NJ GROSS INCOME TAX

NJ-1065-V

PARTNERSHIP PAYMENT VOUCHER

2018

For period beginning _____, 2018 and ending _____, 20____

Federal Employer ID Number		
Partnership Name		
Mailing Address		
City	State	Zip Code

Mail To:
Filing Fee on Partnerships
PO Box 642
Trenton, NJ 08646-0642

Return this voucher with your payment.
Make checks payable to State of New Jersey – PART
Write the federal ID number and tax year on the check.

Enter amount of payment here: $. 0 0

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