62, Print Position 33 – 40

Value Field – Print Line 62 & 63, Print Position 42 – 61 right justify

**SIGNATURE FIELDS**

Print Position 64, anything further to the left will be picked up in the Value Fields of lines 8 thru 15.

Please see the grids on the next pages to get a visual of placement.

**TARGET MARKS**

In the lower left hand corner, Print Line 63, Print Position 6 & 7.

This should be a black rectangle that appears on the front and back of the voucher.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85
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44	<b>State Of New Jersey</b>																																		44																																																	
45	<b>Employer's Quarterly Report</b>																																		45																																																	
46	<b>NJ-927-W</b>																																		46																																																	
47	Quarter Ending																					Report Due																	47																																													
48	mm-dd-yyyy																					mm-dd-yyyy																	48																																													
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NOTE: This Sample of the NJ-927-W is not the correct dimensions. However, the number of Print Lines and Print Positions are accurate. ( 24 Print Lines and 85 Print Positions )																																																																																				

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85		
43																																																											The number of covered workers insured under "Private Plan"																											43
44	The number of covered workers employed during pay period, which includes the 12th day of each month .																																																										during the pay period, which includes the 12th day of the 3rd month.																											44
45	<b>NJ-927-W</b>																																																																																					45
46	1st - Month											2nd - Month											3rd - Month																																						46																									
47	Week / Period											Week / Period											Subject to the penalties of perjury, I hereby																											47																																				
48	1. 01/01-01/01											8. 02/13-02/19											certify that this return, to the best of my knowledge																											48																																				
49																																																											and belief, is a true and correct statement.																											49
50																																																																																						50
51	2. 01/02-01/08											9. 02/20-02/26																																						51																																				
52	3. 01/09-01/15											10. 02/27-03/05																																						52																																				
53																																																																																						53
54	4. 01/16-01/22											11. 03/06-03/12											Taxpayer's Signature											Title											54																																									
55																																																																																						55
56	5. 01/23-01/29											12. 03/13-03/19											Date											Telephone											56																																									
57																																																																																						57
58	6. 01/30-02/05											13. 03/20-03/26											Preparer Signature											Date											58																																									
59																																																																																						59
60	7. 02/06-02/12											14. 03/27-03/31											Firm Name (yours if self-employed)											ID #											60																																									
61																																																																																						61
62	SCHEDULE OF GROSS INCOME TAX											15. Total GIT Withheld											Firm Address																											62																																				
63	WITHHELD - QUARTER ENDING 03/31/05											( Carry to Line 7																																						63																																				
64																																																											on front)																											64
65																																																																																						65
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