



New Jersey Combined Reporting Initiative Fact Pattern Form

Member Name:		FEIN:	
Mailing Address:			
City:		State:	
		Zip Code:	
Unitary Group Name:			
Unitary Group NU ID Number:		NU:	

Type of Business entity:	Corporation	Accounting period ending:	
	Limited Liability Company;		
	Limited Partnership;		
	Other (specify):		
	If LLC or other, what form is filed for Federal Tax purposes:		

Has this entity been authorized to do business in the State of New Jersey with the New Jersey Secretary of State/New Jersey Division of Revenue – Commercial Recording or created under New Jersey Law?	Yes	Date of authorization/NJ incorporation	
	No		

Did this entity receive a Nexus Questionnaire or any other notification from New Jersey:	Yes (explain on separate rider)
	No

Taxes requested for Disclosure:	Corporation
	Partnership
	Other (specify):

Date activity first commenced in New Jersey:	
Type of business activity:	

Detailed explanation of business activity in New Jersey:

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Contact Person Name:					
Firm Name:					
Mailing Address:					
City:		State:		Zip Code:	
Phone Number:		Fax Number:			
Email Address:					

Signature:		Date:	
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If you are a taxpayer representative, you must attach a copy of [Form M-5008-R](#) Appointment of Taxpayer Representative.

<u>Regular mail or Express USPS mail send to:</u>	<u>Express (other than USPS carrier) mail send to:</u>	
New Jersey Division of Taxation Attention: Sangita Bose, Auditor PO Box 269 Trenton, NJ 08695-0269	New Jersey Division of Taxation Attention: Sangita Bose, Auditor 3 John Fitch Way, 2nd floor Trenton, NJ 08611	
Email: <i>nexusauditgroup.taxation@treas.nj.gov</i>	Phone: 609-322-6963	Fax: 609-633-2681