



Judgment Payoff Request Form



This form should only be completed if your judgment was filed by the **New Jersey Division of Taxation**.

The New Jersey Superior Court's [Judgment Record Search](#) can help you determine the filing agency.

Date: _____

DJ # or Lien # Date filed: _____

FID # and/or SS #: _____

Individual / Business Name: _____

Address: _____

Requestor: _____

Company Name: _____

Phone #: _____ Fax #: _____

Email Address: _____

Reason for Request:

Date Payoff Needed: _____

If you are **not** the taxpayer listed on the judgment you **must** include a signed Appointment of Taxpayer Representative (Form [M-5008-R](#)). All payoff requests submitted without Form M-5008-R will be sent directly to the taxpayer.

Submit this form by:

E-Mail: *Judgments.Taxation@treas.nj.gov*

Fax: (609) 292-9614

US Mail:

NJ Division of Taxation

Judgment Section

PO Box 245

Trenton, NJ 08695-0245