

State of New Jersey - Division of Taxation

NJ-941-X

Reporting Quarter:

 Applied Date:

Mo. Yr. Mo. Day Yr.

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 /

Identification Number

Name

Trade Name (If applicable)

Address

City

State

Zip Code

Make Check Payable To: **State of New Jersey-GIT**

This form must be completed in its entirety, as amended.

Use for Reporting Quarter 09/97 and After

Month 1 \$

Month 2 \$

Month 3 \$

Total Liability
for Quarter \$

Less:
Payments
for Quarter \$

Overpayment (check one)
Refund ☐ Credit ☐ \$

Amount to Pay \$

Subject to the penalties of perjury, I hereby certify that this return, to the best of my knowledge and belief, is a true and correct return.

_____ (_____) _____			
Taxpayer Signature	Title	Date	Telephone

Preparer Signature	Date	Preparer/Firm Identification Number	

Firm Name (or yours if self-employed)		Address	

INSTRUCTIONS FOR COMPLETING AND MAILING YOUR RETURN

1. Enter the **Withholding Liability** for each month in the quarter. If zero, enter (0).
2. Enter **Total Liability for Quarter** (should equal sum of **Month 1, Month 2, and Month 3**).
3. Subtract **Payments for Quarter** giving **Overpayment** or **Amount to Pay**. If **Overpayment**, check **Refund or Credit** to next quarter.
4. Complete **Signature, Title, Date and Telephone Number** of taxpayer; also, complete preparer information.
5. Submit a **Change of Tax Information Form (REG-C)** if applicable.
6. Do Not staple or fold check or return.

Mail Return With Payment To: State of New Jersey - Gross Income Tax - Division of Taxation - PO Box 248 - Trenton NJ 08646-0248