



# Payment Plan Request Form - Businesses

Use This Form to Request a Payment Plan for Business Taxes.

**Do Not Use This Form for Individual Income Tax, Unpaid Cigarette Taxes or Property Tax Relief Programs.**

## Business Information

**Business Name:** \_\_\_\_\_ **NJ Registration # / FEIN:** \_\_\_\_\_

### Physical Address of Business:

_____		_____
<i>Street Address</i>		<i>Apartment/Unit #</i>
_____		
<i>City</i>	<i>State</i>	<i>ZIP Code</i>

### Mailing Address (If different from above):

_____		_____
<i>Street Address</i>		<i>Apartment/Unit #</i>
_____		
<i>City</i>	<i>State</i>	<i>ZIP Code</i>

**Business Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Responsible Officer(s)** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

## Payment Information

**Balance Due (if known):** \$ \_\_\_\_\_

**Requested Monthly Payment:** \$ \_\_\_\_\_

**Preferred Monthly Due Date:** \_\_\_\_\_

## We Will Review and Adjust Your Payment Plan Request Form, if Needed

**Taxpayer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Make check payable to:**  
New Jersey Division of Taxation

**To Make a Payment Online Visit:**  
[njtaxation.org](http://njtaxation.org)

Complete This Form, Sign, and:  
**Fax to:** 609-341-2706; **or**  
**Mail to:**  
New Jersey Division of Taxation  
Payment Plan Unit  
PO Box 190  
Trenton, NJ 08695-0190; **or**  
**Email to:**  
[PaymentPlanUnit@treas.nj.gov](mailto:PaymentPlanUnit@treas.nj.gov)

**You Must Complete and Submit a Responsible Persons Form Along With This Application**

For more information on Responsible Persons, see [www.state.nj.us/treasury/taxation/respons.shtml](http://www.state.nj.us/treasury/taxation/respons.shtml)