



Tax Court of New Jersey

Withdrawal of Complaint

Complete and return this form if you do NOT wish to proceed with your Tax Court complaint.

Your Name and Address:

Phone Number: _____

Assigned Docket Number: _____

_____,
Plaintiff,

v.

_____,
Defendant.

I do not wish to proceed with the above matter and hereby withdraw my complaint.

Dated: _____ Signature: _____

Mail a copy of the signed form to your adversary and to the Tax Court Management Office at P.O. Box 972, Trenton, NJ 08625-0972.