

State of New Jersey
DIVISION OF TAXATION

CLAIM FOR REFUND

File this Claim With:
Division of Taxation
PO Box 019
Trenton, NJ 08646-0019

For Official Use Only

Claim No.

Please Print or Type / See Instructions On Reverse Side

DO NOT USE THIS FORM FOR GROSS INCOME TAX (Individual)

Name of Taxpayer	Trade Name		
Number and Street	City	State	Zip Code

COMPLETE ALL APPLICABLE ITEMS

Federal Identification Number OR Social Security Number	Name and Address on Return (if different from above)		
Type of Tax	Period Covered by Claim	Date of Payment	Amount of Claim

If tax is reported on an annual basis, complete a separate claim for each taxable year.

EXPLANATION OF CLAIM

Submit supporting documents to substantiate claim. A separate claim must be filed for refund of each tax. If space is insufficient, submit additional sheet(s).

I declare under the penalties of perjury that this claim (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true and correct.

Name of Taxpayer (See Instruction 3)

Date _____

Signed by: _____

Title

**COMPUTATION OF REFUND
BUSINESS PERSONAL PROPERTY**

	(A) REPORTED	(B) AMENDED
1. ORIGINAL COST	\$	\$
2. POLLUTION ABATEMENT EQUIPMENT	\$	\$
3. TAXABLE PROPERTY	\$	\$
4. TAXABLE VALUE	\$	\$
5. TAX RATE	.013	.013
6. TAX LIABILITY	\$	\$
7. VETERAN'S TAX DEDUCTION	\$	\$
8. TAX LIABILITY FOR ENTIRE YEAR	\$	\$
9. AMOUNT PAID	ENTER HERE →	\$
10. TAX LIABILITY - FROM LINE 8 COLUMN (B)	ENTER HERE →	\$
11. AMOUNT OF OVERPAYMENT - LINE 9 MINUS LINE 10		\$

COLUMN (A) : ENTER AMOUNTS AS REPORTED ON ORIGINAL RETURN FILED.
COLUMN (B): ENTER AMOUNTS AS REDETERMINED BY TAXPAYER PER CLAIM FOR REFUND.

**COMPUTATION OF REFUND
CIGARETTE TAX**

License No. _____

Number of Packages	Brand	Denomination of Stamps	Value of Stamps
			\$
Reason for Return: _____		Total	\$
_____		Less Discount	
_____		Net Amount	

INSTRUCTIONS

1. The claim must clearly set forth in detail each ground upon which the claim is based and sufficient facts to apprise the Division of the exact basis thereof.
2. Whenever a claim is executed by an agent on behalf of the taxpayer, an authenticated copy of the document specifically authorizing such agent to sign the claim on behalf of the taxpayer shall accompany the claim.
3. Where the taxpayer is a corporation, the claim will be signed with the corporate name, followed by the signature and title of the officer having authority to sign for the corporation. In the case of a partnership, either partner shall sign.
4. Taxpayer's computation in support of the claim should be set forth in detail.
5. Claims for refund should be filed with the Division of Taxation, PO Box 019, Trenton, NJ 08646-0019.