

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 **1-877-829-2866**.
- 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 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 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 which are exempt from the fee ...	<input type="text"/>	
3. Number of tires sold during the quarter which 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"/>	↓
5. Penalty and interest	\$ <input type="text"/>	
6. Total amount due	\$ <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.

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 / / Date / /
 Signed by: _____ 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/)