



NJ Division of Revenue

Request for Authorization to Report Form WR-30 Electronically

SECTION I - Employer	
TPID (EIN + 000)	
Company Name	
Address	
State and Zip	

SECTION II. – Submitter (If Other Than Above)	
TPID (EIN + 000)	
Company Name	
Address	
State and Zip	

SECTION III. – Contact Person	
Name	
Title	
Address	
State and Zip	
E-Mail	
Telephone	
FAX	

Fax completed form to: (609) 777-2811

Or mail completed form to: NJ Division of Revenue
 PO Box 256
 Trenton, NJ 08646-0256

Questions? Call (609) 292-9292 Opt #6

Or visit our web site at www.state.nj.us/treasury/revenue