



2015 PAYROLL TAX REGISTRATION FORM

* Date of Registration: _____

This registration form is to be completed by the Employers subject to the Newark Payroll Tax

PLEASE PRINT LEGIBLY OR TYPE ALL INFORMATION

* Business Name: _____

Corporation Name: _____

Business Location:

* Street: _____

City: _____ State: _____ * Zip: _____

* Phone: _____

* Fax: _____

* Block: _____ Lot: _____ Qualifier: _____

(If location is located in the City of Newark)

* Is this Newark Location Owned? _____ Rented? _____ Leased? _____

***TYPE OF ORGANIZATION:**

Individual _____ Association _____ Partnership _____ Corporation _____

Non-Profit _____ S-Corporation _____ LLC _____ other (please specify) _____

BUSINESS INFORMATION :

* Number of Employees: _____

* Date Business Established: _____

* Date Business Started Operating in Newark: _____

* Type of Business: Year Round _____ Seasonal: _____

From Date: _____

To Date: _____

* Number of Other Locations: _____ *Please Attach List on Separate Sheet*

* Paying Parking Tax: **Yes** **No** (If applicable)

If Yes Please Provide Information to Which Parking Tax is Being Paid:

Parking Facility and Exact Location(s) of Lot:

Parking License (s)

* Business Tax ID #: _____

Corporation Tax ID #: _____

* Existing Owner: _____ New Owner: _____

Detail Business Description: _____

**IF BUSINESS IS NOT LOCATED IN NEWARK
PLEASE INDICATE WHAT NEWARK LOCATION
PAYROLL TAX IS GENERATED FROM:**

Please Attach Additional Sheet(s) if necessary

Street: _____

City: _____ State: _____ Zip: _____

*** MAILING ADDRESS if Different:**

Street: _____

City: _____ State: _____ Zip: _____

CONTACT INFORMATION:

* Primary Contact: _____

* Phone: _____ Mobile: _____

* E-Mail: _____

Secondary Contact: _____

Phone: _____ Mobile: _____

E-Mail: _____

***PAYROLL COMPANY/ ACCOUNTANT INFORMATION:**

Name of Service Provider: _____

Street: _____

City: _____ State: _____ Zip: _____

Primary Contact: _____

Phone: _____ Mobile: _____

E-Mail: _____

* Tax Exempt: **Yes** **No**

**IF TAX EXEMPT - MUST PROVIDE TAX EXEMPT DOCUMENTATION
WITH SUBMISSION OF THIS APPLICATION**

CERTIFICATION: I CERTIFY THAT ALL THE INFORMATION GIVEN ON THIS REPORT IS ACCURATE AND CORRECT

Completed By: * Signature _____

* Print Name _____

* Title: _____ * Date: _____