

Electronic Filing Instructions for the AA302 Form

Go to this website:

<https://cform.mwg.nj.gov/>

Enter Username and password at login screen and select "Login". If you do not have a username, please view the [Creating a Login](#) document.

The screenshot shows the login interface for the 'Division of Revenue & Enterprise Services Central Forms Repository & Payment Collection System'. The page has a blue header with the system name. Below the header is a navigation bar with links for 'Download Forms', 'About', and 'Help'. On the right side of the navigation bar, there is a 'Translate this Page' button and a 'Select Language' dropdown menu. A 'Translation Disclaimer' link is located below the language selector. The main content area features a 'Please Login' form with two input fields: 'User Name:' and 'Password:'. Below these fields are 'Log In' and 'Clear' buttons. Underneath the login form are three links: 'Register Now!', 'Forgot Your Password?', and 'Forgot Your Username?'. The footer of the page contains a list of links: 'Revenue: Home | Registrations | Certifications | Tax Filings | NJBGS | Refund Policy | Contact us' and 'Privacy Notice | Legal Statement | Accessibility Statement'.

Division of Revenue & Enterprise Services
Central Forms Repository & Payment Collection System

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Please Login

User Name:

Password:

Log In Clear

[Register Now!](#)
[Forgot Your Password?](#)
[Forgot Your Username?](#)

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Once you login, the system will direct you to the main menu page

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Main Menu User ID: ewrwr

My Submissions

[Web Form Submission](#)

[View My Submissions](#)

My Profile

[View/Update My Profile](#)

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Select “Web Form Submission” tab, the system will direct you to the web form page

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Web Form Submission

Submission agency & filing type

Submission agency name:

Filing type name:

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Office & Clerical	0	0	0	0	0	0	0
Craftworkers (Skilled)	0	0	0	0	0	0	0
Operatives (Semi-skilled)	0	0	0	0	0	0	0
Laborers (Unskilled)	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0
Temporary & Part-Time Employees	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0

TOTAL MALE COUNT: 0

Job Categories	FEMALE Black	FEMALE Hispanic	FEMALE Amer. Indian	FEMALE Asian	FEMALE Non-MIN	FEMALE 2 or More Races	FEMALE TOTAL
Officials / Managers	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0
Office & Clerical	0	0	0	0	0	0	0
Craftworkers (Skilled)	0	0	0	0	0	0	0
Operatives (Semi-skilled)	0	0	0	0	0	0	0
Laborers (Unskilled)	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0
Temporary & Part-Time Employees	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0

TOTAL FEMALE COUNT: 0

12. How Was Information as to Race or Ethnic Group in Section B Obtained:

13. Date of Payroll Period Used From: To:

Section C - Personal Identification

14. First Name: Last Name: 15. Title: 16. Contact Email:

17. Address: City: State: Zip Code:

18. Phone Number: Phone Extension:

Enter necessary data in each field, and select “Submit and Make Payment”. If the information is submitted properly, the system will direct you to the payment page.

[View](#) payment process page.

AA302 Renewal Form

In submission agency name field, select “Division of Purchase and Property”

Submission agency & filing type

Submission agency name:

Filing type name:

- Select -
- Department of Community Affairs
- Division of Purchase and Property
- Division of Revenue and Enterprise Services - Business Registry and Commercial Filings
- Division of Revenue and Enterprise Services - Commercial Recording
- Division of Risk Management
- Division of Taxation - 1095 Health Coverage Form
- Division of Taxation - Homestead Benefit
- Division of Taxation - Motor Fuels
- DPMC

In Filing Type name field, select “Employee Information Report (AA302 – Renewal), then select “Next”.

Submission agency & filing type

Submission agency name:

Filing type name:

The system will open search field. Please enter the FID/SSN or certificate number to search existing company / person information.

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Web From Submission

Submission agency & filing type

Submission agency name:

Filing type name:

Search Company Name By FID/SSN or Certificate Number For AA302 - Renewal

FID/SSN: Certificate Number:

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If the company / person exists in the system, the record will display in the list. Choose “Select” link to open the AA302 renewal page.

Search Company Name By FID/SSN or Certificate Number For AA302 - Renewal

FID/SSN: Certificate Number:

	Company Name	Company Address	Certificate Expiration Date
Select	REDACTED	REDACTED	3/15/2022

Enter the information for AA302 renewal form.

Employee Information Report (AA302 Renewal Form - Main Facility)

Important: Failure to properly complete the form and the required \$150.00 fee will not issue of your certificate.

Section A - Company Identification

1. FID NO. or SSN: [redacted] 2. Type of Business: [redacted] 3. Total NO. Employees : [redacted]

4. Company Name: [redacted]

5. Street: [redacted] City: [redacted] County: [redacted]

State: [redacted] Zip Code: [redacted]

6. Name of Parent or Affiliated Company (if none, just leave blank): [redacted]

City: [redacted] State: Select A State Zip Code: [redacted]

7. Company Type: Select A Type 8. State the Number of Establishments in NJ location: [redacted]

9. Total Number of employees at establishment which has been awarded the contract: [redacted]

10. Public Agency Awarding Contract: [redacted] City: [redacted]

County: Select A County State: Select A State Zip Code: [redacted]

Section B - Employment Data

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL.

Calculate Total

Job Categoriogies	MALE Black	MALE Hispanic	MALE Amer. Indian	MALE Asian	MALE Non-MIN	MALE 2 or More Races	MALE TOTAL
Officials / Managers	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0
Office & Clerical	0	0	0	0	0	0	0
Craftworkers (Skilled)	0	0	0	0	0	0	0
Operatives (Semi-skilled)	0	0	0	0	0	0	0
Laborers (Unskilled)	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0
Temporary & Part-Time Employees	0	0	0	0	0	0	0

TOTAL 0 0 0 0 0 0 0
TOTAL MALE COUNT: 0

Job Categoriogies	FEMALE Black	FEMALE Hispanic	FEMALE Amer. Indian	FEMALE Asian	FEMALE Non-MIN	FEMALE 2 or More Races	FEMALE TOTAL
Officials / Managers	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0
Office & Clerical	0	0	0	0	0	0	0
Craftworkers (Skilled)	0	0	0	0	0	0	0
Operatives (Semi-skilled)	0	0	0	0	0	0	0
Laborers (Unskilled)	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0
Temporary & Part-Time Employees	0	0	0	0	0	0	0

TOTAL 0 0 0 0 0 0 0
TOTAL FEMALE COUNT: 0

12. How Was Information as to Race or Ethnic Group in Section B Obtained: Select

13. Date of Payroll Period Used From: [redacted] To: [redacted]

Section C - Personal Identification

14. First Name: [redacted] Last Name: [redacted] 15. Title: [redacted] 16. Contact Email: [redacted]

17. Address: [redacted] City: Trenton State: [redacted] Zip Code: [redacted]

18. Phone Number: [redacted] Phone Extension: [redacted]

Submit and Make Payment

If the below notification appears, the user entered a total employee number that is more than 50. Select "YES" button to continue.

AA302 Notification

You are require to fill Vendor Activity Summary Report for this facility. Click 'YES' to Continue.

Provide the necessary data for Vendor Activity Summary Report form, then select "Add".

Vendor Activity Summary Report

Activity: Payroll Period Date From: To:

TOTAL MALE COUNT: 0 **TOTAL FEMALE COUNT: 0**

Job Caterogies	MALE Black	MALE Hispanic	MALE Amer. Indian	MALE Asian	MALE Non MIN	MALE More Race	MALE TOTAL
Officials / Managers	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Professionals	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Technicians	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Sales Workers	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Office & Clerical	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Craftworkers (Skilled)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Operatives (Semi-skilled)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Laborers (Unskilled)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Service Workers	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Temporary & Part-Time Employees	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
TOTAL	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Job Caterogies	FEMALE Black	FEMALE Hispanic	FEMALE Amer. Indian	FEMALE Asian	FEMALE Non MIN	FEMALE More Race	FEMALE TOTAL
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The Vendor Activity Summary Report list will display on the AA302 Renewal page

Section C - Personal Identification

14. Contact Name: [REDACTED] 15. Title: [REDACTED] 16. Contact Email: [REDACTED]

17. Address: [REDACTED] City: [REDACTED] State: NEW JERSEY Zip Code: [REDACTED]

18. Phone Number: [REDACTED] Phone Extension: [REDACTED]

Vendor Activity Summary Report List

[Click HERE to Add New Vendor Activity Summary Report](#)

	Activity Type	Payroll Period	Employee Count
Edit Delete	PROMOTIONS	9-27-2020 TO 10-07-2020	Male Total: 5 Female Total: 0

User can select “Click HERE to Add New Vendor Activity Summary Report” to add more reports by category. User can add up to 4 reports.

Select “Submit and Make Payment” after you have verified the main facility’s information.

If this notification below appears, you will need to complete two (2) AA302 forms for sub facility.

AA302 Notification

You are require to fill 2 Employee Information Report(s) for Sub Facility in NJ Location.
Please Select Sub Facility Location at following and Click 'YES' to Continue.

Select Sub Facility Location [v]

User can choose existing sub facility location or new location. Select “YES” button after you select sub facility location.

AA302 Notification

You are require to fill 2 Employee Information Report(s) for Sub Facility in NJ Location.
Please Select Sub Facility Location at following and Click 'YES' to Continue.

Select Sub Facility Location

New Location for Sub Facility

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Display AA302 Renewal form for Sub Facility page.

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Employee Information Report (AA302 Renew Form - Sub Facility)

Please Enter Information in This Sub Facility Employee Information Report

Section A - Company Identification

1. FID NO. or SSN: [REDACTED] 2. Type of Business: OTHER [v] ⓘ 3. Total NO. Employees : [REDACTED] ⓘ

4. Company Name: [REDACTED]

5. Street: [REDACTED] City: [REDACTED] County: [REDACTED] [v]
State: NEW JERSEY [v] Zip Code: [REDACTED]

6. Name of Parent or Affiliated Company (if none, just leave blank): [REDACTED]
City: [REDACTED] State: Select A State [v] Zip Code: [REDACTED]

7. Company Type: Select A Type [v] ⓘ 8. State the Number of Establishments in NJ location: [REDACTED]

9. Total Number of employees at establishment which has been awarded the contract: [REDACTED]

10. Public Agency Awarding Contract: [REDACTED] City: [REDACTED]
County: Select A County [v] State: Select A State [v] Zip Code: [REDACTED]

Again, enter necessary information for this sub facility and click "Next" button to continue

Section C - Personal Identification

14. Contact Name: [REDACTED] 15. Title: [REDACTED] x 16. Contact Email: [REDACTED]

17. Address: [REDACTED] City: [REDACTED] State: NEW JERSEY [v] Zip Code: [REDACTED]

18. Phone Number: [REDACTED] Phone Extension: [REDACTED]

Back to Main Facility Next

If there is more than one sub facility you need to enter information for each facility, system will display a message and you need to select different sub facility to keep entering the information for each facility.

AA302 Notification

You have 1 more left to fill for sub facility employee information report.
Please select following location and Click 'YES' to Continue.

Select Sub Facility Location
New Location for Sub Facility
[REDACTED]
[REDACTED]

Once all the data is entered for each sub facility, the system will direct you back to main facility page. The sub facility list will display in main facility page. You have the ability to edit or delete any sub facility's information.

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Employee Information Report (AA302 Renew Form - Main Facility)

Sub Facility Employee Information Report Added Successfully.

Section A - Company Identification

1. FID NO. or SSN: [REDACTED] 2. Type of Business: OTHER [v] ⓘ 3. Total NO. Employees : 70 ⓘ

4. Company Name: [REDACTED]

5. Street: [REDACTED] City: [REDACTED] County: [REDACTED] [v]
 State: NEW JERSEY [v] Zip Code: [REDACTED]

6. Name of Parent or Affiliated Company (if none, just leave blank): [REDACTED]
 City: [REDACTED] State: Select A State [v] Zip Code: [REDACTED]

7. Company Type: Multi-Establishment Employer [v] ⓘ 8. State the Number of Establishments in NJ location: 2

Sub Facility Employee Information Report List

	NO.	Sub Facility Location
Edit Delete	1	[REDACTED]
Edit Delete	2	[REDACTED]

9. Total Number of employees at establishment which has been awarded the contract: 0

10. Public Agency Awarding Contract: [REDACTED] City: [REDACTED]
 County: Select A County [v] State: Select A State [v] Zip Code: [REDACTED]

Finally, once user is verified, please select "Submit and Make Payment". This process will save all AA302 information and redirect you to the payment process page.

Section C - Personal Identification

14. Contact Name: [REDACTED] 15. Title: [REDACTED] 16. Contact Email: [REDACTED]

17. Address: [REDACTED] City: [REDACTED] State: NEW JERSEY [v] Zip Code: [REDACTED]

18. Phone Number: [REDACTED] Phone Extension: [REDACTED]

Vendor Activity Summary Report List

[Click HERE to Add New Vendor Activity Summary Report](#)

	Activity Type	Payroll Period	Employee Count
Edit Delete	PROMOTIONS	9-27-2020 TO 10-07-2020	Male Total: 5 Female Total: 0

Submit and Make Payment

[View](#) payment process page.

AA302 Duplicate Form

In submission agency name field, select “Division of Purchase and Property”

Submission agency & filing type

Submission agency name:	- Select -
Filing type name:	Department of Community Affairs
	Division of Purchase and Property
	Division of Revenue and Enterprise Services - Business Registry and Commercial Filings
	Division of Revenue and Enterprise Services - Commercial Recording
	Division of Risk Management
	Division of Taxation - 1095 Health Coverage Form
	Division of Taxation - Homestead Benefit
	Division of Taxation - Motor Fuels
	DPMC

In Filing Type name field, select “Employee Information Report (AA302 – Duplicate), then select “Next”.

Submission agency & filing type

Submission agency name:	Division of Purchase and Property
Filing type name:	Employee Information Report (AA302 - Duplicate)

Next

The system will open the search field. Please enter the FID/SSN or certificate number to search existing company or person information.

Submission agency & filing type

Submission agency name:	Division of Purchase and Property
Filing type name:	Employee Information Report (AA302 - Duplicate)

Next

Search Company Name By FID/SSN or Certificate Number For AA302 - Duplicate

FID/SSN:	<input type="text"/>	Certificate Number:	<input type="text"/>	<input type="button" value="Search"/>
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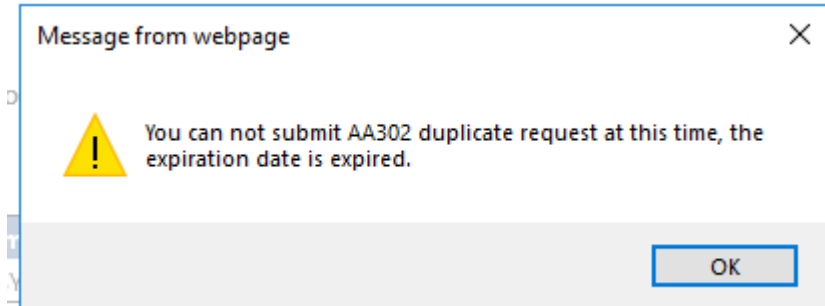
If company or person exists in the system, the record will display in the list.

Search Company Name By FID/SSN or Certificate Number For AA302 - Renewal

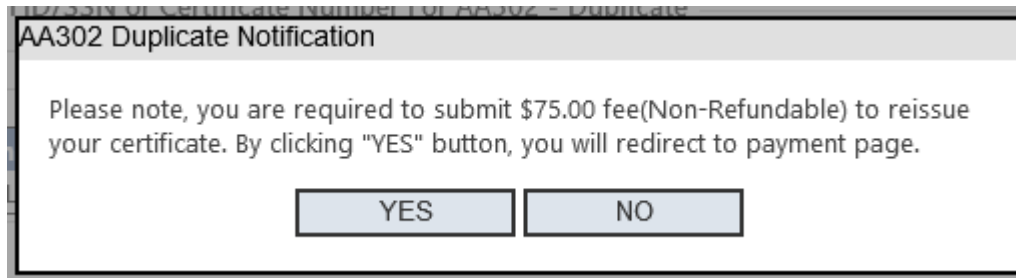
FID/SSN: Certificate Number:

	Company Name	Company Address	Certificate Expiration Date
Select	[REDACTED]	[REDACTED]	3/15/2022

When you choose “Select” link, and the company’s expiration date is expired, the notification below will appear.



When you choose “Select” link, and the company’s expiration date is not expired, the notification below will appear. Select “YES” to proceed to payment process page.



Payment Process Page

Enter the required information for each field.

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Submit Payment

The AA302 Initial Form Requires A **\$150.00** Processing/Payment Fee Plus a Convenience Fee.

Payer's Contact/Company Billing Information:

Contact/Company Name:

Daytime Phone: Extension:

Contact Email:

Payer's Billing Address:

Address Line 1:

Address Line 2:

Address Line 3:

City: State: Zip Code:

Payment Method & Details:

Payment Date: 10/16/2020

Select payment method:

Please note, if you have not submitted a payment, you can delete this incomplete submission on the "View My Submissions" page.

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For credit card payment:

Select "Credit Card" in select payment method field, then select "Process to Payment Management Services"

Payment Method & Details:

Payment Date: 10/16/2020

Select payment method:

The following will appear, verify and select "Processed to Payment Web Site" to continue.

Payment Agreement

By clicking the **Proceed to Payment Web Site** button, you are agreeing to pay **\$150.00** plus a convenience fee of **\$3.50** on **10/16/2020** for this transaction.

You will next be redirected to the State of New Jersey's Payment Management Services Web Site to complete your credit card transaction.

After you complete your transaction, you will be returned to the Central Forms Repository.

Please **DO NOT CLOSE** your Internet browser window until the transaction is completed or cancelled.

Your credit card will be charged a total of **\$153.50**

You will be redirected to the NJ Payment Management Service Web Site. Complete all payment information on this page.

STATE OF NEW JERSEY
PAYMENT MANAGEMENT SERVICES

FAQ Contact

Payment

Payment Type ✔

Credit Card

Customer Information Complete all required fields [*]

Country

First Name * Last Name *

Company Name

Address *

Address 2

City * State

ZIP/Postal Code *

Transaction Summary





AA302 Renew	\$150.00
Service Fee	\$3.50
Pay now with New Jersey Government Services	\$153.50

Need Help?
Please complete the Customer Information Section

Select "Next" to continue payment process. Provide the credit card information.

Payment Info Complete all required fields [*]

Credit Card Number * ✓

Credit Card Type    

Expiration Month * ▾ ✓

Expiration Year * ▾ ✓

Security Code * ? ✓

Name on Credit Card * X ✓

Next >

Cancel

Verify information and select “Next” to continue.

Customer Information ✓ **Edit**

Address

Phone

Country

Email Address

Payment Info ✓ **Edit**

Credit Card

Name on Credit Card

Cancel **Submit Payment**

Select "Submit Payment". After you finish submitting the payment, the system will redirect you back to the payment confirmation page. You are now finished submitting the AA302 form. Select "Print Receipt" and maintain with your records as proof of payment.

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Payment Confirmation

Payment Confirmation Details:

Your Credit Card Payment Of \$153.50 Was Successful

Submission ID [REDACTED]
Payment Transaction [REDACTED]
Credit Card Token [REDACTED]

After Your Submission If Reviewed And Approved, You Will Receive An Email With Instructions On How To Print Your Certificate.
You Can View The Status Of Your Submission(s) At Any Time By Clicking On The "View My Submissions" Option On The Main Menu

[Print Receipt](#) [Return To My Submissions](#) [Main Menu](#)

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For eCheck payment:

Select "Checking/Savings Account" in select payment method field, provide all information.

Payment Method & Details:

Payment Date: 10/20/2020

Select payment method:

Account Type:

Routing Number:

Retype Routing Number:

Account Number:

Retype Account Number:

[Click Here to View a Sample Check](#)

After you select "Verify Check Payment", a confirmation message will appear. Select "I Accept" to finish this transaction.

Payment Agreement

By clicking the "I Accept" button, you are agreeing to pay **\$150.00** on **10/20/2020** for this transaction.

Bank Account Type: [REDACTED]
Routing Number: [REDACTED]
Account Number: [REDACTED]

After payment is made successfully, a payment confirmation page will appear. You have now successfully finished. Select "Print Receipt" and maintain with your records as proof of payment.

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Payment Confirmation

Payment Confirmation Details:

Your Check Payment Of \$150.00 Was Successful

Submission ID [REDACTED]
Payment Transaction [REDACTED]
eCheck Confirmation [REDACTED]

After Your Submission If Reviewed And Approved, You Will Receive an Email With Instructions On How To Print Your Certificate.

You Can View The Status Of Your Submission(s) At Any Time By Clicking On The "View My Submissions" Option On The Main Menu

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Please click "Help" Tab at Login Page.

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Please Login

User Name:

Password:

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Division of Revenue & Enterprise Services Central Forms Repository & Payment Collection System

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- Division of Taxation - 1095 Health Coverage Form
- Division of Taxation - Homestead Benefit

After enter your name, phone number, Email address, issue subject and issue description, please click "Submit" button.

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Division of Purchase and Property

Please enter your contact information along with the issue subject and issue description. The service staff will contact you shortly.

Your Name:

Phone Number: Hint: XXX-XXX-XXXX

Email:

Issue Subject:

Issue Description:

Submit

Clear