



STATE OF NEW JERSEY DEPARTMENT OF TREASURY
DIVISION OF TAXATION
NEXUS AUDIT GROUP
PO BOX 269, TRENTON NJ 08695-0269
NEXUS QUESTIONNAIRE

The purpose of this form is to determine the extent of your company's business activity WITHIN the State of New Jersey. Please answer all questions. You may attach additional riders if necessary.

A: GENERAL INFORMATION

1. Identification

Legal Name

Business or Trade Name

Employer Federal ID Number (FEIN) New Jersey State Corporation Number Fiscal Year End

Headquarters/Main Office

Address

City, State & Zip

Web Address

Contact Person

Email Address

Telephone FAX

2. Type of Business Entity (check one)

Corporation: State of Incorporation Date of Incorporation

Partnership: List all Partners, FID or SSN#, and Addresses on a separate rider

Proprietorship: List Owner Name and Social Security Number Owner Name SSN#

Limited Liability: List type (e.g. LLC, LLP, Single Member)

a) Indicate which form you file with the IRS (e.g., 1120, 1065)

b) If you file form 1065, list all members with FID or SSN# and address on a rider.

c) If you are a Disregarded Entity, list the owner or owners with FID or SSN# and address on a rider.

Tax Exempt or Non-Profit: Please attach IRS Documentation

3. List all certificates, registrations, licenses, and authorizations issued by any New Jersey State Agencies and date issued. Complete even if certificates etc. have expired or been withdrawn. In such cases indicate ending date. (If none, write none.)

Blank lines for listing certificates, registrations, licenses, and authorizations.

4. **Did your organization, currently or at any time, have any agents, independent representatives, subcontractors, third parties, etc. who worked on your behalf in New Jersey?**

No

Yes. Please state the names and addresses of all agents, independent representatives, sub-contractors, third parties, etc. who worked on your behalf in New Jersey, on a separate rider.

5. **Provide the address where the books and records are located.**

Street _____

City, State & Zip _____

Contact Person and Phone Number _____

If the books and records are located in New Jersey, please provide the date that the location was established.

6. **Provide the address where the actual seat of Management and Control is located.**

Street _____

City, State & Zip _____

Contact Person and Phone Number _____

If located in New Jersey, please provide the date that the location was established.

7. **Is this entity related to any others (parent, subsidiary, etc.) with business activities in New Jersey**

No

Yes; please provide the complete name and address of each related company, the manner in which it is related and the type of business conducted in the State of New Jersey. Also, if this entity has or had at any time, any activity at any related company's New Jersey address, please describe, in detail, any inter-company transactions. Please provide the aforementioned on a separate rider.

8. **Is this entity a partner in a partnership or LLC doing business in or deriving income from New Jersey?**

No

Yes; please provide the name and address of each partnership or LLC and all partners on a separate rider. Also indicate the date that this entity became a partner, and when the partnership or LLC commenced business in or began deriving income from New Jersey.

9. **Status of Business**

Active

Dormant, Inactive

Dissolved (*Attach Certificate of Dissolution*)

Non Survivor of Merger (*Please provide the following information on a separate rider: date of merger, name, address and Federal ID# of surviving entity.*)

Other (*Please provide details on a separate rider.*)

10. **Total gross revenue for past 4 years as reported to IRS:**

Tax Year	Gross Revenue	Tax Year	Gross Revenue
_____	_____	_____	_____

Tax Year	Gross Revenue	Tax Year	Gross Revenue
_____	_____	_____	_____

11. **Total gross income from New Jersey for past 4 years:**

Tax Year	NJ Revenue	Tax Year	NJ Revenue
_____	_____	_____	_____

Tax Year	NJ Revenue	Tax Year	NJ Revenue
_____	_____	_____	_____

B: BUSINESS ACTIVITIES

1. **Nature of business activity conducted everywhere:** _____

a. Federal Business Activity Code: _____

2. **Nature of Business Activity conducted in New Jersey:**

3. **Did this company NOW OR EVER conduct any of the following activities In New Jersey:
 If "YES", Insert first date (Month and Year) in "Yes" box. If "No", insert "X" in No box**

	YES MONTH/YEAR	NO "X"	
a. Do any business or conduct any type of activity in New Jersey?	<input type="text"/>	<input type="text"/>	a
b. Derive any type of income from sources located in New Jersey (sales receipts, fees for services, franchise fees, royalties, licensing fees, etc)? Specify type: _____	<input type="text"/>	<input type="text"/>	b
c. Have employees, officers, agents and/or independent representatives working in New Jersey on behalf of the Company?	<input type="text"/>	<input type="text"/>	c
d. Solicit sales in New Jersey? If yes, check any that apply:	<input type="text"/>	<input type="text"/>	d
<input type="checkbox"/> For tangible personal property			<input type="checkbox"/> By in-state employees, agents, reps., etc.
<input type="checkbox"/> For intangible property			<input type="checkbox"/> By mail, phone, publications, internet, etc.
<input type="checkbox"/> For Services			<input type="checkbox"/> Other. Explain on separate rider
e. Sell any type of goods, property or services to customers located in New Jersey? If yes, check any that apply:	<input type="text"/>	<input type="text"/>	e
<input type="checkbox"/> Tangible personal property to resellers			
<input type="checkbox"/> Tangible personal property to end users.			
<input type="checkbox"/> Services performed in New Jersey			
<input type="checkbox"/> Services performed outside New Jersey			
f. If tangible personal property is sold, check if any of the following activities are performed in New Jersey:	<input type="text"/>	<input type="text"/>	f
<input type="checkbox"/> Make repairs or provide maintenance			
<input type="checkbox"/> Collect current or delinquent accounts			
<input type="checkbox"/> Investigate credit worthiness			
<input type="checkbox"/> Install or supervise installation			
<input type="checkbox"/> Conduct training other than for solicitation			
<input type="checkbox"/> Give technical assistance other than for solicitation			
<input type="checkbox"/> Resolve Customer complaints			
<input type="checkbox"/> Approve or accept orders			
<input type="checkbox"/> Repossess property			
<input type="checkbox"/> Secure deposits on sales			
<input type="checkbox"/> Pick up or replace damaged or returned property			
<input type="checkbox"/> Hire or train personnel other than for solicitation			
<input type="checkbox"/> Use agency stock checks			
<input type="checkbox"/> Have a display at a New Jersey location in excess of 14 days			
<input type="checkbox"/> Carry samples for sale or exchange			
<input type="checkbox"/> Have goods on consignment			

	YES	NO
	MONTH/YEAR	"X"
g. Lease tangible property to others for use in New Jersey? (If yes, attach a copy of the lease agreement)	<input type="text"/>	<input type="text"/> g
h. License the use of any type of intangible rights from which royalties, licensing fees, etc., are derived from the use of these rights in New Jersey (software licenses, trademarks, etc.)?	<input type="text"/>	<input type="text"/> h
i. Perform any type of service in New Jersey (other than for solicitation of sales) such as constructing, erecting, installing, repairing, consulting, training, conducting seminars or meetings, credit investigations by employees, agents, sub-contractors, and/or independent representatives?	<input type="text"/>	<input type="text"/> i
j. Provide any technical assistance or expertise in New Jersey by employees, agents, subcontractors, and/or independent representatives?	<input type="text"/>	<input type="text"/> j
k. Perform any detail work by employees, agents, representatives and/or subcontractor, such as taking inventory, stocking shelves, maintaining displays, arranging delivery, etc.?	<input type="text"/>	<input type="text"/> k
l. Carry goods, merchandise, inventory, etc., into New Jersey for direct sale to customers in New Jersey?	<input type="text"/>	<input type="text"/> l
m. Perform any of the following in New Jersey: Make deliveries, Pick-up and/or replacement of goods? <input type="checkbox"/> With Common Carriers (submit name and address) <input type="checkbox"/> With company owned vehicles <input type="checkbox"/> With Contract Carriers (submit name and address)	<input type="text"/>	<input type="text"/> m
n. Provide any type of maintenance program which is performed in New Jersey by either this entity or a hired independent contractor?	<input type="text"/>	<input type="text"/> n
o. Have employees, independent contractors, and/or other representatives with in-home offices in New Jersey for which they are reimbursed for expenses other than telephone or travel?	<input type="text"/>	<input type="text"/> o
p. Have the use of any office or any type of facility in New Jersey (whether owned or leased)?	<input type="text"/>	<input type="text"/> p
q. Have the use of any property located in New Jersey (whether owned or leased)?	<input type="text"/>	<input type="text"/> q
r. Have a telephone listing in New Jersey? If yes, provide phone number and address _____	<input type="text"/>	<input type="text"/> r
s. Own or lease vehicles, registered in New Jersey, which are provided to people who are <u>NOT SALESPEOPLE</u> ? If "yes", please provide full details on a separate rider.	<input type="text"/>	<input type="text"/> s
t. Have any type of property located in New Jersey (whether owned, leased or rented, real estate, consignments, inventory, merchandise, drop shipments, etc.)?	<input type="text"/>	<input type="text"/> t
u. Collect and/or remit New Jersey Gross Income Tax Withholding from employees at any time?	<input type="text"/>	<input type="text"/> u
v. Collect and/or remit New Jersey Sales Tax at any time?	<input type="text"/>	<input type="text"/> v

AFFIRMATION:

I hereby certify that this report including any accompanying rider is to the best of my knowledge a true, correct and complete report.

Date _____
 Print Name _____
 Signature _____
 Title _____

RETURN TO:

NEXUS AUDIT GROUP
P O Box 269
TRENTON, NJ 08695-0269
PHONE: 609-984-5749