

Urban Enterprise Zone

Annual Reporting Form

IMPORTANT: This form can be completed online using the State of New Jersey [Premier Business Services](#) (PBS). For help registering for PBS, use [Getting Started with Premier Business Services](#) on the UEZ website.

I. Zone Business Information Refer to the [Certification Instructions](#) (Annual Reporting Form section) and follow the [Program Procedures](#) when completing this Form.

1. NJ Taxpayer ID# * _____

2. Legal Company Name * _____

3. Name at UEZ Location * _____

4. UEZ Business Location Address * _____

5. Unit# _____ 6. Block # * _____ Lot # * _____

7. City * _____ 8. State * NJ 9. Zip * _____

10. Responsible Officer Mr., Mrs., Ms. _____ First * _____ MI _____ Last * _____

11. Title * _____ 12. Phone * _____

13. Fax _____ 14. E-mail * _____

15. Mailing Address (if different) _____ Same as Business Location

16. City _____ 17. State _____ 18. Zip _____

19. Nature of Business * _____

20. NAICS Code * _____

21. SIC Code * _____

22. Minority Owned? Yes No

23. Woman Owned? Yes No

24. Business Type * Corporation Sole Proprietorship
 Partnership Limited Partnership
 Joint Venture Limited Liability Company

Urban Enterprise Zone

II. Employee Data

(Refer to the [Program Procedures](#) for additional details.)

	Full Time	Part Time
25. Number of Employees at Start Date * (Use Employee Data Workbook)	_____	_____
26. Current number of employees *	_____	_____
27. Total projected employees next Program year *	_____	_____

III. Capital Investments

(use [Capital Investment Workbook](#))

Round all amounts entered to the nearest dollar

28. Total actual capital investments made during the past program year *	_____	29. Total projected capital investments for the next program year *	_____
30. UZ-4 Total Tax Exempt Purchases Made during the Past Program Year*	_____		
31. UZ-5 Total tax exempt purchases made during the past program year*	_____		

IV. Reduced Rate Tax Eligibility

(Refer to the [Ineligible Transaction Listings](#) for additional details.)

32. Do you want to participate in the reduced sales tax collection program? * Yes No
33. Do you **primarily** operate a catalog, mail, telephone, fax, or internet order business at your UEZ location? * Yes No
34. Do you operate a **retail store** at your UEZ location where you regularly conduct **retail sales of tangible personal property, exhibit** such items for sale, and maintain an **inventory** of such items for sale? * Yes No

YOU MAY NOT USE any UEZ benefits until you have valid qualification and tax documents from UEZ and the Division of Revenue in your possession.

V. Terms and Conditions

The business listed on this application must be a "qualified business" and be in full tax compliance with the State of New Jersey (State) before any certification, recertification, or continuation of eligibility in the Urban Enterprise Zone (UEZ) program, and/or participation in a NJUEZ incentive or loan program is authorized. A qualified business is any entity authorized to do business in the State which is engaged in the active conduct of a trade or business in an Urban Enterprise Zone.

- * I consent to the release of information by the State Division of Taxation, the Urban Enterprise Zone Authority (within the New Jersey Department of Community Affairs), and the State Division of Revenue. This consent is limited to the business's tax compliance status during the application, reporting process, renewal process, and program participation.
- * I certify the above to be true, correct, and complete, that the creation of jobs at this location will not result in unemployment in other areas of the State and I agree to meet the "25% Employment Factor" if applicable. (See [Program Procedures](#).)

Responsible Officer Name* _____
Please Print

Responsible Officer Signature* _____ * Date _____