

NJ
1040-ES
2018



New Jersey Gross Income Tax
Declaration of Estimated Tax—VOUCHER 2018

1 - OFFICIAL USE ONLY

Calendar Year - Due APRIL 17, 2018	Voucher 1	Check box if Paid Preparer Filled <input type="checkbox"/>	YOUR SOCIAL SECURITY NUMBER	SPOUSE/CIVIL UNION PARTNER SOCIAL SECURITY NUMBER
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LAST NAME, FIRST NAME AND INITIAL

Be sure to include your Social Security Number on your check or money order to ensure proper credit for this payment.

STREET ADDRESS

If you are married/civil union couple, filing jointly, be sure that the Social Security Number which is first on this payment voucher is the Social Security Number on your check and is listed first when filing your income tax return.

CITY, STATE ZIP CODE

Indicate the return for which payment is being made by checking the appropriate box:

THIS VOUCHER CANNOT BE USED TO PAY DELINQUENT TAXES.

Make Checks Payable To:

State of NJ—Div. of Taxation
Revenue Processing Center
PO Box 222
Trenton, NJ 08646-0222

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NJ-1040

N
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NJ-1040NR
NJ-1080C

F
26

NJ-1041
NJ-1041SB

AMOUNT OF THIS PAYMENT



0120900000000000000000001812000000000000

Please Cut Along Dotted Line

NJ
1040-ES
2018



New Jersey Gross Income Tax
Declaration of Estimated Tax—VOUCHER 2018

1 - OFFICIAL USE ONLY

Calendar Year - Due JUNE 15, 2018	Voucher 2	Check Box if Paid Preparer Filled <input type="checkbox"/>	YOUR SOCIAL SECURITY NUMBER	SPOUSE/CIVIL UNION PARTNER SOCIAL SECURITY NUMBER
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LAST NAME, FIRST NAME AND INITIAL

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STREET ADDRESS

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New Jersey Gross Income Tax
Declaration of Estimated Tax-VOUCHER 2018



I - OFFICIAL USE ONLY

Calendar Year - Due SEPTEMBER 17, 2018	Voucher 3	Check Box if Paid Preparer Filed <input type="checkbox"/>
LAST NAME, FIRST NAME AND INITIAL		
STREET ADDRESS		
CITY, STATE ZIP CODE		

YOUR SOCIAL SECURITY NUMBER / /	SPOUSE/CIVIL UNION PARTNER SOCIAL SECURITY NUMBER / /
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New Jersey Gross Income Tax
Declaration of Estimated Tax-VOUCHER 2018



I - OFFICIAL USE ONLY

Calendar Year - Due JANUARY 15, 2019	Voucher 4	Check Box if Paid Preparer Filed <input type="checkbox"/>
LAST NAME, FIRST NAME AND INITIAL		
STREET ADDRESS		
CITY, STATE ZIP CODE		

YOUR SOCIAL SECURITY NUMBER / /	SPOUSE/CIVIL UNION PARTNER SOCIAL SECURITY NUMBER / /
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