

STATE OF NEW JERSEY
DIVISION OF TAXATION
ESTIMATED TAX RETURN AND APPLICATION FOR EXTENSION OF TIME TO FILE
NEW JERSEY MOTOR FUELS TAX RETURN
(N.J.S.A. 54:39-1 et seq.)

TAXABLE PERIOD _____
MONTH YEAR

FID# _____

SEE INSTRUCTIONS

NAME	LICENSE NO:
ADDRESS	<input type="checkbox"/> DISTRIBUTOR <input type="checkbox"/> GASOLINE JOBBER <input type="checkbox"/> IMPORTER <input type="checkbox"/> SELLER / USER
CITY STATE ZIP	

Application is hereby made for the above licensee for an extension for filing the completed return by the last business day of the month.

Warning

Remittance to cover the full amount of estimated tax as per computation below must accompany this application. No extension will be granted in the absence of such remittance. Penalties are assessed, for underestimation of tax.

COMPUTATION OF ESTIMATED TAX

1. Amount of N. J. Motor Fuels Tax paid for same period last year _____
2. Estimated Tax Liability for taxable period indicated above _____
3. Amount of Tax remitted with this estimated return _____

Make remittance payable to "State of New Jersey – Motor Fuels Tax" and forward with this return to Division of Taxation, PO Box 243, Trenton, NJ 08646 on or before the 20th of the month following the report month.

Signature and Verification

I declare under the penalties provided by law, that this return (including any accompanying Schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. If the return is prepared by a person other than the taxpayer, his declaration is based on all the information relating to the matters required to be reported in the return of which he has knowledge.

(Date) (Signature of Authorized Officer of Taxpayer) (Title)

(Date) (Signature of Individual Preparing Return) (Address) (Title)

(Date) (Name of Tax Preparers Employer) (Address) (Title)

FOR DIVISION USE ONLY DO NOT WRITE BELOW THIS LINE

Instructions to Complete Form GA-IT

This form is be used by Motor Fuel Distributors, Jobbers, Importers and Seller/User holders requesting an extension of time to file New Jersey Motor Fuel Tax Return. However, as an alternative to filing this report the Division of Taxation will accept wire transfers of estimated payments in lieu of a check or money order. Such transfers must be made on or before the twentieth day of the month to ensure the granting of an automatic extension of time for filing. Transfers should be addressed as follows:

RECEIVING BANK	NEW JERSEY NATIONAL BANK
TELEGRAPHIC ABBBEVIATION	NJ NATL TRENTON
A.B.A. BANK NUMBER.....	031200730
ADDRESSEE	STATE OF NEW JERSEY MOTOR FUELS TAX
ACCOUNT NUMBER	000-003-7

In order for an extension to be approved the Division of Taxation must receive an estimated payment as outlined above or receive this form on or before the twentieth day of the month following the report month.

Note: Taxpayers with a "zero" tax liability must nevertheless file this return in order to be granted an extension to file their report.

An estimated payment must accompany this return. This estimated payment should be 100% of the tax liability for the reporting period, however, penalties will not be imposed if the payment meets one (1) of the following conditions:

1. 100% of the tax payment made for the same reporting period of the prior year (Line 6 1)
2. or, 95% of the current reporting month's tax liability (Line 8 2)

If the estimated payment meets one of these criteria, a late filing penalty will not be imposed. However, interest will be billed for any underpayment of tax.

The return on extension must be filed by the last business day of the month.

Overpayments of tax resulting from a higher estimated payment than necessary will be carried as credits against the following month's payment unless a refund is specifically requested in writing.

Important: Indicate the license type and license number in the space provided. Insure that this return is signed.