CITY OF NEWARK

USE BLACK INK AND STAY INSIDE THE LINE

BUSINESS TAX ID NUMBER	BUSINESS START DATE	BUSINESS NAME	
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	EMAIL ADDRESS	NO. OF EMPLOYEES	
	☐ BUSINESS CLOSED _____ SOLD DATE _____		

For First Quarter ended March 31, 2014 (payment due April 30, 2013)

1.	==Total wages, tips and other compensation== **If payroll does not exceed 2,500.00 in any calendar quarter please attach supporting documentation (941, Schedule C, Payroll Register, Etc.)**	.
2.	Apportionment (If Applicable) (See the apportionment section of the instructions) a. _____ b. _____ c. _____ d. _____ **Total Apportionment** (Please attach document for the exclusion)	.
3.	Total Taxable Payroll (enter line 1 if no apportionment; otherwise, subtract apportionment- line 2, from line 1 and enter the remainder on line 3)	.
4.	Payroll Tax Calculated (Multiply line 3 by the Payroll Tax rate of 1% or (.01)	.
5.	If paid after April 30, 2014, enter **INTEREST (see instruction)**	.
6.	If paid after April 30, 2014, enter **PENALTY (see instruction)**	.
7.	TOTAL DUE. (Add Lines 4, 5, & 6) Make check payable to: **City of Newark-Payroll Tax**	.

Under the laws of the State of New Jersey, I declare under penalty of perjury that I have read the foregoing and that it is true, correct, and complete to best of my knowledge and belief

X SIGN HERE   **DATE**

THIS STATEMENT MUST BE FILED BY APRIL 30, 2014 OR YOU WILL BE SUBJECT TO INTEREST AND PENALTIES

CITY OF NEWARK- PAYROLL TAX   **PLEASE DO NOT TEAR APART HERE**   **1/2014**
P.O. BOX 15118
NEWARK, NEW JERSEY 07192
TAXPAYER ASSISTANCE: PHONE: (973) 733-3770   IN –PERSON: 920 BROAD STREET RM B-26   **PAYROLL TAX STATEMENT**

BUSINESS TAX ID NUMBER	CONTACT NAME	PAYMENT ENCLOSED

NOTE: Payment enclosed must equal the amount due on Line 7   (Please write your Business Tax ID on your check)