

CITY OF ELIZABETH

PARKING TAX RETURN

P.L. 2007, c.296



Return for the Quarter of July 1 , 2017 to September 30 , 2017

This return is due on the 1st day of the second month following the quarter for which tax is due.

NJ Taxpayer Identification Number		FOR CITY USE ONLY 2017 Q-3 ID:	
Taxpayer Name			
Trade Name			
Street Address			
City	State		

Block	Lot	Suffix	Qual
1. Quarterly Gross Receipts			1.
2. Penalty and Interest			2.
3. Quarterly Parking Tax Due 15 % X Line 1 + Line 2			3.

I verify and/or affirm that all tax information on this statement is correct. I am aware that if any of the foregoing information provided by me is willfully false, I am subject to punishment.

Signature	Title
Email Address	Date

Quarterly City of Elizabeth Parking Tax Bills are **Due** as follows:

<u>Period Covered:</u>	<u>Tax Return and Payment Due Date:</u>
July 1 to September 30	November 1
October 1 to December 31	February 1
January 1 to March 31	May 1
April 1 to June 30	August 1

- Enclose a copy of your New Jersey Sales Tax Return(s) that corresponds to the same period as your City of Elizabeth Parking Tax payment.
- Inquiries can be made by telephone: (908)820-4097, fax: (908)282-9211 or email AZengaro@ElizabethNJ.org
- Make check or money order payable to: City of Elizabeth
- Mail Return with payment to: Department of Finance
Attention: Tax Collector
50 Winfield Scott Plaza
Elizabeth, NJ 07201

CITY OF ELIZABETH

PARKING TAX RETURN

P.L. 2007, c.296



Return for the Quarter of October 1, 2017 to December 31, 2017

This return is due on the 1st day of the second month following the quarter for which tax is due.

NJ Taxpayer Identification Number				FOR CITY USE ONLY		
Taxpayer Name				2017 Q-4 ID:		
Trade Name						
Street Address						
City		State		Zip Code		
Block		Lot		Suffix		Qual
1. Quarterly Gross Receipts				1.		
2. Penalty and Interest				2.		
3. Quarterly Parking Tax Due <u>15 % X Line 1 + Line 2</u>				3.		
<p>I verify and/or affirm that all tax information on this statement is correct. I am aware that if any of the foregoing information provided by me is willfully false, I am subject to punishment.</p>						
Signature				Title		
Email Address				Date		

Quarterly City of Elizabeth Parking Tax Bills are **Due** as follows:

Period Covered:
 July 1 to September 30
 October 1 to December 31
 January 1 to March 31
 April 1 to June 30

Tax Return and Payment Due Date:
 November 1
 February 1
 May 1
 August 1

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CITY OF ELIZABETH

PARKING TAX RETURN

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Return for the Quarter of January 1, 2018 to March 31, 2018

This return is due on the 1st day of the second month following the quarter for which tax is due.

NJ Taxpayer Identification Number		FOR CITY USE ONLY	
Taxpayer Name		2018 Q-1 ID:	
Trade Name			
Street Address			
City	State	Zip Code	

Block	Lot	Suffix	Qual
1. Quarterly Gross Receipts			1.
2. Penalty and Interest			2.
3. Quarterly Parking Tax Due 15 % X Line 1 + Line 2			3.

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Signature	Title
Email Address	Date

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<u>Period Covered:</u>	<u>Tax Return and Payment Due Date:</u>
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CITY OF ELIZABETH

PARKING TAX RETURN

P.L. 2007, c.296



Return for the Quarter of April 1 , 2018 to June 30 , 2018

This return is due on the 1st day of the second month following the quarter for which tax is due.

NJ Taxpayer Identification Number		FOR CITY USE ONLY	
Taxpayer Name		2018 Q-2 ID:	
Trade Name			
Street Address			
City	State	Zip Code	

Block	Lot	Suffix	Qual
1. Quarterly Gross Receipts			1.
2. Penalty and Interest			2.
3. Quarterly Parking Tax Due 15 % X Line 1 + Line 2			3.

I verify and/or affirm that all tax information on this statement is correct. I am aware that if any of the foregoing information provided by me is willfully false, I am subject to punishment.

Signature	Title
Email Address	Date

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