

**IPT-V**

**Insurance Premium Tax Payment Voucher**

**Return Period: 2020**

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, 2021**

**Amount Due:**

\$ \_\_\_\_\_

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

**Include the** Company ID# and 2020-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