



Payment Plan Request Form – Unpaid Cigarette Taxes

Do Not Use This Form for:

- Individual Income Tax;
- Business Taxes; or
- Property Tax Relief Programs.

Personal Information

Name: _____
Last *First*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____ Daytime Phone: _____

Email Address: _____

Primary Social Security Number: _____

Secondary Social Security Number: _____

Payment Information

Balance Due (if known): \$ _____ Make check payable to:
 Requested Monthly Payment: \$ _____ New Jersey Division of Taxation
 Preferred Monthly Due Date: _____ To Make a Payment Online Visit: www.nj.gov/taxation

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

We will review your payment plan requests within 60 days. Continue to send your requested monthly payment until you receive your official payment plan terms.

Taxpayer Signature: _____ Date: _____

Cigarette Tax Invoice # _____

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

Email to:
PaymentPlanUnit@treas.nj.gov