



State of New Jersey
 Division of Taxation
 Business Assistance Clearance Section
 50 Barrack Street – 9th Floor
 P.O. Box 272
 Trenton, NJ 08695-0272

APPLICATION FOR TAX CLEARANCE – BUSINESS ASSISTANCE AND INCENTIVES

Application Fee Required

Standard processing \$75.00

Expedited processing (a response within 3 business days) \$200.00

Legal Name of Applicant _____

Trade Name of Applicant _____

Business Location Address _____

Mailing Address for Clearance Certificate (If different from Business Location Address)

NJ Tax Registration # _____ FID/TIN # _____

Type of Business _____

List All Officers or Partners on page 2 of application.

Please list on page 2 of this application any parent company, subsidiary or other related entity **that will directly benefit from this assistance.**

Name of Issuer State Agency _____ Due Date _____

Name of Assistance Program _____

Agency Contact Person _____

Agency Contact Address _____

Agency Contact Phone # _____ Agency Contact Fax # _____

Agency Contact Email _____

I certify that I am authorized to complete this tax clearance application; that it is true and complete; and that if any information contained in this tax clearance application is willfully false, I may be subject to penalty.

I understand that the Division of Taxation will communicate to the issuer State agency, the status of the tax compliance of the applicant. By signing this tax clearance application, I consent to the release of such general status information by the Division of Taxation.

 Signature of Authorized Representative Title Date

 Print Name Contact Phone Number * Required*

Name of Applicant _____ NJ Tax Registration # _____

Effective July 1, 2007, P.L. 2007, c. 101 established a tax clearance program for awards of certain business assistance and incentive programs, including but not limited to a grant, loan, loan guarantee, or other monetary or financial benefit issued by the State and its independent agencies and authorities to assist in the conduct or operation of a business, occupation, trade, or profession in the State. As a precondition to or as a component of the application process, the applicant must provide to the State agency a current tax clearance certificate issued by the Director of the Division of Taxation.

This application form is intended to provide the Division of Taxation with the necessary information to conduct its research and determine if the applicant is compliant with New Jersey tax laws such that a tax clearance certificate may be issued. If the Director determines that the applicant has not filed all required tax returns and has not paid all tax, penalties, interest, or fees due, the Director shall issue a notice to the applicant of the particulars to be resolved before a tax clearance certificate may be issued.

Effective March 1, 2009, a fee will be imposed for all Applications for Tax Clearance – Business Assistance and Incentives. The application fee is \$75.00 for standard processing. An expedited service (response within three (3) business days) is available for \$200.00. The fee is non-refundable and will cover updates, if needed for this application, for up to one year. Payment must be made by check or money order payable to the “New Jersey Division of Taxation”.

***All Applications must be mailed or hand delivered to the Taxation address.
Applications received without payment will not be processed.***

Questions about the tax clearance process may be directed to: (609) 292-6400.
Questions about the award process should be directed to the specific State Agency noted on page 1.

The following information is required to verify and/or update our records.

List of Officers or Partners:		
Name	Address	Social Security #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach additional pages as necessary.

LIST RELATED ENTITIES THAT DIRECTLY BENEFIT FROM THIS ASSISTANCE

Information on related entities: (Name, Address, Relationship, Taxpayer Identification Number & Type of Business)

I certify the information on this page is correct.

(Signature of Authorized Representative)

(Date)