



City of Elizabeth Franchise Assessment

FA-100

(See Instructions)

FOR MONTH ENDING

THIS RETURN DUE

Store : _____

Store Location : _____

Federal ID: _____

Mailing Address: _____

- 1. Gross Receipts for Month (To Nearest Dollar) \$.00
- 2. Deductions (To Nearest Dollar) \$.00
- 3. Balance Subject to Assmnt (Line 1 minus Line 2) \$.00
- 4. Assessment Due (3%) (Line 3 x 3%) \$.
- 5. Penalty and Interest \$.
- 6. Total Amount Due (Line 4 + Line 5) \$.

I verify and affirm that all tax information on this statement is correct.

Make Checks Payable to: **City of Elizabeth**
Franchise Assessment
Tax Collector
50 Winfield Scott Plaza
Elizabeth, NJ 07201

(Taxpayer's Signature Required) Title

(Print Taxpayer's Name) Dat

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