

Application for New Jersey/New York State Simplified Sales and Use Tax Reporting

This application should **only** be used by vendors located in New Jersey or New York State.

Read instructions below before completing — print or type (black or blue ink)

State Tax Department use only

| | | | | | |
|---|-------|--|---|----------------------------|--|
| 1. Legal name of business from <i>Certificate of Authority</i> (owner's name, partners' names, or corporate name) | | | | | |
| 2. Trade name or DBA, if different from above | | | | | |
| 3. Physical location of place of business (number and street; see instructions) | | | | NAICS | |
| 4. City | State | ZIP code | 5. County | 6. Telephone number () | |
| <p>Note: If you have more than one business location, attach a list of the additional locations. If you do not have a business location in New Jersey or New York State, do not use this application.</p> | | | | | |
| 7. Type of organization Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> | | | | | |
| 8. Mailing address (number and street if different from lines 3 and 4) | | | 9. Describe in detail the type of business you operate: | | |
| City | State | ZIP code | | | |
| 10. Mark an X in one box only (see instructions) | | | | | |
| <input type="checkbox"/> FEIN _____ | | | <input type="checkbox"/> SSN _____ | | |
| 11. Current sales tax registration numbers | | | | | |
| <input type="checkbox"/> New Jersey number _____ | | | <input type="checkbox"/> New York State number _____ | | |
| 12a. If your principal place of business is in New York, do you maintain a business location in New Jersey? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 12b. If your principal place of business is in New Jersey, do you maintain a business location in New York State? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| <p>The undersigned hereby applies for registration under the New Jersey/New York State Simplified Tax Reporting Program and understands that there will be an exchange of such information between New Jersey and New York State as may be necessary to register the vendor for the program and to administer the program.</p> <p>The undersigned agrees that upon approval of this registration, the vendor shall be subject to the laws of both New Jersey and New York State for sales and use tax purposes.</p> | | | | | |
| 13. I certify that the above statements are true. Signature _____ | | | | | |
| Name _____ | | Title _____ | | Date _____ | |
| (please print) | | (owner, partner, or responsible officer) | | | |

Instructions

- Enter the exact legal name of the business being registered. If a sole proprietorship or partnership, enter legal name(s) of the owner(s).
- Enter the trade or doing business as (DBA) name of the business if different from line 1.
- Enter the actual physical location and telephone number of your principal place of business. If you have more than one place of business, **attach** a list of all such additional locations.
- Mark an **X** in the box which applies to your type of business.
- Enter the mailing address if different from lines 3 and 4.
- Enter a description of your business activity. **New York State vendors** refer to Publication 910, *NAICS Codes for Principal Business Activity for New York State Tax Purposes*, for typical business descriptions.
- Enter the federal employer identification number (FEIN). If you do not have an FEIN, enter the social security number (SSN) of the owner or financially responsible partner. Mark an **X** in the appropriate box to indicate which number you entered.
- Enter the registration number from your *Certificate of Authority*. If you are registered in both states, enter both numbers. If you are not currently registered in either, enter **None**.
- Answer either 12a or 12b by marking an **X** in the appropriate box. *Business location* includes office, corporate headquarters,

sales location, showroom, manufacturing facility, warehouse, or other owned or leased real property related to the business, whether or not sale or sales-related activities are carried on from that location.


- The application must be signed and dated by the owner, a partner, or a responsible officer of the corporation.

Mail the completed application to your home state:


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| STATE OF NEW JERSEY DIVISION OF TAXATION PO BOX 264 TRENTON NJ 08695-0264 (609) 984-0120 | NYS TAX DEPARTMENT SALES TAX REGISTRATION SECTION W A HARRIMAN CAMPUS ALBANY NY 12227 1 800 972-1233 |
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www.state.nj.us/treasury/taxation

Need help? (for NYS filers)

 **Internet access:** www.nystax.gov
(for information, forms, and publications)

 **Fax-on-demand forms:** 1 800 748-3676

 **Business Tax Information Center:** 1 800 972-1233
From areas outside the U.S. and outside Canada: (518) 485-6800

Hearing and speech impaired (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110