



(1/25)

New Jersey Exempt Organization Request for Updated or Replacement ST-5

Use this form to request an organization name change, or a replacement ST-5. You may also use this form if you are unable to use the online system to update the physical address or mailing address of your organization. The ST-5 cannot be provided electronically and will be sent via mail once processed. **Attach a copy of your current ST-5.**

****Must be completed or will delay the processing of the request.**

Type of Request (check one or more):				<input type="checkbox"/> Replacement ST-5		<input type="checkbox"/> Name Change		<input type="checkbox"/> Address (Physical or Mailing Address) Change	
General Information (As it currently appears on your business registration)									
Organization Name					Federal Employer ID Number (FEIN) **				
Trade Name (If applicable)					NJ Tax Exempt Number (if applicable, may be the same as the FEIN)				
Contact Person		Telephone Number		Fax Number		Email Address			
Current Address									
Current Physical Address (physical location of organization, no PO Box)									
City					State		Zip Code		
Current Mailing Address									
City					State		Zip Code		
Name Change (You must include a copy of the amendment to your certificate of incorporation, constitution, etc.)									
New Organization Name									
Address Change (Check which address you are changing)									
New Physical Address (physical location of organization, no PO Box)									
City				State		Zip Code		County/ Municipality Code **	
New Mailing Address									
City				State		Zip Code			
I declare, under penalty of perjury, that the information provided on this form and any attachments, to the best of my knowledge, is true, correct, and complete. If prepared by a person other than an officer, partner or owner of the organization, this signed declaration is based on all information on which that person has knowledge.									
Signature							Date		
Print Name							Title		

You can submit this completed form and any corresponding documentation by:

Fax: (609) 292-8764 Email: exemptorganization.taxation@treas.nj.gov Upload Online: Tax Correspondence Manager Use PO Box 269	Regular mail to: Regulatory Services Branch - Exempt Organization Unit New Jersey Division of Taxation PO Box 269 Trenton, NJ 08695-0269	Courier, other than USPS Express: New Jersey Division of Taxation Exempt Organization Unit 7 th Floor 3 John Fitch Plaza Trenton, NJ 08611
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Once this form is submitted, allow a minimum of three weeks for processing and issuing of a new Form ST-5.