

STATE OF NEW JERSEY
DIVISION OF REVENUE
BUSINESS REGISTRATION APPLICATION

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

OVERNIGHT DELIVERY:
CLIENT REGISTRATION
33 West State St 3rd FL
TRENTON, NJ 08608

Hotline
(609) 292-9292

www.nj.gov/treasury/revenue/

*** NO FEE REQUIRED ***

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

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 Employer of Domestic Household Employee(s)
- Withholding for Employee(s) residing in NJ (Not doing business or employing in NJ)

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 NOT, 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)

(See instructions for providing alternate addresses)

BUSINESS DETAIL

G. Beginning date for this business: _____ / _____ / _____ (see instructions) 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) Domestic (Household Employer)

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

FOR OFFICIAL USE 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

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)-292-9292.
- 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.)
- | | | | |
|-----------------------------|------------------------|--|---------------------|
| Name of Acquired Unit _____ | N.J. Employer ID _____ | ACQUIRED | PERCENTAGE ACQUIRED |
| _____ | _____ | <input type="checkbox"/> Assets | _____ % |
| Address _____ | Date Acquired _____ | <input type="checkbox"/> Trade or Business | _____ % |
| _____ | _____ | <input type="checkbox"/> Employees | _____ % |
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 http://www.state.nj.us/treasury/taxation/pdf/other_forms/sales/reg1e.pdf
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

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	%	

(Continue on separate sheet, if necessary)

BE SURE TO COMPLETE NEXT PAGE

