

## State of New Jersev Division of Taxation **Business Assistance Clearance Section** 50 Barrack Street – 9<sup>th</sup> Floor P.O. Box 272 Trenton, NJ 08695-0272

Applica Standard	E – BUSINESS ASSISTANCE AND INCENTIVES ation Fee Required d processing \$75.00 sponse within 3 business days) \$200.00
Legal Name of Applicant	
Trade Name of Applicant	
Business Location Address	
Mailing Address for Clearance Certificate (If diff	ferent from Business Location Address)
NJ Tax Registration #	FID/TIN #
Type of Business	
directly benefit from this assistance.	ation. ent company, subsidiary or other related entity <u>that will</u>
Name of Issuer State Agency	Due Date

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

Agency Contact Address

Name of Assistance Program\_\_\_\_\_ Application#\_\_\_\_\_

Agency Contact Person \_\_\_\_\_

that if any information contained in this tax clearan ce application is willfully false, I may be subje ct to penalty.

I understand that the Division of Taxation may 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 Represe	entative	Title	Date
			* Required*
Print Name	Contact	Phone Number	
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Name of Applicant

Effective July 1, 2007, P.L. 2007, c. 101 established a tax cle arance program for a wards 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. <u>Payment must be made by check or money order payable to the "New Jersey Division of Taxation".</u>

## 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 <u>required</u> to verify and/or update our records.

List of Office Name	cers or Partners: Address	Social	Security #
Attach additi	onal pages as pecessary		

## 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)