

New Jersey Voluntary Disclosure Fact Pattern Form

Type of Business entity:	Corporation, accounting period ending *:								
	Limite	nited Liability Company*							
	Limited Partnership								
_	Other* (specify):								
*If LLC, Corporation, or C	Other, w	nat form do you file fo	or federal incor	ne tax?					
-		<u> </u>							
Has this entity been authorized to do business in the State of New Jersey with the New Jersey									
Secretary of State/New Jer			rding or created under	No					
New Jersey Law? If yes, what date did the entity become authorized?									
Did this entity receive a Nexus Questionnaire or any other notification from New Jersey?				Yes, explain:					
other nothication from Ne	w Jersey	/							
	No		No						
Taxes currently registered for in New Jersey:		None		Partnership					
			Sales and Use Tax Employer Withhold						
		Corporation Business Tax							
		Other (specify):							
Taxes requested for disclo	sure:	Sales and Use Tax							
		Was Sales Tax collected but not remitted?							
		No Yes, specify first date:							
		Corporation Business Tax							
		Separate return filer only							
Combined return filer only									
		Both (Separate return filer/ Combined return filer)							
		Separate return filer year:		Combined return filer year:					
		Partnership							
How many Partners are in the partnership? Are any of the partners Corporation Business Tax return filers?									
								No Yes, provide a flow chart separately	
		Employer Withholding Tax							
		Other (specify):							

Date activity first commenced in New Jersey:										
Type of business activity:										
Detailed explanation of business activity in New Jersey:										
Contact Person Name:										
Firm Name:										
Mailing Address:										
			Ctatai		7:n Cada					
City:			State:		Zip Code:					
Phone Number:			Fax Number:							
Email Address:										
Signature: Date:										
Signature:				L	Jate.					
Regular mail or Express USPS mail send to:	Expr	Express (other than USPS carrier) mail send to:								
New Jersey Division of Taxation	New Jersey Division of Taxation									
Nexus Audit Group PO Box 269	Nexus Audit Group 3 John Fitch Way, 2nd floor									

Trenton, NJ 08611

Email: *Taxation.voldiscagreements@treas.nj.gov*

Fax: 609-633-6201

Trenton, NJ 08695-0269

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