

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF TAXATION
VESSEL DEALER SALES AND USE TAX EXEMPTION REPORT
FOR A FOREIGN CORPORATION

(See Reverse Side for Instructions and Privacy Act Notification)

I

Name	Telephone	Federal Identification Number
Address (Number and Street or Rural Route)		State of Incorporation
City, Town or Post Office and State	Zip Code	Date of Incorporation
(a) Does this corporation have a registered agent? <input type="checkbox"/> Yes <input type="checkbox"/> No Name Address Telephone If yes, _____		
(b) Is the stock of this corporation publicly held? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Exchange Symbol If yes, _____ Number of shares outstanding _____		
(c) Is the stock of this corporation closely held? <input type="checkbox"/> No <input type="checkbox"/> Yes - Number of shares _____ If yes, Part IV must be completed.		

II

(a) Principal type of business _____

(b) Location of principal office _____

(c) Does this corporation have an office in New Jersey? No Yes - Address _____

(d) Does this corporation:

1. Own or lease real property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Own or lease tangible or intangible personal property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Employ any other assets in a business, trade, profession or occupation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Own merchandise or other property for sale?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Own assets which are leased to others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Perform any construction, erection, installation or repair work or other services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Receive payments from persons for the sale of services or property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(e) Do any of the above activities take place in New Jersey? Yes No
 If yes, state details. (Use separate sheet if necessary.) _____

III

Names of Principal Officers	Title and Social Security Number	Address	Telephone

IV

To be completed only by a corporation answering "Yes" to question (c), Part I.

Names of Major Stockholders	Address	Telephone	Social Security Number

CERTIFICATION OF AN AUTHORIZED OFFICER OF THE CORPORATION

I hereby certify that this report, including any accompanying rider, is to the best of my knowledge a true, correct and complete report.

Signature of Officer	Official Title	Date
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PRIVACY ACT NOTIFICATION

The Federal Privacy Act of 1974 requires all agencies requesting information to inform individuals from who it seeks information why the request is being made and how the information is being used.

Your social security number is used primarily to account for and give credit for tax payments. It is also used in the administration and enforcement of all tax laws for which the Division of Taxation has statutory responsibility.

INSTRUCTIONS FOR DEALER

This supplement must be completed and attached to FORM ST-10V whenever a vessel is purchased by a foreign corporation which claims exemption from sales tax under N.J.S.A. 54:32B-10 of the New Jersey Sales and Use Tax Act.

- a. Fill out report in duplicate.
- b. Print or type report.
- c. Complete all information. If not applicable write "NONE".
- d. Do not fold.
- e. Retain copy for your files.
- f. Send original attached to Form ST-10V to:

New Jersey Division of Taxation
Motor Vehicle Casual Sales Section
PO Box 267
Trenton, NJ 08695-0267