

FOR PHONE FILING ONLY

Business Paperless Telefiling System

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Worksheet

New Jersey 9-1-1 System and Emergency Response Fee (Form ERF-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 1-877-829-2866.
Step 3 — Choose "6" from the menu for the New Jersey 9-1-1 System and Emergency Response Fee Filing System.
Step 4 — 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 [] [] [] - [] [] [] - [] [] [] / [] [] []
Contact Phone Number [] [] [] - [] [] [] - [] [] []
Tax Preparer's Identification Number (if applicable) [] [] [] [] [] [] [] [] [] []
PIN/Taxpayer Name [] [] [] []

RETURN PERIOD

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

RETURN INFORMATION

Table with 2 columns: (a) Mobile Telephone Nos., (b) Service Lines. Rows for Month 1, Month 2, Month 3, and Total.

1. Total number of mobile telephone numbers and service lines billed during the quarter (Column a plus Column b) [] [] [] [] [] [] [] [] [] []

Table with 2 columns: (c) Exempt Mobile Tel. Nos., (d) Exempt Service Lines. Rows for Month 1, Month 2, Month 3, and Total.

2. Total number of mobile telephone numbers and service lines billed which are exempt from the fee (Column c plus Column d) [] [] [] [] [] [] [] [] [] []

3. Number of mobile telephone numbers and service lines subject to the fee [] [] [] [] [] [] [] [] [] []
4. Fee due (\$.90 per mobile telephone number and service line billed) \$ [] [] [] [] [] [] [] [] [] []
5. Penalty and interest \$ [] [] [] [] [] [] [] [] [] []
6. Total amount due \$ [] [] [] [] [] [] [] [] [] []

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 - Savings
Payment Debit Date [] [] [] / [] [] [] / [] [] [] [] [] []

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 [] [] [] / [] [] [] / []
Signed by: _____ Signed by: _____