

**FOR PHONE
FILING ONLY**

Business Paperless Telefiling System

**FOR PHONE
FILING ONLY**

Worksheet

New Jersey 9-1-1 System and Emergency Response Fee (Form ERF-100 Quarterly Return)

TO FILE BY PHONE

- Step 1 — Fill in the Worksheet.
- Step 2 — Call the New Jersey Division of Taxation's Business Paperless Telefiling System 24 hours a day at 609-341-4800.
- Step 3 — Choose "6" from the menu for the New Jersey 9-1-1 System and Emergency Response Fee Filing System.
- Step 4 — Complete the filing, enter your Confirmation Number on the Worksheet, and keep a copy of the Worksheet for your business records.

IDENTIFICATION

New Jersey Taxpayer Identification Number - - /

Contact Phone Number - -

PIN/Taxpayer Name

Tax Preparer's Identification Number (if applicable)

RETURN PERIOD

Quarter 1 - JAN, FEB, MAR 3 - JULY, AUG, SEPT Year

2 - APR, MAY, JUNE 4 - OCT, NOV, DEC

RETURN INFORMATION

Provided by Filer

Provided by Phone System

	(a) Mobile Telephone Nos.	(b) Service Lines
Month 1		
Month 2		
Month 3		
Total	(a)	(b)

1. Total number of mobile telephone numbers and service lines billed during the quarter (Column a plus Column b).....

	(c) Exempt Mobile Tel. Nos.	(d) Exempt Service Lines
Month 1		
Month 2		
Month 3		
Total	(c)	(d)

2. Total number of mobile telephone numbers and service lines billed that are exempt from the fee (Column c plus Column d).....

3. Number of mobile telephone numbers and service lines subject to the fee.....

4. Fee due (\$.90 per mobile telephone number and service line billed)..... \$.

5. Penalty and interest..... \$.

6. Total amount due..... \$.

PAYMENT INFORMATION

Complete this section if paying by e-check or EFT debit. If using EFT debit, enter only account type and debit date. NOTE: E-check or EFT debit payments made using an account that is funded from a financial institution outside the United States will not be accepted.

Bank Routing Number

Account Number

Type of Account 1 - Checking 2 - Savings

Payment Debit Date / /

SIGNATURE AND CONFIRMATION

You will be required to agree with the following declaration and provide a voice signature: "I verify and affirm that all fee information provided during this telephone call is correct. I am aware that if any of the information provided by me is knowingly false, I am subject to punishment."

DO NOT HANG UP! You will be assigned a Confirmation Number. Enter this number and the date in the boxes below.

Return Confirmation Number

Payment Confirmation Number (if payment is made separately)

Date / /

Date / /

Signed by: _____

Signed by: _____

Do not mail this worksheet – Keep it for your records
WORKSHEET MAY BE REPRODUCED
 (Also available at: nj.gov/taxation)