NJ-1040-O

## STATE OF NEW JERSEY Division of Taxation E-File Opt-Out Request Form

## An Important Message to NJ Taxpayers from the NJ Division of Taxation

N.J.S.A. 54A:8-6.1 requires most tax prepares to electronically file (E-file) New Jersey Income Tax Resident Returns. By having your return filed electronically, you receive the following benefits:

- A faster refund. Most E-filers get their refund in two weeks. Paper return filers can wait up to 12 weeks for their refund.
- Direct Deposit Option. Refunds can be directly deposited into your bank account.
- Reduced chance of errors. E-filed returns have fewer errors which may delay the processing of your return.

The NJ Division of Taxation strongly urges you to allow your tax preparer to electronically file your NJ Resident Return. However, if you do NOT want your return filed electronically, you can "opt out" by completing Part I of this form and giving it to your preparer to authorize him or her to file your 2007 NJ Income Tax Return on paper.

| Part I: Taxpayer Information (to  | be completed by Taxpayer  | )        |                  |
|---|---------------------------|----------|------------------|
| st Name First Name  |                           | SSN      |                  |
| Spouse's/Civil Union Partner's Last Name (if filing jointly) First Name |                           |          | SSN              |
| Street Address  |                           | Apt. no. | Telephone Number |
| City  |                           | State    | Zip Code         |
| ☐ I (We) elect not to E-file my (our) NJ F                              |                           |          |                  |
|   |                           |          |                  |
| Taxpayer's signature  |                           |          | Date             |
| Spouse's/Civil Union Partner's signature                                |                           |          | Date             |
| Part II: Tax Preparer Information                                       | (to be completed by Tax I | reparer) |                  |
| Paid Preparer's Last Name   | First Name                |          | SSN/PTIN         |
| Paid Preparer's Signature   | Date                      |          | Telephone Number |
| Street Address  |                           | Apt. no. | Email Address    |
| City  |                           | State    | Zip Code         |
| Firm's Name (if applicable)   |                           |          | FEIN             |
|   |                           |          |                  |

Tax Preparers are required to maintain this completed form in their files along with a copy of the taxpayer's paper NJ1040.