NJ
1040-ES
2013

1 - OFFICIAL USE ONLY

New Jersey Gross Income Tax
Declaration of Estimated Tax–VOUCHER 2013

Calendar Year - Due	Voucher
APRIL 15, 2013	**1**

YOUR SOCIAL SECURITY NUMBER / /

SPOUSE/CIVIL UNION PARTNER SOCIAL SECURITY NUMBER / /

LAST NAME, FIRST NAME AND INITIAL

STREET ADDRESS

CITY, STATE ZIP CODE

Be sure to include your social security number on your check or money order to ensure proper credit for this payment

If you are married/civil union couple, filing jointly, be sure that the social security number which is first on this payment voucher is the social security number on your check and is listed first when filing your income tax return.

Indicate the return for which payment is being made by checking the appropriate box:

Make Checks Payable To:

State of NJ–Div. of Taxation
Revenue Processing Center
PO Box 222
Trenton, NJ 08646-0222

R 06 ☐ NJ-1040 N 16 ☐ NJ-1040NR NJ-1080C F 26 ☐ NJ-1041

AMOUNT OF THIS PAYMENT $, , .

01209000000000000000001312000000000000

Please Cut Along Dotted Line

Please Cut Along Dotted Line

NJ
1040-ES
2013

1 - OFFICIAL USE ONLY

New Jersey Gross Income Tax
Declaration of Estimated Tax–VOUCHER 2013

Calendar Year - Due	Voucher
JUNE 17, 2013	**2**

YOUR SOCIAL SECURITY NUMBER / /

SPOUSE/CIVIL UNION PARTNER SOCIAL SECURITY NUMBER / /

LAST NAME, FIRST NAME AND INITIAL

STREET ADDRESS

CITY, STATE ZIP CODE

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AMOUNT OF THIS PAYMENT $, , .

01209000000000000000001312000000000000

NJ
1040-ES
2013

1 - OFFICIAL USE ONLY

New Jersey Gross Income Tax
Declaration of Estimated Tax–VOUCHER 2013

Calendar Year - Due
SEPTEMBER 16, 2013

Voucher
3

YOUR SOCIAL SECURITY NUMBER

/ /

SPOUSE/CIVIL UNION PARTNER SOCIAL SECURITY NUMBER

/ /

LAST NAME, FIRST NAME AND INITIAL

STREET ADDRESS

CITY, STATE ZIP CODE

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Please Cut Along Dotted Line

Please Cut Along Dotted Line

NJ
1040-ES
2013

1 - OFFICIAL USE ONLY

New Jersey Gross Income Tax
Declaration of Estimated Tax–VOUCHER 2013

Calendar Year - Due
JANUARY 15, 2014

Voucher
4

YOUR SOCIAL SECURITY NUMBER

/ /

SPOUSE/CIVIL UNION PARTNER SOCIAL SECURITY NUMBER

/ /

LAST NAME, FIRST NAME AND INITIAL

STREET ADDRESS

CITY, STATE ZIP CODE

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AMOUNT OF THIS PAYMENT $, , .

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