



## 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) \$5,000 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

Name and Address of Attorney (List your information if you are not represented by an attorney):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

\_\_\_\_\_  
Plaintiff,

v.

\_\_\_\_\_  
Defendant.

**Tax Court of New Jersey**

Docket No. \_\_\_\_\_

**Civil Action  
Complaint**  
(State Tax)

1. Plaintiff contests (check one):

- a. Tax assessment(s) made by the Director of the Division of Taxation, as shown on the attached information schedules which is/are made a part of this complaint.
- b. The denial of plaintiff's claim for refund(s) by the Director of the Division of Taxation, as shown on the attached information schedule(s) which is/are made a part of this complaint.

2. This complaint contests separate assessment(s) or refund denial(s) under \_\_\_\_\_ different tax statutes. Each tax is included as a separate count and each is shown on a separate information schedule attached to the face of this complaint.

3. The facts and contentions upon which the plaintiff relies are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wherefore, Plaintiff demands that said assessment, penalty and interest be set aside or reduced, or taxes previously paid be refunded, together with such other relief as may be appropriate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Plaintiff or Attorney for Plaintiff

**NOTE:**

1. The use of this printed form is optional. Any complaint submitted for filing shall set forth the claim for relief and a statement of the facts on which the claim is based, and shall conform to the rules of court. The wording in this sample form may be modified to conform to the claim made and relief sought in a particular case. However, the applicable State Tax Case Information Statement must be attached to the **face** of the complaint.
2. A complaint for review of a State tax assessment or the denial of a claim for refund must be received in the Tax Court Administrator's Office within the **90-day time** period provided by the rules of court together with proof of service as required and the correct filing fee.
3. If you are contesting a State tax administered by an agency other than the Division of Taxation, this form must be modified so that the defendant will be the Director of the State agency administering the tax in contest.
4. A copy of the notice or determination in controversy must be attached to the complaint. Rule 8:3-5(b)(1).
5. A complaint by a taxpayer seeking review of a certification of debt issued by the Director of the Division of Taxation pursuant to *N.J.S.A. 54:49-12* shall have attached thereto, where available, copies of the Certificate of Debt and the underlying assessment. The complaint shall state whether the issuance of the Certificate of Debt or the underlying assessment is being challenged. A challenge to the assessment may be reviewed only if the applicable period for filing a complaint to challenge this assessment had not previously expired.

**Please note:**

Rule 1:38-7(b) requires attorneys and self-represented litigants to redact (remove) confidential personal identifiers from all documents prior to filing, unless required by statute, court rule, administrative directive or court order.

Rule 1:38-7(a) defines a confidential personal identifier as *a Social Security number, driver's license number, vehicle plate number, insurance policy number, active financial account number, or active credit card number*. An active financial account number may be identified by the last four digits when the account is the subject of litigation and cannot otherwise be identified.

It is not the responsibility of court staff to redact (remove) confidential personal identifiers when included in pleadings or other documents submitted to the court.

**PROOF OF SERVICE**

1. On \_\_\_\_\_, I, the undersigned, served upon the Director of the Division of Taxation personally **or** by registered or certified mail, return receipt requested (strike out one), a copy of the within complaint.
  
2. On \_\_\_\_\_, I, the undersigned, served upon the Attorney General of the State of New Jersey personally **or** by registered or certified mail, return receipt requested (strike out one), a copy of the within complaint.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Plaintiff or Attorney for Plaintiff

# TAX COURT OF NEW JERSEY

TAX COURT MANAGEMENT OFFICE  
(609) 292-5082



P. O. Box 972  
TRENTON, NEW JERSEY  
08625-0972

The original documents and your filing fee must be mailed to the Tax Court Management Office at the above address.

Service must also be made on the following:

Director, Division of Taxation  
50 Barrack Street  
P. O. Box 240  
Trenton, NJ 08695

and

Office of the Attorney General  
Hughes Justice Complex  
P.O. Box 112  
Trenton, NJ 08625