



Payment Plan Request Form

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

Do Not Use This Form for Unpaid Cigarette Taxes or Property Relief Programs.

Personal Information

Name: _____

Last

First

Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Home Phone: _____ Daytime Phone _____

Email Address: _____

Primary Social Security Number: _____

Secondary Social Security Number: _____

Complete This Section if You Are Requesting a Payment Plan for Your Business

Business Name: _____ NJ Registration # / FEIN: _____

Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Business Phone: _____ Alternate Phone: _____

Email Address: _____

Responsible Officer(s) _____ Social Security Number _____

For more information on Responsible Persons, see www.state.nj.us/treasury/taxation/respons.shtml

Payment Information

Balance Due (if known): \$ _____ Make check payable to:

Requested Monthly Payment: \$ _____ New Jersey Division of Taxation

Preferred Monthly Due Date: _____ To Make a Payment Online Visit: njtaxation.org

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

We will review your payment plan requests within 60 days. Continue to send your requested monthly payment until you receive your official payment plan terms.

Taxpayer Signature: _____ Date: _____

Type of Plan Requested:

- Business Tax
- Individual Income Tax

Fax to: 609-341-2706; or

Complete This Form, Sign, and Mail to:

**New Jersey Division of Taxation
Payment Plan Unit
PO Box 190
Trenton, NJ 08695-0190**