



State of New Jersey  
 Division of Taxation  
 Business Assistance Clearance Section  
 50 Barrack Street — 9<sup>th</sup> Floor  
 P.O. Box 272  
 Trenton, NJ 08695-0272

**APPLICATION FOR TAX CLEARANCE — BUSINESS ASSISTANCE AND INCENTIVES**  
**Application Fee Required**

Standard processing \$75.00  
 Expedited processing (a response within 3 business days) \$200.00

Legal Name of Applicant \_\_\_\_\_

Trade Name of Applicant \_\_\_\_\_

Business Location Address \_\_\_\_\_

Mailing Address for Clearance Certificate (If different from Business Location Address)  
 \_\_\_\_\_

NJ Tax Registration # \_\_\_\_\_ FID/TIN # \_\_\_\_\_

Type of Business \_\_\_\_\_

List **All** Officers or Partners on page 2 of application.

Please list on page 2 of this application any parent company, subsidiary or other related entity **that will directly benefit from this assistance.**

Name of Issuer State Agency New Jersey Board of Public Utilities Due Date \_\_\_\_\_

Name of Assistance Program NJ Clean Energy Program (NJCEP)

Agency Contact Person NJCEP Commercial/Industrial Market Manager

Agency Contact Address 900 Route 9 North #404, Woodbridge, NJ 07095

Agency Contact Phone # (732) 855-0033 Agency Contact Fax # \_\_\_\_\_

Agency Contact Email \_\_\_\_\_

I certify that I am authorized to complete this tax clearance application; that it is true and complete; and that if any information contained in this tax clearance application is willfully false, I may be subject to penalty.

I understand that the Division of Taxation will 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 Title Date

\_\_\_\_\_  
 Print Name Contact Phone Number \* Required

Name of Applicant \_\_\_\_\_ NJ Tax Registration # \_\_\_\_\_

Effective July 1, 2007, **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 the State and its independent agencies and authorities to assist in the conduct or operation of a business, occupation, trade, or profession in the State. 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.

This application form is intended to provide the Division of Taxation with the necessary information to conduct its research and determine if the applicant is compliant with New Jersey tax laws such that a tax clearance certificate may be issued. If the Director determines that the applicant has not filed all required tax returns and has not paid all tax, penalties, interest, or fees due, the Director shall issue a notice to the applicant of the particulars to be resolved before a tax clearance certificate may be issued.

**Effective March 1, 2009, a fee will be imposed for all Applications for Tax Clearance - Business Assistance and Incentives.** The application fee is \$75.00 for standard processing. An expedited service (response within three (3) business days) is available for \$200.00. The fee is non-refundable and will cover updates, if needed for this application, for up to one year. Payment must be made by check or money order payable to the "New Jersey Division of Taxation".

***All Applications must be mailed or hand delivered to the Taxation address.  
Applications received without payment will not be processed.***

Questions about the tax clearance process may be directed to: (609) 292-6400.  
Questions about the award process should be directed to the specific State Agency noted on page 1.

**The following information is required to verify and/or update our records.**

List of Officers or Partners:		
Name	Address	Social Security #

Attach additional pages as necessary.

**LIST RELATED ENTITIES THAT DIRECTLY BENEFIT FROM THIS ASSISTANCE**

Information on related entities: (Name, Address, Relationship, Taxpayer Identification Number & Type of Business)

I certify the information on this page is correct.

\_\_\_\_\_  
(Signature of Authorized Representative)

\_\_\_\_\_  
(Date)