

# State of New Jersey

Form TPT – R



Tobacco and Vapor Products Registration





# State of New Jersey

Send to:  
**New Jersey Division of Taxation**  
 PO Box 187  
 Trenton, NJ 08695-0187

Rev 11-2021

**Form TPT-R**

**Tobacco and Vapor Products  
 Tax Registration**

## Section 1 – Business Information

Federal ID Number	New Jersey Tax ID Number	Does your company have internet access? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Name		Website Address	
Trade Name	Phone Number	Fax Number	
Physical Address			
Mailing Address			
Books and Records Address			
Hours of Operation			
<input type="checkbox"/> Mon.	--	<input type="checkbox"/> Tues.	--
<input type="checkbox"/> Wed.	--	<input type="checkbox"/> Thur.	--
<input type="checkbox"/> Fri.	--	<input type="checkbox"/> Sat.	--
<input type="checkbox"/> Sun.	--		

NOTE: Be advised that your business, including those businesses that operate from a personal residence, are subject to inspection by New Jersey Division of Taxation employees, which include sworn law enforcement personnel.

## Section 2 – Contact Information

**If you wish to have an attorney, accountant, or other individual act on your behalf and have access to your tax information, then you must supply us with an Appointment of Taxpayer Representative Form (Form M-5008-R) that gives us the authority to release confidential information to your representative.**

Contact for Registration	Title	Phone Number	Email Address
Contact for Reporting	Title	Phone Number	Email Address
Site Manager	Title	Phone Number	Email Address
Individual Completing this Form	Title	Phone Number	Email Address

## Section 3 – Prior Owner Information

Complete if you are purchasing an existing business.

Former Business Name	Former Trade Name	Former Phone Number
Former Business Address	City, State, Zip	Date Ownership Transferred
Former Business Mailing Address	City, State, Zip	Date Former Business Ended

## Section 4 – Type of Ownership

<input type="checkbox"/> Sole Proprietorship ( <i>may include spouse</i> ) <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> New Jersey Corporation Date of Incorporation: _____	<input type="checkbox"/> Partnership <input type="checkbox"/> Government Entity <input type="checkbox"/> Out-of-State Corporation – State: _____ Date Registered in New Jersey: _____	<input type="checkbox"/> Limited Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Other ( <i>specify</i> ) _____
---	--	---

## Section 5 – Owner Information

Provide information for a sole proprietor, all partners, or principal officers of corporations or limited liability companies (*attach rider if necessary*).

Name (Last, First, M)	Title	Social Security Number
Home Address	Home Phone Number	Cell Phone Number
Name (Last, First, M)	Title	Social Security Number
Home Address	Home Phone Number	Cell Phone Number
Name (Last, First, M)	Title	Social Security Number
Home Address	Home Phone Number	Cell Phone Number
Name (Last, First, M)	Title	Social Security Number
Home Address	Home Phone Number	Cell Phone Number

## Section 6 – Relationships with Other Organizations

Information regarding persons affiliated with this business who either are also affiliated or have been affiliated with another business that requires registration under N.J.S.A. §54:40B-1 et. seq. (*attach rider if necessary*).

Individual's Name	Title with Applicant	Date Joining Applicant	Social Security Number
Individual's Home Address	City, State, Zip		
Name of Business with which Affiliation Exists	Affiliated Business FID	Title	Effective Date of Title
Address of Business with which Affiliation Exists	City, State, Zip		
Individual's Name	Title with Applicant	Date Joining Applicant	Social Security Number
Individual's Home Address	City, State Zip		
Name of Business with which Affiliation Exists	Affiliated Business FID	Title	Effective Date of Title
Address of Business with which Affiliation Exists	City, State Zip		

## Section 7 – Types of Products

Check each type of product with which you will be dealing in New Jersey.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Cigar                                   | <input type="checkbox"/> Little Cigar         | <input type="checkbox"/> Pipe Tobacco                  |
| <input type="checkbox"/> Cigarillo                               | <input type="checkbox"/> Electronic Cigarette | <input type="checkbox"/> Single-Dose Smokeless Tobacco |
| <input type="checkbox"/> Dry Snuff                               | <input type="checkbox"/> Moist Snuff          | <input type="checkbox"/> Smoking Tobacco               |
| <input type="checkbox"/> Other Tobacco Products – List Products: | <input type="checkbox"/> Liquid Nicotine      | <input type="checkbox"/> RYO                           |

## Section 8 – Business Activity; Registration Requested

Check all that apply.

**Distributor**

1.  You sell tobacco products in New Jersey *(Provide the address for each location for which you conduct business)*

2.  You are importing or causing the import of tobacco products into New Jersey. *(Provide the name of the vendor and address from which you are importing)*

## Section 8 – Business Activity; Registration Requested

Check all that apply.

Wholesaler

1.  You purchase tobacco products on which the New Jersey Tobacco Products Tax has been paid from any person who purchases those products from a manufacturer *(Provide the name of the vendor and address from whom you are purchasing tobacco products)*

2.  You acquire tobacco products for resale to a retail dealer or other person for the purpose of resale only. *(Provide the name of the vendor and address from whom you are purchasing tobacco products)*

## Section 9 – Bond Information

Check each type of product with which you will be dealing in New Jersey and provide estimates as indicated.

- Estimated monthly sales of Tobacco Products
- Estimated monthly sales of Moist Snuff (Ounces)
- Estimated monthly sales of Liquid Nicotine (Milliliters)
- Estimated monthly sales of Roll Your Own Tobacco

Check type of Security to be used

- Surety Bond       Certificate of Deposit       Letter of Credit       Cash Deposit

Issuer of Security Instrument	Number	Issue Date	Amount
-------------------------------	--------	------------	--------

Address of Issuer	City, State Zip
-------------------	-----------------

## Section 10 – Authorizing Signature

Under penalty of perjury, my signature affirms all of the following:

- ❖ The information provided in this application, including all attachments, is accurate and complete to the best of my knowledge.
- ❖ The applicant agrees to provide accurate and timely reports and to make timely payments.

Inaccurate or incomplete information in any section is cause for denial.

Signature	Title	Printed Name	Date Signed
-----------	-------	--------------	-------------

# New Jersey Form TPT-R Instructions

Complete all appropriate sections and remit this registration application to:

New Jersey Division of Taxation  
P. O. Box 187  
Trenton, NJ 08695-0187

---

**Failure to provide all required data will result in automatic denial of this application.**

---

## Section 1

You must enter your Federal Identification Number.

The Business Name is your company's name as it appears on the Business Registration.

The Trade Name is the name by which your company does business and is known in the industry.

The Physical Address is your company's location for operations in New Jersey. If there are no New Jersey locations, enter your company's primary business location.

NOTE: Be advised that your business, including those businesses that operate from a personal residence, are subject to inspection by New Jersey Division of Taxation employees, which include sworn law enforcement personnel.

The Mailing Address is the address the Division of Taxation can use to contact your company for general inquiries.

The Books and Records Address is the address the Division of Taxation can use to contact your company regarding reporting and payments.

## Section 2

The Contact for Registration is the individual who can answer questions regarding this application. If this individual is not an employee or owner of the company, a completed Form M-5008-R must accompany this application.

The Contact for Reporting is the individual who can answer questions regarding the filing of reports and issuance of payments. If this individual is not an employee or owner of the company, a completed Form M-5008-R must accompany this application.

The individual completing this form is the individual who actually provides the information on the application. If this individual is not an employee or owner of the company, a completed Form M-5008-R must accompany this application.

## Section 3

This section is for individuals or companies that purchase an existing business. All others must enter *N/A* under Former Business Name and leave all other spaces blank.

## Section 4

Check the box that applies and leave all others blank. If you check New Jersey Corporation, you must give the Date of Incorporation. If you check Out of State Corporation, you must give the State of incorporation and the Date Registered in New Jersey. If you check *Other*, you must give the type of ownership.

## Section 5

You must provide all requested information for the owner, all partners, or all principal officers. If you need additional space, you must write *See Rider Attached* and provide the information on a separate sheet.

## Section 6

Provide this information for any owner, officer, or employee who operated, managed, or reported for another company that required a Tobacco and Vapor Products Registration.

## Section 7

Check each type of product you will handle in New Jersey. If you check *Other*, you must list each other product.

## Section 8

Check one of the registration types.

## Section 9

Provide all of the information requested in Section 9.

## Section 10

Only an individual listed in Section 5 of this application may sign this application. This application cannot be processed without an appropriate signature.

