

Sample

New Jersey Urban Enterprise Zone Program
ANNUAL UEZ REPORTING FORM

Attachment A

Deadline Date 11/13/2010

To Applicant: Please complete and return to your local coordinator prior to the above deadline date. If changes are needed to preprinted information, contact your local coordinator immediately. Make a copy for your records.

SECTION I: ZONE BUSINESS INFORMATION

- 1. Legal Name: TRENTON CORRUGATED PRODUCTS, INC.
2. Trade Name: TRENTON CORRUGATED PRODUCTS, INC.
3. Location Address: 17 CHELTEN WAY, TRENTON, NJ, 08638
4 Block:
5. Responsible Officer: BRADLEY PECORARO/PRESIDENT/609-695-0808 Lot:
6. Mailing Address: 17 CHELTEN WAY, TRENTON, NJ, 08638-
7. Nature Of Business: CORRUGATED CONTAINERS 8. SIC: 2653
9. FAX: 609-695-7530 10. NAICS: 322211
11. N.J. Taxpayer ID: 222-013-543/000
12. E-mail Address: www.trentoncorrugated.com
13. Minority Owned: NO 14. Women Owned: YES
15. Ownership Type: CORPORATION

SECTION II: STATISTICAL DATA

- 1. 21 Number of Full-Time Employees at Start date
2. 0 Number of Part-Time Employees at Start date
3. Current Number of Full-Time Employees
4. Current Number of Part-Time Employees
5. Total Projected Full-Time Employees Next Program Year
6. Total Actual Capital Investments Made During Past Program Year
7. Total Projected Capital Investments Next Program Year.
8. UZ-4 - Total Exemption Amount for the Past Program Year.
9. UZ-5 - Total Exemption Purchases for the Past Program Year.
10. Yes No If you are a retailer, are you collecting New Jersey State Sales Tax at a reduced rate?

I certify the above information to be true, correct and complete.

Responsible Officer Signature: Date:

** FOR ADMINISTRATIVE USE ONLY

I certify that the applicant's N.J. Taxpayer ID has been verified via a current check of the NJ Business Registration Certificate. Applicant is also known to be actively engaged in the stated business at the stated address within the Zone.

Local Authority: Signature: Date:

File Number: 1144 25% Factor Required: YES
Permit Number: 1722 25% Factor Met Previously: YES
Certification Date: 11/13/1987 25% Factor Met Now: Y N NA
Annual Reporting Period: 11/13/2010-11/12/2011 25% Factor Deadline: 11/13/1989
Program Year: 2010 Previous Special Codes: C
Zone: TRENTON Increased Employment Met: Y N
Re-Entry N Good Faith Waiver N

UEZ Reviewer Signature: Date:

Application for Exemption from Sales Tax on Purchases of Goods and Materials for Exclusive Use or Consumption within an Urban Enterprise Zone

1. NJ Taxpayer ID #: _____ - _____ - _____ / _____
2. Name of Business (Individual, Partnership or Corporate Name) _____
- Trade Name/Alternative Name (if any) _____
- Business Address in the Urban Enterprise Zone _____
- City _____ State _____ Zip Code _____
- E-mail Address _____
3. Contact Name _____
4. Contact Telephone Number _____ 5. Contact E-mail Address _____
6. Principal Product or Service _____
7. Re-certification Beginning Date _____ Re-certification Ending Date _____
8. UEZ File Number _____

Please check the following box that pertains to your business. The Division will verify the business gross receipts based on the tax data available.

The business gross receipts from all locations of this business entity for the prior annual tax period were less than \$10 million. I am requesting that you certify the business listed above as a qualified small business and that you issue to this business a UZ-5-SB Exempt Purchase Certificate.

The business gross receipts from all locations of this business entity for the prior annual tax period were \$10 million or more. I will be applying to the Division of Taxation for refunds of any use tax and/or sales tax paid at the point of purchase for goods and materials purchased by this business entity for use or consumption exclusively at its zone location.

The business listed on this application must be in full tax compliance with the State of New Jersey before any certification, recertification of eligibility in the Urban Enterprise Zone (UEZ) program, or the awarding of a business incentive or grant associated with the UEZ program is authorized.

I consent to the release of information by the Division of Taxation to the Urban Enterprise Zone Authority (within the New Jersey Department of Community Affairs), municipal Urban Enterprise Zone coordinators, and the New Jersey Division of Revenue, which shall be limited solely to the business's tax compliance status and verification of annual gross receipts for the duration of the application and renewal processes.

Signature of Owner, Partner or Officer _____ Print or Type Name and Title _____ Date _____

THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED TO YOUR MUNICIPAL UEZ LOCAL COORDINATOR, ALONG WITH YOUR APPLICATION FOR UEZ CERTIFICATION OR RE-CERTIFICATION

SEE INSTRUCTIONS ON REVERSE SIDE

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM. PRINT OR TYPE ALL INFORMATION.
FAILURE TO PROPERLY COMPLETE THE ENTIRE APPLICATION WILL DELAY YOUR QUALIFICATION FOR THIS SALES TAX BENEFIT.

INSTRUCTIONS

General Instructions

Retail sales of personal property (except motor vehicles and energy) and sales of services (except telecommunications and utility services) to a qualified business for the exclusive use or consumption of such business within its business location in an enterprise zone are exempt from the taxes imposed under the Sales and Use Tax Act (N.J.S.A. 54:32B-1 et seq.).

Effective July 15, 2006, Chapter 34, P.L. 2006 revised the Urban Enterprise Zones Act (N.J.S.A. 52:27H-60, et seq.). The purchase exemption for purchases made by the qualified business remains effective; however, procedural amendments to the law now require the sales tax to be collected on sales made to qualified businesses, unless the business is a "small qualified business" (annual gross receipts less than \$10 million in the prior annual tax period). For purposes of the point of sale exemption, sellers can no longer rely on the qualified business' prior exemption certificate (UZ-5). A "small qualified business" must furnish a UZ-5-SB to its supplier. A qualified business that is not a "small qualified business" must pay sales tax at the point of purchase, or self-assess use tax, and apply to the Division of Taxation for a refund within one year of the purchase, on the proper form (A-3730-UEZ) and in accordance with procedures prescribed by the Division of Taxation. General instructions can be found on the Division's Web Site at www.state.nj.us/treasury/taxation/pdf/other_forms/uez/a3730uez_claimin.pdf. Form A-3730-UEZ which can be accessed at <http://www.state.nj.us/treasury/taxation/a3730uez.xls> is downloadable, but cannot be filed on-line.

The partial sales tax exemption (3.5%) offered by certified retail businesses was not changed by revisions to the law.

An application must be completed annually upon application for continued participation in the UEZ program.

Specific Instructions

The following instructions refer to the numbered entry items on the application.

- ITEM 1** Enter the NJ Taxpayer ID# your business received when you registered your business for state tax purposes, with the Client Registration Branch (NJ Division of Revenue). This must be the ID# used for state tax filings for the exact location completing this application.
- ITEM 2** Enter the name of the business, and trade/alternative name, if any, as registered with the Division of Taxation and the address where the business is located within the zone. Also provide the e-mail address of the business. If you are an Inc., LLC, LLP, or LP, the trade/alternative name, if different from the business name, must be registered with Commercial Recording. Sole proprietors and general partnerships are not required to register their trade/alternative names on a state level, but may be required to register them on a County and local level.
- ITEM 3** Enter the name of a person knowledgeable about the business and available for contact.
- ITEM 4** Enter the business location's telephone number where the person entered in Item 3 can be reached.
- ITEM 5** Enter an e-mail address for the contact person.
- ITEM 6** Enter the principal product your business sells or the principal service your business provides.
- ITEM 7** Enter the beginning and ending dates for the re-certification period for which you apply for UEZ qualification. Leave blank if this is a first-time application for UEZ qualification.
- ITEM 8** Enter your UEZ File Number, if any. This number may be found on letters your business receives from the UEZ Authority.

*Effective 12/17/08, the gross receipts criterion for certification as a "small qualified business" was increased to \$10 million, by P.L. 2008, c. 118.