

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 06646-0252, or phone (609) 292-1730.

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

c. Date cumulative gross payroll exceeds \$1000 _____ / _____ / _____
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 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 _____ NJ Employee ID _____

 Address _____ Date Acquired _____

ACQUIRED

- Assets _____ %
 Trade or Business _____ %
 Employees _____ %

PERCENTAGE ACQUIRED

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. The transfer of the employment experience is required by law.

- Are the predecessor and successor units owned or controlled by the same interests? 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

If "Yes," to apply for sales tax exemption, obtain form REG-1E at www.state.nj.us/treasury/taxation/exemption.htm.

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. Types 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

