

NEW JERSEY DIVISION OF TAXATION
DOCUMENT CONTROL CENTER
PO BOX 269
TRENTON, NJ 08695-0269

NAME AND ADDRESS AS SHOWN ON TAX RETURN:

Name _____
Street _____
City _____ State _____ Zip _____

SOCIAL SECURITY NUMBER OR ANY OTHER NUMBER OF IDENTIFICATION SHOWN ON DOCUMENT

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TELEPHONE NUMBER AT WHICH WE CAN REACH YOU DURING THE DAY

()	or	()
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TYPE OF TAX: (CHECK APPROPRIATE BOX AND INDICATE YEAR[S])

	✓	Year(s)
Gross Income Tax	✓	
Corporation Business Tax**		
Sales Tax**		
Business Personal Property Tax**		
W-3 /NJ-500**		
Other**		

** Requests for copies of Corporation, Sales, NJ-500/W-3 or Business Personal Property Tax must be submitted on company stationery and signed by an officer of the company.

** If you are not the person who signed the tax return, you must obtain a signed release form from the individual whose tax return you seek. If such person is unable to sign the release form, we will need a "Power of Attorney" form or other proof of authorization before we can honor your request.

Money Enclosed

of Copies Requested
There is a \$1.00 charge per side

\$	
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DO NOT SEND CASH

Make check or Money Order Payable to:
NJ Division of Taxation

CURRENT ADDRESS IF DIFFERENT FROM ABOVE

Name _____
Street _____
City _____ State _____ Zip _____

Signature: _____ Date: _____