

Applicant Information

Application for Tax Clearance Business Assistance and Incentives

This form is not for business dissolutions.

Use this form if you need a tax clearance certificate for a grant, loan, loan guarantee, rebate, tax credit, or other monetary incentive issued by a New Jersey agency or authority. If the applicant has not filed or paid all required tax obligations, the Division of Taxation will not issue a tax clearance certificate. However, the Division will notify the applicant of what needs to be resolved in order to have a tax clearance certificate issued.

| Legal Name of Applicant: | | |
|---|----------|--|
| Trade Name of Applicant: | | |
| Business Location or Home Address: | | |
| Mailing Address for Clearance Certificate: (If different from Business Location or Home Address) | | |
| NJ Tax Registration #: | EIN/SSN: | |
| | | |
| Agency Issuing Assistance/Incentive: (This information is required to process this application.) | | |
| Name of Agency: | | |
| Name of Assistance/Incentive Program: | | |
| Agency Contact Person: | | |
| Agency Contact Phone #: | | |
| Agency Contact Email: | | |
| I certify that I am authorized to complete this tax clearance application. I affirm that the information provided herein is true and complete, and that I will be held personally liable under penalties of perjury for making any false statements. (N.J.S.A. 2C:28-1) | | |
| I understand that the Division of Taxation may 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 | | |
| Print Name: | Title: | |
| Contact Phone #: | Date: | |
| Email Address: | | |
| | | |

| List of Officers, Partners or Members: (Attach additional sheets if necessary) | | |
|--|-------------------|--|
| Name: | SSN: | |
| Address: | | |
| | | |
| Name: | SSN: | |
| Address: | | |
| | | |
| Name: | SSN: | |
| Address: | | |
| | | |
| Parent Company, Subsidiary, or other Related Entity That Will Directly Benefit From This Assistance: (Attach additional sheets if necessary) | | |
| Name: | Taxpayer ID #: | |
| Address: | | |
| Relationship: | Type of Business: | |
| | | |
| Name: | Taxpayer ID #: | |
| Address: | • | |
| Relationship: | Type of Business: | |
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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 New Jersey and its independent agencies and authorities to assist in the conduct or operation of a business, occupation, trade, or profession in New Jersey. 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.

Mandatory Application Fees:

Standard Processing - \$75.00

Expedited Processing (response within three (3) business days) - \$200.00.

Payment must be made by check or money order payable to the "New Jersey Division of Taxation".

The fee is non-refundable and entitles the applicant to updated tax clearance certificates for up to one year from the date of application.

Mail this application and fee to:

State of New Jersey
Division of Taxation
Business Assistance Tax Clearance Unit
3 John Fitch Way – 4th Floor
P.O. Box 272
Trenton, NJ 08695-0272

For questions about the tax clearance process call (609) 322-6835 or email BusinessAssistanceTC.Taxation@treas.nj.gov

All other questions should be directed to the agency providing the assistance/incentive.