



Payment Plan Request Form - Individuals

Use This Form to Request a Payment Plan for Individual Income Taxes.

Do Not Use This Form for Business Taxes, Unpaid Cigarette Taxes or Property 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): _____

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