

NJ-REG
(6-04)

STATE OF NEW JERSEY
DIVISION OF REVENUE
BUSINESS REGISTRATION APPLICATION

*** NO FEE REQUIRED ***

Please read instructions carefully before filling out this form
ALL SECTIONS MUST BE FULLY COMPLETED

MAIL TO:
CLIENT REGISTRATION
PO BOX 252
TRENTON, NJ 08646-0252

OVERNIGHT DELIVERY:
CLIENT REGISTRATION
847 ROEBLING AVENUE
TRENTON, NJ 08611

FAX:
(609) 292-4291

REGISTRATION DETAIL

A. Please indicate the reason for your filing this application (Check only one box)

- Original application for a new business
- Application for a new location of an existing business
- Amended application for an existing business
- Moved previously registered business to new location (REG-C-L can be used in lieu of NJ-REG)

Name and NJ Registration Number of your existing business: _____

B. FEIN # OR Soc. Sec. # of Owner

Check Box if "Applied for"

C. Name _____
(if INCORPORATED - give Corp. Name; if NO - give Last Name, First Name, MI of Owner, Partners)

D. Trade Name _____

E. Business Location: (Do not use P.O. Box for Location Address)

F. Mailing Name and Address: (if different from business address)

Street _____
City _____ State
Zip Code
(Give 9-digit Zip)

Name _____
Street _____
City _____ State
Zip Code
(Give 9-digit Zip)

(See instructions for providing alternate addresses)

G. Beginning date for this business in New Jersey _____ / _____ / _____ (see instructions)
month day year

O/C _____

H. Type of ownership (check one):

- NJ Corporation
- Sole Proprietor
- Partnership
- Out-of-State Corporation
- LLP
- Other
- Limited Partnership
- S Corporation
- LLC (1065 Filer)
- LLC (1120 Filer)
- LLC (Single Member)

I. New Jersey Business Code (see instructions)

J. County / Municipality Code (see instructions) K. County _____
(New Jersey only)

L. Will this business be open all year? Yes No

If NO - Circle months business will be open:

JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC

FOR OFFICIAL USE ONLY
DLN B - _____
CORP # _____

M. IF A CORPORATION, complete the following:

Date of Incorp. _____ / _____ / _____ State of Incorporation Fiscal month
month day year

Is this a Subsidiary of another corporation? YES NO

NJ Business/Corp. #

If YES, give name and Federal ID# of parent _____

N. Standard Industrial Code (if known)

O. NAICS (if known)

P. Provide the following information for the owner, partners or responsible corporate officers. (If more space is needed, attach rider.)

BUSINESS DETAIL

OWNERSHIP DETAIL

NAME (Last Name, First, MI)	SOCIAL SECURITY NUMBER TITLE	HOME ADDRESS (Street, City, State, Zip)	PERCENT OF OWNERSHIP

BE SURE TO COMPLETE NEXT PAGE

FEIN#: _____

NAME: _____

NJ-REG

Each Question Must Be Answered Completely

1. a. Have you or will you be paying wages, salaries or commissions to employees working in New Jersey within the next 6 months? Yes No
Give date of first wage or salary payment: _____ / _____ / _____
Month Day Year

If you answered "No" to question 1.a., please be aware that if you begin paying wages you are required to notify the Client Registration Bureau at PO Box 252, Trenton NJ 08646-0252, or phone (609)-292-1730.

b. Give date of hiring first NJ employee: _____ / _____ / _____
Month Day Year

c. Date cumulative gross payroll exceeds \$1,000 _____ / _____ / _____
Month Day Year

d. Will you be paying wages, salaries or commissions to New Jersey residents working outside New Jersey? Yes No

e. Will you be the payer of pension or annuity income to New Jersey residents? Yes No

f. Will you be holding legalized games of chance in New Jersey (as defined in Chapter 47 Rules of Legalized Games of Chance) where proceeds from any one prize exceed \$1,000? Yes No

g. Is this business a PEO (Employee Leasing Company)? (If yes, see page 6) Yes No

2. Did you acquire Substantially all the assets; Trade or business; Employees; of any previous employing units? Yes No
If answer is "No", go to question 4.
If answer is "Yes", indicate by a check whether in whole or in part, and list business name, address and registration number of predecessor or acquired unit and the date business was acquired by you. (If more than one, list separately. Continue on separate sheet if necessary.)

Table with columns: Name of Acquired Unit, N.J. Employer ID, Address, Date Acquired, ACQUIRED Assets, Trade or Business, Employees, PERCENTAGE ACQUIRED %.

3. Subject to certain regulations, the law provides for the transfer of the predecessor's employment experience to a successor where the whole of a business is acquired from a subject predecessor employer, unless the successor protests within four months from date of acquisition.

The transfer of the employment experience is required by law if the predecessor and successor units are owned or controlled by each other or by the same interests. Are the predecessor and successor units owned or controlled by the same interests? Yes No

Do you protest the transfer of the employment experience which may affect your contribution rate? Yes No

4. Is your employment agricultural? Yes No

5. Is your employment household? Yes No

a. If yes, please indicate the date in the calendar quarter in which gross cash wages totaled \$1,000 or more _____ / _____ / _____
Month Day Year

6. Are you a 501(c)(3) organization? Yes No

7. Were you subject to the Federal Unemployment Tax Act (FUTA) in the current or preceding calendar year? Yes No

(See instruction sheet for explanation of FUTA) If "Yes", indicate year: _____

8. a. Does this employing unit claim exemption from liability for contributions under the Unemployment Compensation Law of New Jersey? Yes No
If "Yes," please state reason. (Use additional sheets if necessary.) _____

b. If exemption from the mandatory provisions of the Unemployment Compensation Law of New Jersey is claimed, does this employing unit wish to voluntarily elect to become subject to its provisions for a period of not less than two complete calendar years? Yes No

9. Type of business 1. Manufacturer 2. Service 3. Wholesale 4. Construction 5. Retail 6. Government

Principal product or service in New Jersey only, _____

Type of Activity in New Jersey only _____

10. List below each place of business and each class of industry in New Jersey, even though you may have only one place of business or engage in only one class of industry.
a. Do you have more than one employing facility in New Jersey Yes No

Table with columns: NJ WORK LOCATIONS (Physical location, not mailing address), NATURE OF BUSINESS (See Instructions), No. of Workers at Each Location and/in Each Class of Industry. Sub-columns include Street Address, City, Zip Code, County, NAICS Code, Principal Product or Service Complete Description, %.

(Continue on separate sheet, if necessary)

BE SURE TO COMPLETE NEXT PAGE

