



# 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](http://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](mailto:PaymentPlanUnit@treas.nj.gov)