FOR PHONE FILING ONLY

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Business Paperless Telefiling System

Worksheet

New Jersey Cosmetic Medical Procedures Gross Receipts Tax

(Form CMPT-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 "5" from the menu for the Cosmetic Medical Procedures Gross Receipts Tax 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 2 – Apr, May, June 3 – July, Aug, Sept 4 – Oct, Nov, Dec

Year ☐☐☐☐

RETURN INFORMATION

	Provided by Filer	Provided by Phone System
1. Gross receipts for quarter	$.	
2. Exempt receipts	$.	
3. Amount of tax collected	$.	
4. Cosmetic medical procedures gross receipts tax due		$.
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 tax 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 ☐☐☐☐☐☐☐

Date ☐☐ / ☐☐ / ☐☐☐☐

Signed by: _____

Payment Confirmation Number (if payment is made separately) ☐☐☐☐☐☐☐

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/)

DO NOT MAIL