



State of New Jersey

JON S. CORZINE
Governor

Department of the Treasury
Division of Minority and Woman Business Development
33 West State Street, 1st Floor
P.O. Box 026
Trenton, New Jersey 08625-0026
Phone: 609-292-2146 Fax: 609-292-8764

DAVID ROUSSEAU
State Treasurer

Annual Verification Form
(FOR SBE ONLY)

The Department of the Treasury, Division of Minority and Woman Business Development registered your company. Every year you must submit a completed annual verification form to indicate any changes in your company's ownership status and to confirm your company's address.

Note:

The Division reserves the right to request two years of business and personal federal and state tax returns of all officers, owners/ or principals including all schedules, and most recent income statements and balance sheets.

- Please check here if business ownership has not changed since your certification date. If any information is incorrect, please provide corrections and attach the documentation.

Registration Number: _____
Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
County: _____ E-Mail: _____
Telephone: _____ Fax: _____
Owner Name: _____

I, _____, do herewith attest that the ownership and
(Owner, Partner or President only)
control of _____, under
(Business Name)
Federal Identification Number _____ on which the original
registration was granted, has not changed during the last twelve (12) months.

Owner Signature _____ Date _____

Notary _____ Date _____

Return to:
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