CBT-100S-V **CORPORATION BUSINESS TAX—PAYMENT VOUCHER**

2015

For the period beginning _____, 20_____ and ending _____, 20_____

Federal Employer I.D. Number | Corporation Number

Corporation Name

Mailing Address

City | State | Zip Code

Return this voucher with your payment.
Make checks payable to: State of New Jersey – CBT
Write the Federal ID number and tax year on the check.

Mail To: **Corporation Business Tax**
PO Box 644
Trenton, NJ 08646-0644

Enter amount of payment here:

$

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