State of New Jersey
Division of Taxation
Business Assistance Clearance Section
P.O. Box 272
Trenton, NJ 08695-0272

E-Mail = Taxation.BusAssistanceTC@Treas.State.NJ.US Fax # 609-292-9266

APPLICATION FOR TAX CLEARANCE – BUSINESS ASSISTANCE AND INCENTIVES

Legal Name of Applicant _____

Trade Name of Applicant _____

Business Location Address_____

_____

Mailing Address for Clearance Certificate (If different from Business Location Address)

_____

_____

NJ Tax Registration # _____ FID/TIN # _____

Type of Business _____

List All Officers or Partners: (On 2nd page)

Please list on the 2nd page of this application, any parent, subsidiary or other related entity that will directly benefit from this assistance.

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Name of Issuing State Agency NJ Housing and Mortgage Finance Agency Due Date_____

Name of Assistance Program NJHMFA Financing

Agency Contact Person Joyce Earley, Supervisor of Single Family Construction Loan Programs

Agency Contact Address P.O. Box 18550, Trenton, NJ 08650-2085

Agency Contact Phone # (609) 278-7550 Agency Contact Fax # (609) 278-1720

Agency Contact Email Jearley@njhmfa.state.nj.us

I certify that I am authorized to complete this tax clearance application; that it is true and complete; and that if any information contained in this tax clearance application is willfully false, I may be subject to penalty.

I understand that the Division of Taxation will communicate to the issuer State agency, the status of the tax compliance of the applicant. By signing this tax clearance application, I consent to the release of such general status information by the Division of Taxation.

_____ _____ _____
Signature of Authorized Representative Title Date

_____ _____
Print Name Contact Phone Number (Required)

Name of Applicant _____ NJ Tax Registration # _____

Effective July 1, 2007, P.L. 2007, c. 101 established a tax clearance program for awards of certain business assistance and incentive programs, including but not limited to a grant, loan, loan guarantee, or other monetary or financial benefit issued by the State and its independent agencies and authorities to assist in the conduct or operation of a business, occupation, trade, or profession in the State. As a precondition to or as a component of the application process, the applicant must provide to the State agency a current tax clearance certificate issued by the Director of the Division of Taxation.

This application form is intended to provide the Division of Taxation with the necessary information to conduct its research and determine if the applicant is compliant with New Jersey tax laws such that a tax clearance certificate may be issued. If the Director determines that the applicant has not filed all required tax returns and has not paid all tax, penalties, interest, or fees due, the Director shall issue a notice to the applicant of the particulars to be resolved before a tax clearance certificate may be issued.

Questions about the tax clearance process may be directed to: (609) 292-6400.
Questions about the award process should be directed to the issuing State Agency noted on page 1.

The following information is <u>required</u> to verify and/or update our records.

List of Officers or Partners:

Name	Address	Social Security #

Information on related entities: (Name, Address, Relationship, Taxpayer Identification Number & Type of Business)

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I certify the information on this page is correct.

_____

(Signature of Authorized Representative) (Date)