

NEW JERSEY DIVISION OF TAXATION
DOCUMENT CONTROL CENTER
PO BOX 269
TRENTON, NEW JERSEY 08695-0269

NAME AND ADDRESS AS SHOWN ON TAX RETURN:

Name: _____
Street: _____
City: _____ State: _____ Zip Code: _____

SOCIAL SECURITY NUMBER OR IDENTIFICATION NUMBER SHOWN ON DOCUMENT

TELEPHONE NUMBER AT WHICH WE CAN REACH YOU DURING THE DAY

TYPE OF TAX	TAX YEAR(S)
Gross Income Tax (NJ-1040, NJ-1040NR, NJ-1040X, NJ1041)	
Corporation Business Tax** (CBT-100, CBT-100S)	
Sales Tax** (ST-50)	
Property Tax Relief (PTR, Homestead Benefit)	
Payroll Tax (NJ-927)	
Other**	

**Requests for copies of Corporation, Sales, Payroll or Other taxes must be submitted on company stationery and signed by an officer of the company. Any return filed electronically using the On-Line Services Filing and Payment Services can be obtained by logging on with your Business Identification Number and assigned PIN number.

**If you are not the person who signed the tax return, you must obtain a signed release form from the individual whose tax return you seek. If such person is unable to sign the release form, we will need a completed Appointment of Taxpayer Representative form (M-5008-R) or other proof of authorization before we can honor your request.

CURRENT ADDRESS IF DIFFERENT FROM ABOVE:

Name: _____
Street: _____
City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____