



Payment Plan Request Form – Property Tax Relief Programs

Use this form to request a payment plan for:

- Homestead Benefit; and
- Senior Freeze (Property Tax Reimbursement) repayments.

Do Not Use This Form for Individual Income Tax, Business, or Unpaid Cigarette Taxes.

Personal Information

Name: _____
Last *First*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____ Daytime Phone: _____

Email Address: _____

Primary Social Security Number: _____

Secondary Social Security Number: _____

Payment Information

Balance Due (if known): \$ _____

Requested Monthly Payment: \$ _____

Preferred Monthly Due Date: _____

Taxpayer Signature: _____ Date: _____

We Will Review and Adjust Your Payment Plan Request Form, if Needed

Make check payable to:

New Jersey Division of Taxation

To Make a Payment Online Visit:

www.nj.gov/taxation

Complete, Sign, and

- **Fax to:** 609-341-2706; or
- **Mail to:**
New Jersey Division of Taxation
Payment Plan Unit
PO Box 190
Trenton, NJ 08695-0190
- **Email to:**
PaymentPlanUnit@treas.nj.gov