



# 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: \_\_\_\_\_

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Make check payable to:**

New Jersey Division of Taxation

**To Make a Payment Online Visit:**

[njtaxation.org](http://njtaxation.org)

Complete, 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