

NJ-REG
(04-10)

STATE OF NEW JERSEY
DIVISION OF REVENUE
BUSINESS REGISTRATION APPLICATION

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

*** NO FEE REQUIRED ***

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

OVERNIGHT DELIVERY:
CLIENT REGISTRATION
33 WEST STATE ST.
TRENTON, NJ 08608

FAX:
(609) 292-4291

REGISTRATION DETAIL

A. Please indicate the reason for your filing this application:

- Original application for a new business
- Moved previously registered business to new location (REG-C-L can be used in lieu of NJ-REG)
- Amended application for an existing business
Reason(s) for amending application: _____
- Application for an additional location of an existing registered business
- Applying for a Business Registration Certificate

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

Check Box if "Applied for"

C. Name _____
(If your business entity is a Corporation, LLC, LLP, LP or Non-Profit Organization, give entity name. If NOI, give Name of Owner or 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)

(Give 9-digit Zip)

BUSINESS DETAIL

G. Beginning date for this business: _____ / _____ / _____ (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
- LLC (1065 Filer)
- LLC (1120 Filer)
- LLC (Single Member)
- S Corporation (You must complete page 41)

I. New Jersey Business Code (see instructions)

FOR OFFICIAL USE ONLY

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

DLN _____

L. Will this business be SEASONAL? Yes No

If YES - Circle months business will be open:

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

M. If an ENTITY (Item C) complete the following:

Date of Incorporation: _____ / _____ / _____
month / day / year

State of Incorporation Fiscal month

NJ Business/Corp. #

Is this a Subsidiary of another corporation? YES NO

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)

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 06646-0252, or phone (609) 292-1730.

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

- c. Date cumulative gross payroll exceeds \$1000 _____ / _____ / _____
 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 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.)

Name of Acquired Unit	NJ Employee ID	ACQUIRED	PERCENTAGE ACQUIRED
_____	_____	<input type="checkbox"/> Assets	_____ %
_____	_____	<input type="checkbox"/> Trade or Business	_____ %
_____	_____	<input type="checkbox"/> Employees	_____ %
Address _____	Date 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. The transfer of the employment experience is required by law.

Are the predecessor and successor units owned or controlled by the same interests? 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
- If "Yes," to apply for sales tax exemption, obtain form REG-1E at www.state.nj.us/treasury/taxation/exemption.htm.

- 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. Types 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

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
Street Address, City, Zip Code	County	NAICS Code	Principal Product or Service Complete Description	%	

If you are a sole proprietor or partnership, the following information does not pertain to you.

If you have already filed a new business certificate with our Commercial Recording/Corporate Filing Unit, you need only fill out pages 17, 18 and 19 of this package (NJ-REG). In addition, you need to complete the State of New Jersey New Hire Reporting Form (page 29) if you have employees. There is no need to complete pages 23 and 24 of the package if you have successfully filed with Commercial Recording.

Applicants who are registering as a New Business Entity (corporation, limited liability company, limited partnership or a limited liability partnership) and have not already filed with Commercial Recording/Corporate Filing Unit, must complete the Public Records Filing for New Business Entity (pages 23 and 24) in addition to form NJ-REG.

The Public Records Filing should be submitted prior to the completion of the NJ-REG to establish the business entity. However, form NJ-REG must be submitted within 60 days of filing the business entity.

Important Note: Once you are registered as a New Business Entity, you will be required to file an annual report for the entity. This report must be filed annually on the anniversary month of the business entity's formation. For your convenience, all major credit cards as well as electronic check (e-check) may be used to pay the filing fee. A notice of the reporting requirement will be sent to the Registered Agent on file 60 days prior the report due date.

Beginning in the fall 2005, the annual report must be filed *electronically*. Please visit our website at www.nj.gov/njbgs for additional information about the annual report.