New Jersey Gross Income Tax Partnership Payment Voucher

NJ-1065-V 2021

For period beginning _____, 2021 and ending _____, 20____

Federal Employer ID Number (required)		
__-_____		
Partnership Name		
Mailing Address		
City, Town, Post Office	State	ZIP Code

Make checks payable to "State of New Jersey – PART."
Write federal ID number and tax year on the check.

Return this voucher with payment to:

Filing Fee on Partnerships
PO Box 642
Trenton, NJ 08646-0642

Enter amount of payment here:

$ _____.00

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Cut Along Dotted Line