FOR PHONE FILING ONLY

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Business Paperless Telefiling System

Worksheet

New Jersey Motor Vehicle Tire Fee

(Form TIR-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 "4" from the menu for the Motor Vehicle Tire Fee Filing System.

Step 4 — Complete the filing, enter your Confirmation Number on the Worksheet, and keep 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 **2** – APR, MAY, JUNE **3** – JULY, AUG, SEPT **4** – OCT, NOV, DEC Year ☐☐☐☐

RETURN INFORMATION

		Provided by Filer	Provided by Phone System
1.	Total number of new tires sold during the quarter		
2.	Number of new tires sold that are exempt from the fee		
3.	Number of tires sold during the quarter that are subject to the fee		
4.	Motor vehicle tire fee due ($1.50 per tire subject to the fee)		$.
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*)

DO NOT MAIL