



Payment Plan Request Form - Businesses

Use This Form to Request a Payment Plan for Business Taxes.

Do Not Use This Form for Individual Income Tax, Unpaid Cigarette Taxes or Property Tax Relief Programs.

Business Information

Business Name: _____ **NJ Registration # / FEIN:** _____

Physical Address of Business:

_____		_____
<i>Street Address</i>		<i>Apartment/Unit #</i>

<i>City</i>	<i>State</i>	<i>ZIP Code</i>

Mailing Address (If different from above):

_____		_____
<i>Street Address</i>		<i>Apartment/Unit #</i>

<i>City</i>	<i>State</i>	<i>ZIP Code</i>

Business Phone: _____ **Alternate Phone:** _____

Email Address: _____

Responsible Officer(s) _____ **Social Security Number** _____

Payment Information

Balance Due (if known): \$ _____

Requested Monthly Payment: \$ _____

Preferred Monthly Due Date: _____

We Will Review and Adjust Your Payment Plan Request Form, if Needed

Taxpayer Signature: _____ **Date:** _____

Make check payable to:
New Jersey Division of Taxation

To Make a Payment Online Visit:
www.nj.gov/taxation

Complete This Form, Sign, and:
Fax to: 609-341-2706; **or**
Mail to:
New Jersey Division of Taxation
Payment Plan Unit
PO Box 190
Trenton, NJ 08695-0190; **or**
Email to:
PaymentPlanUnit@treas.nj.gov

You Must Complete and Submit a Responsible Persons Form Along With This Application

For more information on Responsible Persons, see www.state.nj.us/treasury/taxation/respons.shtml