

Product: Technology Business Tax Certificate Transfer (NOL) Program

Required Attachments

| Exhibit | Description |
|----------------|---|
| A: | Certificate of Incorporation for earliest formation of Applicant Company. |
| B: | Written description of the Applicant's business. Directly explain how the Applicant Company meets the definition and qualifies as a Technology or Biotechnology business. Describe the business and the nature of operations within New Jersey. Detail the intellectual property and how this is the primary business of the Applicant Company. Highlight the primary sources of revenue noting the percentage in comparison to the company's total revenue. Describe the staff, demonstrate they are full time employees, and incorporate their level of sophistication as relates to the description of the business and their involvement with the intellectual property including its development. |
| C: | Protected Proprietary Intellectual Property (PPIP) For filed and pending patents: the first page of patent application and filing receipt. For approved patents: the first page of patent approval. For denied patents: first page of patent application, filing receipt, and Request for Continued Examination evidence. For copyrights: evidence of copyright registration with the Library of Congress. For exclusive licenses: the licensing agreement. |
| D: | List of Shareholders. (Download Blank Copy) |
| E: | Employee Log. (Download Blank Copy) |
| F: | Employee Verification The Federal IRS Form 941 in addition to the NJ State Form WR30 or 927 for period ending March 31, Current Program Year is required for the Applicant Company as well as entities owning or controlling 50% or more of the Applicant Company i.e. parent, consolidated group, affiliates, and subsidiaries. If a Professional Employment Organization (PEO) is utilized the PEO must provide a letter detailing the total number of leased full-time employees and the number of leased full-time employees working at least 80% of the time in New Jersey at year end and anticipated at application deadline. Additionally, include the state in which each employee resides and any employees that submitted a Certificate of Non-Residence for exemption from the New Jersey Gross Income Tax Act. Sample form letter is available. (Download Blank Copy) * Additional employee verification such as IRS Form 941 or NJ State Form WR30 or 927 for period ending June 30, Current Program Year, job descriptions, offer letters, employee resumes, etc. can be requested at the discretion of the EDA. |
| G: | Evidence of health benefits coverage including cover page of policy, invoices, etc. |
| H: | Health benefits coverage opt out signed by employees. Sample form letter is available. (Download Blank Copy) |
| I: | Financial Statements for the past 2 years. Two most recent years of independent accountant (CPA) prepared consolidated financial statements or annual reports, prepared in accordance with Generally Accepted Accounting Principles (GAAP) for applicant as well as entities directly or indirectly owning or controlling 50% or more of the applicant, parent, consolidated group, affiliates, and subsidiaries. If the applicant is a publicly held company, submit the most recent SEC Form 10-K, showing the last two years financial statements. ON MARCH 12, 2015, THE NJEDA APPROVED THE PUBLICATION OF PROPOSED AMENDMENTS TO THE PROGRAM RULES. THE AMENDMENTS PROVIDE THAT FINANCIAL STATEMENTS ARE REQUIRED FROM AN ENTITY THAT DIRECTLY OR INDIRECTLY OWNS OR CONTROLS AT LEAST 50% OF THE APPLICANT AND FROM A CONSOLIDATED GROUP OF AFFILIATED CORPORATIONS OF WHICH THE APPLICANT IS PART ONLY IF THE ENTITY OR THE CONSOLIDATED GROUP OF AFFILIATED CORPORATIONS MUST REPORT NET OPERATING INCOME IN ITS FINANCIAL STATEMENTS. THE APPLICANT IS AT RISK THAT THE PROPOSED AMENDMENTS WILL NOT BE ADOPTED AS PROPOSED. |
| J: | CEO Certification signed by Applicant Company CEO. (Download Blank Copy) |
| K: | NJEDA Legal Questionnaire. (Download Blank Copy) |
| L: | New Jersey M/WBE Certification: include current certificate. |