

New Jersey Gross Income Tax Partnership Payment Voucher

NJ-1065-V

2025

For period beginning _____, 2025 and ending _____, 20____

Federal Employer ID Number (required)

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Partnership Name

Mailing Address

City, Town, Post Office

State

ZIP Code

Return this voucher with payment to:

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



Enter amount of payment here:

\$

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Cut Along Dotted Line