STATE OF NEW JERSEY
Division of Taxation

PUBLIC COMMUNITY WATER SYSTEM TAX

Due Date: On or before 20th of the month following the report quarter.

Tax Period (check one)
☐ Jan-Mar ☐ Apr-Jun
☐ Jul-Sep ☐ Oct-Dec
YEAR _____

If address has changed, complete the information on the back of this return

TAXPAYER ID

TAXPAYER NAME

ADDRESS

CITY STATE ZIP CODE

Make Check or Money Order Payable to: State of New Jersey-PWT
Mail to: Division of Taxation
Revenue Processing Center
PO Box 268
Trenton, NJ 08646-0268

PW-3 (09-00)

1. **TOTAL GALLONS** Complete back of return		
2. **LESS DEDUCTIONS**		
3. **TAXABLE GALLONS** (Line 1 minus Line 2)		
4. **TAX RATE** ($0.01 per 1,000 gallons)		.00001
5. **TAX LIABILITY** (Line 3 multiplied by Line 4)		
6. **PENALTY AND INTEREST**		
7. **TOTAL AMOUNT DUE**		

I Certify that all information on this return is correct.

Signature Title Date

Check the box corresponding to the method used to calculate total gallons on Line 1 of this return:

☐ 1.**Metered Systems** - Enter the actual gallonage delivered to consumers.

☐ 2.**Unmetered Systems** - Enter one-fourth (1/4) of the amount of water purchased and/or diverted for the previous year, less 20% as unaccounted for water.

☐ 3.**Combination Systems** - Based on the percentage of service metered and unmetered, enter the total amount of water, calculated in accordance with methods 1 and 2 above.

☐ 4.**For unmetered systems lacking diversion meters**, the pump capacity times 24 hours per day times 90 days will determine the amount of water diverted for the quarter, less 20% as unaccounted for water.

If mailing address has changed complete the following information:

Name

New Address City State Zip Code