Corporation Business Tax Partnership Payment Voucher

NJ-CBT-V 2019

For period beginning _____, 2019 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 – CBT
Write the federal ID number and tax year on the check.

Return this voucher with payment to.
Corporation Business Tax – Nonresident Partner Tax
PO Box 642
Trenton, NJ 08646-0642

Enter amount of payment here:

$ ___,___,___.00

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Cut Along Dotted Line