

BUYING BUSINESS INFORMATION SHEET

Technology Business Tax Certificate Transfer Program

Please provide the information requested below and sign and date as requested.

A. Buying Business

Business Name: _____

Primary Business Address: _____

Contact Person and Title: _____

Telephone : _____

Fax: _____

Email Address: _____

Tax Identification Number: _____

B. Selling Business

Business Name: _____

Primary Business Address: _____

Contact Person and Title: _____

Telephone : _____

Fax: _____

Email Address: _____

Tax Identification Number: _____

C. Amount of the Authorized Tax Benefit to be Sold (a separate form is needed for each Buyer)

1. NOL Benefit to be Sold:	\$ _____	(of Total \$ _____)	Authorized*)
2. R&D Tax Credit to be Sold:	\$ _____	(of Total \$ _____)	Authorized*)
3. Grand Total:	\$ _____	(of Total \$ _____)	Authorized*)

***Note:** the information in parenthesis is for use if the Seller is selling to more than one buyer.

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D. Selling Price of Benefits to be Transferred (This portion must be fully completed or the form will not be processed.)

\$ _____ Gross Amount of Sale of Certificate. This must be at least 80% of the amount of the Grand Total shown on line C.3. above.

\$ _____ Total Expenses, Fees or Costs

\$ _____ Net Proceeds to Seller.

Date _____

Signature of Authorized Selling
Business Representative

Printed Name, Title

It is expressly agreed and understood that any information submitted to or obtained by the New Jersey Economic Development Authority (NJEDA) or the New Jersey Division of Taxation in connection with this application may be shared among the NJEDA and the New Jersey Division of Taxation.

The information provided in connection with this application is accurate to the best of my knowledge.

The Buying Business named in this application agrees not to buy any tax benefit certificate, in connection with the Technology Business Tax Certificate Transfer Program, from an Affiliated Business.

This Information Sheet may be executed and delivered by telecopier, email, PDF or other facsimile transmission of all with the same force and effect as if the same were a fully executed and delivered original manual counterpart.

Date _____

Signature of Authorized Buying
Business Representative

Printed Name, Title