

FOR PHONE
FILING ONLY

Business Paperless Telefiling System

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Worksheet

New Jersey Gross Income Tax and Other Employer Payments
(Form NJ-927-H Domestic Employer's Annual Return)

Fill in the Worksheet. Call the New Jersey Business Paperless Telefiling System 24 hours a day at 1-877-829-2866. Choose "2" from the menu for Gross Income Tax and Other Employer Payments. Complete the filing, enter your Confirmation Number on the Worksheet, and keep a copy of 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 INFORMATION

Provided by Filer

Provided by Phone System

1. Tax year covered by return
2. Total of all wages paid subject to UI, DI, WF & HC \$
3. Taxable wage base (per employee) \$ 00
4. Total wages in excess of taxable wage base \$
5. Taxable wages subject to UI, WF & HC \$
6. Taxable wages subject to DI (Combination Plan) \$
7. Taxable wages subject to DI \$
8. UI, WF & HC rate (see instructions) 0.
9. Total UI, WF & HC contributions due \$
10. DI rate (see instructions) 0.
11. Total DI contributions due \$
12. Total gross income tax withheld for the year \$
13. Total liability \$
14. Total payments and credits \$
15. Overpayment amount Credit ☐ Refund ☐ \$
16. Balance due \$
17. Average number of workers employed for each quarter (see instructions)
- 1st 2nd 3rd 4th

PAYMENT INFORMATION

Complete this section if paying by e-check or EFT debit. If using EFT debit, enter only account type and debit date.

Bank Routing Number

Account Number

 Type of Account ☐ 1 - Checking
2 - SavingsPayment Debit Date / /

SIGNATURE AND CONFIRMATION

You will be required to agree with the following declaration and provide a voice signature: "Subject to the penalties of perjury, I hereby certify that this return, to the best of my knowledge and belief, is a true and correct statement."

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

 Date / /

Signed by: _____

Do not mail this worksheet - Keep it for your records
WORKSHEET MAY BE REPRODUCED
(Also available at: www.state.nj.us/treasury/taxation/)