



# State of New Jersey

DEPARTMENT OF THE TREASURY  
DIVISION OF TAXATION

## JUDGMENT PAYOFF REQUEST FORM

*Please complete a separate form for each lien.*

Date: \_\_\_\_\_

DJ # or Lien # Date filed: \_\_\_\_\_

FID # and/or SS #: \_\_\_\_\_

Individual / Business Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Requestor: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

Date Payoff Needed: \_\_\_\_\_

*Please be advised if you are **NOT** the taxpayer listed on the judgment you **MUST** include a signed Taxpayer Representative Form ([M-5008-R](#)).  
All payoff requests without the M-5008-R will be sent directly to the taxpayer.*

**Please submit this form by one of the following methods:**

**E-Mail:** [Judgments.Taxation@treas.nj.gov](mailto:Judgments.Taxation@treas.nj.gov)

**Fax:** (609) 292-1882

**US Mail:** NJ Division of Taxation  
Judgment Section  
PO Box 245  
Trenton, NJ 08695-0245