

FEIN#: _____

NAME: _____

NJ-REG

Each Question Must Be Answered Completely

1. a. Have you or will you be paying wages, salaries or commissions to employees working in New Jersey within the next 6 months? Yes No

Give date of first wage or salary payment: _____ / _____ / _____
Month Day Year

If you answered "No" to question 1.a., please be aware that if you begin paying wages you are required to notify the Client Registration Bureau at PO Box 252, Trenton NJ 08646-0252, or phone (609)-292-1730.

b. Give date of hiring first NJ employee: _____ / _____ / _____
Month Day Year

c. Date cumulative gross payroll exceeds \$1,000 _____ / _____ / _____
Month Day Year

d. Will you be paying wages, salaries or commissions to New Jersey residents working outside New Jersey? Yes No

e. Will you be the payer of pension or annuity income to New Jersey residents? Yes No

f. Will you be holding legalized games of chance in New Jersey (as defined in Chapter 47 Rules of Legalized Games of Chance) where proceeds from any one prize exceed \$1,000? Yes No

g. Is this business a PEO (Employee Leasing Company)? (If yes, see page 6) Yes No

2. Did you acquire Substantially all the assets; Trade or business; Employees; of any previous employing units? Yes No

If answer is "No", go to question 4.

If answer is "Yes", indicate by a check whether in whole or in part, and list business name, address and registration number of predecessor or acquired unit and the date business was acquired by you. (If more than one, list separately. Continue on separate sheet if necessary.)

Name of Acquired Unit _____	_____	ACQUIRED	PERCENTAGE ACQUIRED
	N.J. Employer ID	<input type="checkbox"/> Assets _____ %	
Address _____	_____	<input type="checkbox"/> Trade or Business _____ %	
	Date Acquired	<input type="checkbox"/> Employees _____ %	

3. Subject to certain regulations, the law provides for the transfer of the predecessor's employment experience to a successor where the whole of a business is acquired from a subject predecessor employer, unless the successor protests within four months from date of acquisition.

The transfer of the employment experience is required by law if the predecessor and successor units are owned or controlled by each other or by the same interests.

Are the predecessor and successor units owned or controlled by the same interests? Yes No

Do you protest the transfer of the employment experience which may affect your contribution rate? Yes No

4. Is your employment agricultural? Yes No

5. Is your employment household? Yes No

a. If yes, please indicate the date in the calendar quarter in which gross cash wages totaled \$1,000 or more _____ / _____ / _____
Month Day Year

6. Are you a 501(c)(3) organization? Yes No

7. Were you subject to the Federal Unemployment Tax Act (FUTA) in the current or preceding calendar year? Yes No

(See instruction sheet for explanation of FUTA) If "Yes", indicate year: _____

8. a. Does this employing unit claim exemption from liability for contributions under the Unemployment Compensation Law of New Jersey? Yes No

If "Yes," please state reason. (Use additional sheets if necessary.) _____

b. If exemption from the mandatory provisions of the Unemployment Compensation Law of New Jersey is claimed, does this employing unit wish to voluntarily elect to become subject to its provisions for a period of not less than two complete calendar years? Yes No

9. Type of business 1. Manufacturer 2. Service 3. Wholesale
 4. Construction 5. Retail 6. Government

Principal product or service in New Jersey only _____

Type of Activity in New Jersey only _____

10. List below each place of business and each class of industry in New Jersey, even though you may have only one place of business or engage in only one class of industry.

a. Do you have more than one employing facility in New Jersey Yes No

NJ WORK LOCATIONS (Physical location, not mailing address)		NATURE OF BUSINESS (See Instructions)			No. of Workers at Each Location and/in Each Class of Industry
Street Address, City, Zip Code	County	NAICS Code	Principal Product or Service Complete Description	%	

(Continue on separate sheet, if necessary)

BE SURE TO COMPLETE NEXT PAGE

STATE OF NEW JERSEY
DIVISION OF REVENUE

"FEE REQUIRED" PUBLIC RECORDS FILING FOR NEW BUSINESS ENTITY

Fill out all information below INCLUDING INFORMATION FOR ITEM 11, and sign in the space provided. Please note that once filed, this form constitutes your original certificate of incorporation/formation/registration/authority, and the information contained in the filed form is considered public. Refer to the instructions for delivery/return options, filing fees and field-by-field requirements. Remember to remit the appropriate fee amount. Use attachments if more space is required for any field, or if you wish to add articles for the public record.

1. Business Name: _____

2. Type of Business Entity: ____ ____
(See Instructions for Codes, Page 21, Item 2)

3. Business Purpose :
(See Instructions, Page 22, Item 3)

4. Stock (Domestic Corporations only; LLCs and Non-Profit leave blank):

5. Duration (If Indefinite or Perpetual, leave blank):

6. State of Formation/Incorporation (Foreign Entities Only):

7. Date of Formation/Incorporation (Foreign Entities Only):

8. Contact Information:

Registered Agent Name: _____

Registered Office:
(Must be a New Jersey street address)

Main Business or Principal Business Address:

Street _____

Street _____

City _____ Zip _____

City _____ State _____ Zip _____

9. Management (Domestic Corporations and Limited Partnerships Only)

- For-Profit and Professional Corporations list initial Board of Directors, minimum of 1;
- Domestic Non-Profits list Board of Trustees, minimum of 3;
- Limited Partnerships list all General Partners.

Name	Street Address	City	State	Zip
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The signatures below certify that the business entity has complied with all applicable filing requirements pursuant to the laws of the State of New Jersey.

10. Incorporators (Domestic Corporations Only, minimum of 1)

Name	Street Address	City	State	Zip
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature(s) for the Public Record (See instructions for Information on Signature Requirements)

Signature	Name	Title	Date
_____	_____	_____	_____
_____	_____	_____	_____

Public Records Filing for New Business Entity (continued)

11. Additional Entity - Specific Information

A. Domestic Non-Profit Corporations (Title 15A) - For IRS exemption considerations, see instructions.

1a. The corporation shall have members: ... Yes No
If yes, qualification shall be:
 As set forth in the by-laws or, As set forth herein:

1b. The rights and limitations of the different classes of members shall be:
 As set forth in the by-laws or, As set forth herein:

2. The method of electing the trustees shall be:
 As set forth in the by-laws or, As set forth herein:

3. The method of distribution of assets shall be:
 As set forth in the by-laws or, As set forth herein:

B. Foreign Corporations - Profit, Non-Profit and Foreign Legal Professional (Titles 14A and 15A)

Attach a certificate of good standing/existence from the state of incorporation not greater than 30 days old to this form.

C. Limited Partnerships (Title 42:2A)

1. Set forth the aggregate amount of cash and a description and statement of the agreed value of other property or services contributed (or to be contributed in the future) by all partners:

2. Do the limited partners have the power to grant the right to become a limited partner to an assignee of any part of their partnership ... Yes No
If yes, list the terms/conditions of that power:

3. Do the limited partners have the right to receive distributions from a partner which includes a return of all or any part of the partner's contributions? ... Yes No
If yes, list the applicable terms:

4. Do the general partners have the right to make distributions to a partner which includes a return of all or any part of the partner's contributions? ... Yes No
If yes, list the applicable terms:

5. What are the rights of the remaining general partners to continue the business in the event that a general partner withdraws? List below:

D. Foreign Limited Partnerships (Title 42:2A)

Set forth the aggregate amount of cash and a description and statement of the agreed value of other property or services contributed (or to be contributed in the future) by all partners: