

FOR PHONE  
FILING ONLY

Business Paperless Telefiling System

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**Worksheet**  
**New Jersey Motor Vehicle Tire Fee**  
**(Form TIR-100 Quarterly Return)**

**TO FILE BY PHONE:**

- Step 1 — Fill in the Worksheet.
- Step 2 — Call the New Jersey Division of Taxation's Business Paperless Telefiling System 24 hours a day at 609-341-4800.
- Step 3 — Choose "4" from the menu for the Motor Vehicle Tire Fee Filing System.
- Step 4 — Complete the filing, enter your Confirmation Number on the Worksheet, and keep the Worksheet for your business records.

**IDENTIFICATION**

New Jersey Taxpayer Identification Number --/ PIN/Taxpayer Name

Contact Phone Number -- Tax Preparer's Identification Number (if applicable)

**RETURN PERIOD**

Quarter  1 – JAN, FEB, MAR      3 – JULY, AUG, SEPT      Year   
 2 – APR, MAY, JUNE      4 – OCT, NOV, DEC

**RETURN INFORMATION**

	Provided by Filer	Provided by Phone System
1. Total number of new tires sold during the quarter .....	<input type="text"/>	
2. Number of new tires sold that are exempt from the fee .....	<input type="text"/>	↓
3. Number of tires sold during the quarter that are subject to the fee .....		<input type="text"/>
4. Motor vehicle tire fee due (\$1.50 per tire subject to the fee).....\$	<input type="text"/>	<input type="text"/> <input type="text"/>
5. Penalty and interest.....\$	<input type="text"/>	↓
6. Total amount due.....\$		<input type="text"/> <input type="text"/>

**PAYMENT INFORMATION**

Complete this section if paying by e-check or EFT debit. If using EFT debit, enter only account type and debit date. NOTE: E-check or EFT debit payments made using an account that is funded from a financial institution outside the United States will not be accepted.

Bank Routing Number  Account Number

Type of Account  1 – Checking      Payment Debit Date / /   
 2 – Savings

**SIGNATURE AND CONFIRMATION**

You will be required to agree with the following declaration and provide a voice signature: "I verify and affirm that all fee information provided during this telephone call is correct. I am aware that if any of the information provided by me is knowingly false, I am subject to punishment."

**DO NOT HANG UP!** You will be assigned a Confirmation Number. Enter this number and the date in the boxes below.

Return Confirmation Number       Payment Confirmation Number   
 (if payment is made separately)

Date / /       Date / /

Signed by: \_\_\_\_\_      Signed by: \_\_\_\_\_

**Do not mail this worksheet – Keep it for your records**

**WORKSHEET MAY BE REPRODUCED**  
**(Also available at: [www.njtaxation.org](http://www.njtaxation.org))**