



Tax Court of New Jersey

State Tax Case Information Statement (CIS-State)

INSTRUCTIONS: TO BE ATTACHED TO FACE OF COMPLAINT (TYPE OR PRINT)

Attorney Name (List your information if you are not represented by an attorney)

Street

City

State

Zip

Telephone Number

PART A. PLEASE FILL IN THE FOLLOWING:

1. Name of Plaintiff

2. Name of Defendant

3. Tax Contested:

a. Tax Type: _____

b. Statutory Citation(s): *N.J.S.A.* _____

4. Amount of Tax in dispute: \$ _____

5. Have the tax, interest and penalty been paid? Yes No

6. Is the amount of the tax in dispute (not including interest and penalty) \$2,000 or less? Yes No

7. Is any action in a related matter pending before the Tax Court for prior years? Yes No

8. Select one:

A copy of the final determination is attached.

If there is no final determination, a copy of the notice of assessment or denial of claim is attached.

Do you or your client have any needs under the Americans with Disabilities Act? If yes, Yes No please identify any requirements or accommodations you may require.

Will an interpreter be needed? Yes No If yes, for what language _____

PLEASE NOTE: Only an interpreter registered with the Administrative Office of the Courts may be used during a court proceeding.

I certify that confidential personal identifiers have been redacted from documents now submitted to the court, and will be redacted from all documents submitted in the future in accordance with Rule 1:38-7(b).

Dated _____

Signed _____

Make Filing Fee checks payable to: **Treasurer, State of New Jersey**
Mailing Address: Tax Court Management Office, P.O. Box 972, Trenton, NJ 08625-0972