

FOR PHONE FILING ONLY

Business Paperless Telefiling System

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Worksheet

New Jersey 9-1-1 System and Emergency Response Fee (Form ERF-100 Quarterly Return)

TO FILE BY PHONE

- Step 1 — Fill in the Worksheet.
Step 2 — Call the New Jersey Division of Taxation's Business Paperless Telefiling System 24 hours a day at 609-341-4800.
Step 3 — Choose "6" from the menu for the New Jersey 9-1-1 System and Emergency Response Fee Filing System.
Step 4 — Complete the filing, enter your Confirmation Number on the Worksheet, and keep a copy of the Worksheet for your business records.

IDENTIFICATION

New Jersey Taxpayer Identification Number [] [] [] - [] [] [] - [] [] [] / [] [] []
PIN/Taxpayer Name [] [] [] []
Contact Phone Number [] [] [] - [] [] [] - [] [] [] []
Tax Preparer's Identification Number (if applicable) [] [] [] [] [] [] [] [] [] [] [] []

RETURN PERIOD

Quarter [] 1 - JAN, FEB, MAR 3 - JULY, AUG, SEPT Year [] [] [] []
2 - APR, MAY, JUNE 4 - OCT, NOV, DEC

RETURN INFORMATION

Table with columns: (a) Mobile Telephone Nos., (b) Service Lines. Rows: Month 1, Month 2, Month 3, Total (a), (b)

1. Total number of mobile telephone numbers and service lines billed during the quarter (Column a plus Column b)..... []

Table with columns: (c) Exempt Mobile Tel. Nos., (d) Exempt Service Lines. Rows: Month 1, Month 2, Month 3, Total (c), (d)

2. Total number of mobile telephone numbers and service lines billed that are exempt from the fee (Column c plus Column d)..... []

3. Number of mobile telephone numbers and service lines subject to the fee..... []

4. Fee due (\$.90 per mobile telephone number and service line billed)..... \$ [] . []

5. Penalty and interest..... \$ [] . []

6. Total amount due..... \$ [] . []

PAYMENT INFORMATION

Complete this section if paying by e-check or EFT debit. If using EFT debit, enter only account type and debit date. NOTE: E-check or EFT debit payments made using an account that is funded from a financial institution outside the United States will not be accepted.

Bank Routing Number [] [] [] [] [] [] []
Account Number [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
Type of Account [] 1 - Checking [] 2 - Savings
Payment Debit Date [] [] / [] [] / [] [] [] [] [] []

SIGNATURE AND CONFIRMATION

You will be required to agree with the following declaration and provide a voice signature: "I verify and affirm that all fee information provided during this telephone call is correct. I am aware that if any of the information provided by me is knowingly false, I am subject to punishment."

DO NOT HANG UP! You will be assigned a Confirmation Number. Enter this number and the date in the boxes below.

Return Confirmation Number [] [] [] [] [] [] [] [] [] []
Payment Confirmation Number (if payment is made separately) [] [] [] [] [] [] [] [] [] []

Date [] [] / [] [] / [] [] [] [] [] []
Date [] [] / [] [] / [] [] [] [] [] []

Signed by: _____ Signed by: _____

Do not mail this worksheet - Keep it for your records
WORKSHEET MAY BE REPRODUCED
(Also available at: nj.gov/taxation)