

## Urban Enterprise Zone Program

# Certification Instructions

Please type or print clearly and follow these instructions carefully to expedite processing of your application for certification as a qualified Urban Enterprise Zone (UEZ) business. Once completed, return your Certification Application to your local coordinator for processing. **Incomplete applications are subject to rejection. Do not leave any blanks!** You will receive notification of your approval status from the State Urban Enterprise Zone Program. To receive the program's tax benefits your business must be registered with the New Jersey Division of Revenue. ALL APPLICANTS MUST SUBMIT: UEZ Certification Application, NJ-REG and the UZ-1 Form. If your business has a NJ REG on file with Division of Revenue you are still required to complete the NJ-REG application. Please check the box noting that this is an amended application in section one of the NJ-REG form. To expedite processing send both the UZ-1 Form and the NJ-REG Form in with your Certification Application to your coordinator. The Division of Revenue will send you your tax-related materials directly. **To receive the benefits of this program, your business MUST be physically and permanently located at the address of your Certification Application (#3-7). Please be sure to read the Program Procedures and literature to fully understand the program's requirements and benefits.**

### Section I: Zone Business Information

1. Legal Company Name. The corporate name of the business registered with the N.J. Division of Revenue or the name(s) of the owner(s) if a sole proprietorship or partnership.
2. Trade Name. The trade name, if different from #1.
- 3-7. UEZ Business Street Address. The street address, city, state and zip code for the physical location of the business within the zone. **(No PO Boxes)**
- 8-11. Business Contact. The business contact name with title, telephone and fax number and e-mail address for all communication relating to the Urban Enterprise Zone Program.
- 12-16. Mailing Address. The mailing address to which all correspondence with the business contact should be sent. If it is the same as the street address, then print "Same".
17. Nature of Business. Describe the business activity that is conducted at the street address indicated in #3-7 above. Please be specific, especially if your business is real estate-related.
- 18a. NAICS. To locate your North American Industrial Classification System (NAICS) code via the Internet, go to <http://www.census.gov/epcd/www/naics.html>. Or contact your coordinator for assistance.
- 18b. SIC. To locate your Standard Industrial Classification (SIC) code via the Internet, go to <http://www.osha.gov/pls/imis/sicsearch.html>.
19. N.J. Taxpayer ID#. This is your 12-digit New Jersey taxpayer identification number, which in most cases will be the **same as your Federal Taxpayer ID#**, plus three digits at the end.

It may be found on: 1) The Certificate of Authority issued by the N.J. Division of Revenue at the time you register; 2) Your NJ 500 Income Tax Withholding Form; or 3) monthly and quarterly reporting forms (ST50, ST51 or UZ-50) for State sales tax. You may write in "pending" if you have applied for a N.J. Taxpayer ID# but have not received it yet.

Social Security #. Sole proprietors who do not have a NJ Taxpayer ID may provide their SS#.

20. Date business began or will begin at this location within the zone. Provide the date your business was established or will be established by the **current ownership** at the street address indicated in (#3-#7) or the anticipated opening date. If this date is after the date of the zone designation, then you will be required to meet a "25% Employment Factor". Refer to Program Procedures literature for the definition of the 25% Factor or consult your coordinator.
21. How were you established at this location? How was your business created when it first began (#20) at the location indicated (#3 - #7)?
  - Expansion: You expanded an existing business from any location, including within the zone (includes chains and branches).
  - Relocation: You were an existing business that moved an existing operation into the zone from another location.
  - New Start-Up: You were a brand new business that did not previously exist (includes franchises).
  - New Ownership: You purchased an existing business or were required to re-apply into the program as a new business as a result of a change in your federal identification number.

22. Is the Business Owned by a Minority or Woman? Does the business have minority or women ownership where 51% of the ownership interest is held by minorities or women and the management and daily business operations are controlled by one or more of the minorities or women who own it?
23. Business Formation. Indicate whether your business is a corporation, sole proprietorship, partnership, limited partnership, limited liability company, joint venture or other type of business. Additional information is required for partnerships, limited partnerships, limited liability companies and joint ventures. Refer to ***Special Procedures*** below for details.
24. Sole Proprietorship Name and Home Address. If you are a sole proprietorship, provide your name and home address.

## Section II. Employee Data

25. Current Number of Employees. Provide the number of full-time and part-time employees presently employed by your business located at the street address provided in this application. Full-time employees work twelve months per year and at least 30 hours per week. They must report to the work location in the zone at least 51% of the year. Part-time employees work at least 15 hours per week a minimum of 16 weeks per year and earn at least \$1,000 per quarter.
26. Total Number of Employees Anticipated End of First Year in UEZ Program. What is the total number of full-time and part-time employees you anticipate employing at the end of your first year in the UEZ Program? Refer to the Program Requirements section of the Program Procedures literature to fully understand the Program's employment requirements. If your business employs more than 10 full-time employees you must project hiring at least one additional full-time employee. Businesses with 10 or less full-time employees may project at least one additional part-time employee if they do not anticipate hiring additional full-time employees.
27. Unemployment Created? If you create unemployment in another area of the State by moving your business into an Urban Enterprise Zone, you are not eligible to participate in the UEZ Program. If you moved into the zone from another New Jersey location **during the past year**, provide a sample of supporting documentation, such as a letter to your employees, which confirms that these employees were offered the opportunity to transfer to the new location.

## Section III. Capital Investments

Describe your anticipated capital investments for your first year in the UEZ program, their estimated completion date and associated costs. Capital investments for the purpose of this Certification Application refer to the purchase of property which is depreciated over a term of years, for example, building additions and improvements, furniture, computers, motor vehicles and machinery.

Capital investments do not include property expensed on an annual basis, for example, office supplies, paper products, machine parts with a life of less than one year, expendable items, etc. To facilitate our data entry, please be sure to include a total amount for your expenditures.

## Employee Data Sheets

All businesses must complete a Certification Employee Data Sheet listing only full-time employees. Businesses employing 10 or less full-time employees at the time of certification must also complete a Part-Time Employee Data Sheet.

The total number of employees that you list on the Employee Data Sheets should equal the number of employees reported on line #23 on your Certification Application. You may duplicate the form or substitute computer printout will be accepted if it faithfully duplicates the data sheet.

## Special Procedures

**Partnerships and Limited Partnerships:** Provide, on company letterhead, the name, address and taxpayer identification number or social security number of at least one general partner. Additionally, if the general partner is a corporation, also provide the name, address and social security number of the principal officer.

**Limited Liability Companies:** Provide a copy of your Certificate of Formation and your filing of Certificate of Formation with the Secretary of State.

**Joint Ventures:** Provide a copy of your joint venture agreement.

**Employment Requirements:** If you anticipate having difficulty meeting the Program's employment requirements, talk to your coordinator about special procedures that may apply to your business.

## Related Web Sites

<http://www.state.nj.us/commerce/UEZ.shtml>  
<http://www.state.nj.us/treasury/taxation/prntueez.htm>  
<http://www.state.nj.us/treasury/revenue/revprnt>