

**New Jersey Economic Development Authority:**  
***Your Resource for Economic Opportunity***

**This online application DOES NOT include NJEDA's programs for businesses impacted by COVID-19.**

**Please visit the State of New Jersey' business portal at <https://cv.business.nj.gov> for more information on NJEDA programs to support COVID-19 impacted businesses.**

**Welcome to the EDA's online application for financial assistance. We look forward to helping you as you grow your business in New Jersey!**

GENERAL INFORMATION:

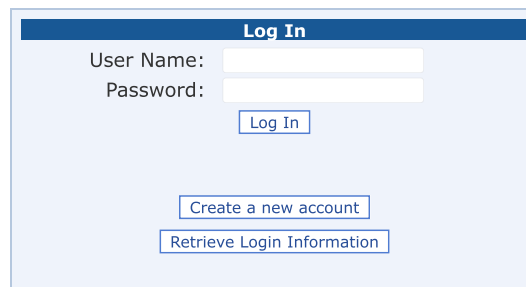
Before you get started, there are a few things you should be aware of to make the application process as simple as possible.

- In order to fully complete the online application, you must have consulted with an EDA Business Development Officer. Your Business Development Officer can guide you through the application process and can answer any questions you may have.
- If you have not consulted with a Business Development Officer, please call EDA Customer Care at (609) 858-6767 or email [CustomerCare@njeda.com](mailto:CustomerCare@njeda.com).
- The estimated time required to complete this application is about 40 minutes.
- In order to complete your online application, you must register for an account with a username and password. Your username and password will allow you the flexibility to complete your application at your convenience.
- Questions are tailored to your project/business. This allows us to ask relevant questions about your project/business. Please have as much information as possible with you as you complete the application, including:
  - For Privately Held Corporations: Name, address, social security number, date of birth, position, citizenship information and percent ownership for all officers and directors.
  - For Nonprofit Organizations: Name, address, social security number, date of birth, position and citizenship information for all officers and trustees. You will also need to provide a copy of your 501(c) (3) determination letter
  - Contact information for your bank, accountant and counsel
  - Your organization's Federal Employers Identification Number (FEIN) and NAICS code.
  - Information on your project or business including sources and uses of funds, location, and, if applicable, details on construction, land acquisition and equipment purchases.
  - Your Business Development Officer will be able to provide you with more specific details on the information required for you to complete the application.
- As you complete your application, you may email a draft of your application to your Business Development Officer should you require feedback prior to submitting.
- All fields are mandatory, but can be completed with a 'NA' if you do not have the requested information at the time of application or if the question does not apply.
- Depending on the nature of your project/business, your Business Development Officer may request additional information after receipt of your application.

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A screenshot of a web application's login page. The page has a light blue background. At the top, there is a dark blue header bar with the text "Log In" in white. Below the header, there are two input fields: "User Name:" and "Password:". To the right of each label is a white input box. Below the password field is a "Log In" button. Further down, there are two more buttons: "Create a new account" and "Retrieve Login Information".

Are you applying for Angel Tax Credit Program, [Click here](#) to go to Angel Tax Credit NJEDA online application

Are you applying for NJ Accelerate - Rent Support Program, [Click here](#) to go to NJ Accelerate - Rent Support online application

Are you applying for NJ Ignite-Incubator and Collaborative Workspace Rent Initiative, [Click here](#) to go to NJ Ignite online application

### START A NEW APPLICATION

Please enter a brief description of your project (up to 50 characters).  
The description is for your reference only. It will not be submitted with  
the application.

Would you like to import your contact information and organization data from another application?

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**Applicant: Anne Sweeney**  
**Company: Computer Technology, Inc.**  
**Project: Biotech/Tech Company 2022 NOL App**

**Application ID #223838**


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### Contact Information

Application Date: 5/2/2022

Salutation:

First Name:  \* Required Field

Middle Initial:

Last Name:  \* Required Field

Suffix:

Title:  \* Required Field

Company:  \* Required Field

Mailing Address:  \* Required Field

Address Line 2:

City/Town:  \* Required Field

State: New Jersey

ZIP Code:  \* Required Field

Telephone Number:  \* Required Field

Phone Ext.

Fax Number:

E-mail:  \* Required Field

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**Applicant Organization Information**

Applicant Organization Name:  
(legal name without abbreviations)

Federal Employer's I.D. No. (FEIN):

Doing Business As Name (if you operate under a  
different than the business's legally registered  
name please identify):

Holding Company Name:

Authorized Representative Name:  
(person able to legally bind the applicant)

Authorized Representative Email Address:

Title:

Chief Executive Officer Name:

Chief Executive Officer Email Address:

Chief Executive Officer Telephone Number:

Is the Organization's address the same as the  
Contact's address?

County

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**Applicant Organization Information**

Telephone Number:

Web Site Address:

Number of Employees:

NAICS Number:

(To find this number, look to the federal determination provided when the applicant entity was formed, or visit the following link to determine based upon current business functions, <https://www.census.gov/naics>.)

Nature of Business:

Year Established:

Ownership Structure:

State of Incorporation/Formation

I certify that my business is not in default with any other  
program administered by the State of New Jersey:

Is the applicant, or any person who controls the applicant or  
owns or controls more than 1% of the stock of the  
applicant, an officer or employee of any agency, authority or  
other instrumentality of the State of New Jersey?

Has the applicant, or any related parties, previously  
received EDA assistance?

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**Organization Information**

(Optional)

Media Contact Name:

Media Contact Telephone Number:

Media Contact Email Address:

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### Diversity, Equity & Inclusion

In this section we would like more information about the diversity of your company. This information is optional and for tracking purposes only. Any questions that are not applicable may be skipped.

With which of the following does the majority owner of the applicant organization self-identify (if applicable)?

- ☐ Minority
- ☐ Woman
- ☐ Veteran
- ☐ LGBTQ
- ☐ Disabled
- ☐ Prefer not to answer

\* Required Field

Please select which of the following certifications the applicant organization currently holds:

- ☐ Small Business Enterprise (SBE)
- ☐ Disadvantaged Business Enterprise (DBE)
- ☐ Minority-Owned Business Enterprise (MBE)
- ☐ Woman-Owned Business Enterprise (WBE)
- ☐ Veteran-Owned Business Enterprise (VOB)
- ☐ Disabled Veteran-Owned Business Enterprise (DVOB)
- ☐ None of the above / I do not wish to identify

\* Required Field

### Additional DE&I Information

In this section, we would like more information about any actions your company has taken or is taking with respect to Diversity, Equity & Inclusion. If these questions are not applicable, you may skip them.

Please describe whether your company's leadership team is made up of a diverse group of individuals. Please provide as much detail as possible about the composition of your leadership team as it relates to groups that have been historically underrepresented (minority, woman, veteran, LGBTQ, disabled).

Please describe whether your company's Board of Directors is made up of a diverse group of individuals. Please provide as much detail as possible about the composition of your leadership team as it relates to groups that have been historically underrepresented (minority, woman, veteran, LGBTQ, disabled).



Please describe any diversity initiatives, programs, or plans the applicant company has established.

**Language Assistance**

Is English your primary language?

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Are you currently working with an NJEDA representative? If you are not, or are not sure, please select NO.

\* Required Field

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Please select the EDA Business Development Officer that has  
been assigned to you:



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Please select the EDA products/programs your Business Development Officer recommended.

**Available Product(s):**

Add

Angel Investor Tax Credit Program  
Bond  
Bond + Guarantee  
Bond - Refunding NJEDA Bonds  
Brownfield Impact Fund (USEPA Brownfield Revolving L  
Camden Economic Recovery Board Grant  
Camden Economic Recovery Board Loan  
CDFI Loan to Lender Program  
Digital Media Tax Credit Program  
Direct Loan

**Product(s) Selected:**

Remove

Technology Business Tax Certificate Transfer (NOL) Pro

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**TECHNOLOGY BUSINESS TAX CERTIFICATE TRANSFER PROGRAM  
2022 APPLICATION**

Dear Applicant:

The Technology Business Tax Certificate Transfer Program enables approved Technology and Biotechnology Businesses with Net Operating Losses to sell their Unused Net Operating Loss Carryover (NOL) and Unused Research and Development Tax Credits (R&D Tax Credits) for at least 80% of the value of the tax benefit to a profitable corporate taxpayer in the State of New Jersey that is not an Affiliated Business. This allows Technology and Biotechnology Businesses with NOLs and R&D Tax Credits to turn those tax losses and credits into cash to buy equipment or facilities, or for other Allowable Expenditures. The New Jersey Economic Development Authority (NJEDA) determines eligibility, and the New Jersey Division of Taxation determines the value of the tax benefits (NOL and R&D Tax Credits).

To participate in the Technology Business Tax Certificate Transfer Program this online application must be submitted with all required exhibits and attachments as well as payment of the application fee by the application deadline.

A non-refundable \$1,000 application fee is required to be submitted for all applications. Payment will be made via credit card on the online application.

An approval fee of 1% is invoiced at benefit closing for benefit awards greater than \$100,000. The approval fee has a maximum cap of \$20,000. The Application fee will offset the approval fee total.

Application Deadline: Thursday, June 30, 2022 – 11:59 p.m.

Completed application, application fee, and all required exhibits and attachments **must be submitted** via the online application tool no later than 11:59 p.m. June 30, 2022. **No** applications can be submitted or will be accepted after 11:59 p.m. June 30, 2022. All applications in process will lock at 12:00 am July 1, 2022. NJEDA reserves the right to decline any application package for incomplete submission by the deadline. Applications received after the deadline **cannot** be accepted.

To resolve any questions or confusion, please consult the program's website at [www.njeda.com/NOL](http://www.njeda.com/NOL) and review the rules and regulations, frequently asked questions, webinar, sample application, definition, and more. If these resources do not answer your questions, please email your questions and contact information to [NOL@njeda.com](mailto:NOL@njeda.com).

PLEASE REVIEW THE FOLLOWING CRITERIA TO DETERMINE IF YOU MAY QUALIFY FOR THIS PROGRAM  
Terms are defined in the Definitions section, and examples are discussed in the [FAQ's](#).

ON MARCH 12, 2015, THE NJEDA APPROVED THE PUBLICATION OF PROPOSED AMENDMENTS TO THE PROGRAM RULES. THE AMENDMENTS PROVIDE THAT AN ENTITY THAT DIRECTLY OR INDIRECTLY OWNS OR CONTROLS AT LEAST 50% OF THE APPLICANT OR THAT IS PART OF A CONSOLIDATED GROUP OF AFFILIATED CORPORATIONS WITH THE APPLICANT SHALL BE CONSIDERED TO HAVE NET OPERATING INCOME (SEE #2 BELOW) ONLY IF THE ENTITY MUST REPORT NET OPERATING INCOME IN ITS FINANCIAL STATEMENTS. THE APPLICANT IS AT RISK THAT THE PROPOSED AMENDMENTS WILL NOT BE ADOPTED AS PROPOSED.

No application shall be approved for new or expanding Technology or Biotechnology Business that:

1. has demonstrated positive net operating income in any of the two previous full years of ongoing operations as determined on its financial statements prepared in accordance with Generally Accepted Accounting Principles (GAAP); or
2. is directly or indirectly at least 50% owned or controlled by another entity that has demonstrated positive net operating income in any of the two previous full years of ongoing operations as determined on its financial statements prepared in accordance with GAAP, or is part of a consolidated group of affiliated corporations as filed for Federal income tax purposes, that in the aggregate has demonstrated positive net operating income in any of the two previous full years of ongoing operations as determined on its combined financial statements prepared in accordance with GAAP; or,
3. does not meet the following employment requirements at application deadline and at time of sale of the NOL and/or R&D Tax Credits; or
  - a. The applicant must have fewer than 225 full-time employees in the U.S. (who work at least 35 hours per week) on a total corporate basis (including parent company and all subsidiaries), and
  - b. The applicant must have the following minimum Full-Time Employees working physically in New Jersey at least 80% of the time as of application deadline and at the time of selling the NOL/R&D Tax Credits based on the number of years since earliest incorporation/formation (including predecessor entities):
    - i. Less than three years: 1 Full-Time Employee in NJ
    - ii. More than three years but less than five years: 5 Full-Time Employees in NJ
    - iii. More than five years: 10 Full-Time Employees in NJ

Note: To qualify as a "Full-Time Employee in New Jersey", an employee shall receive from the new or expanding Technology or Biotechnology Business health benefits under a group health plan as defined under section 14 of P.L. 1997, c.146 (C.17B:27-54) a health benefits plan as defined under section 1 of P.L. 1992, c.162 (17B:27A-17), or a policy or contract of health insurance covering more than one person issued pursuant to Article 2 of chapter 27 of Title 17B of the New Jersey Statutes. "Full-Time Employee" shall not include any person who works as an independent contractor or on a consulting basis for the new or expanding Technology or Biotechnology Business or any person who works as an intern, as a temporary employee, in a temporary position, or is exempt from the New Jersey Gross Income Tax (such as Pennsylvania residents as a result of the Reciprocal Income Tax Agreement between NJ and PA). Please see the FAQs for expanded information regarding Full-Time Employees.

4. does not have Protected Proprietary Intellectual Property as defined in the Program Regulations. This Protected Proprietary Intellectual Property is the primary business for the applicant; or,
5. does not meet the Statutory and Regulatory definitions of Biotechnology Business or Technology Business.

#### NJ CORPORATE BUSINESS TAX RETURNS

The Applicant Company's Corporate Business Tax returns, with all required schedules and attachments, must be filed with the NJ Division of Taxation by the program deadline, June 30, 2022 at 11:59 PM Eastern. Failure to file by the program deadline will result in the Applicant Company having no available tax benefit for the current program year. Note that filing an extension with the NJ Division of Taxation to submit the CBT **does NOT** extend the deadline for the purpose of the NOL application.

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Are you a facilitator or other third party completing this application on behalf of the Applicant Company?

Has the Applicant Company applied to the NOL Program in previous years or are they a new Applicant to the program?

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**Applicant Organization Information**

Authorized Representative:  
(person able to legally bind the applicant)

\* Required Field

Authorized Representative Title:

\* Required Field

Authorized Representative E-mail:

\* Required Field

Authorized Representative Telephone Number:

Are there any additional authorized representatives you would like to add?

▼

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**Applicant Organization Information**

(Optional)

Accountant Contact Name:

Accountant Contact Telephone Number:

Accountant Contact Email Address:

Counsel Contact Name:

Counsel Contact Telephone Number:

Counsel Contact Email Address:

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#### Applicant Organization Information

##### Headquarters or base of operations in NJ

Street Address:

Address Line 2:

City/Town:

State:  ▼

ZIP Code:

##### Innovation Zones:

The Newark innovation zone is bounded as follows: in the north by Interstate 280, in the east by McCarter Highway (Route 21) and the Pennsylvania Railroad, in the south by Market Street to South Orange Avenue, and in the west by Bergen Street.

The Greater New Brunswick innovation zone is bounded as follows: in the north by Route 287 to Stelton Road to Metlars Lane to Route 18, in the east by Route 1, in the south by Suydam Road/Claremont Road/Finnegan's Lane, and in the west by the Millstone River and Raritan River, which includes parts of North Brunswick, New Brunswick, Piscataway and Franklin Township and Rutgers University's Livingston campus.

The Camden innovation zone is bounded as follows: in the north by the Ben Franklin Bridge, in the east by Interstate 676, in the south by Kaighns Avenue, and in the west by the Delaware River.

Is the Applicant's headquarters or base of operations located in any of these innovation zones?

##### Opportunity Zones:

Opportunity Zone means a federal population census tract in this State that was eligible to be designated as a qualified opportunity zone pursuant to 26 U.S.C. s.1400Z-1.

Is the Applicant's headquarters or base of operations located in an opportunity zone?

##### Minority and/or Women Business Enterprise(W/MBE):

Is Applicant Company a NJ-certified Minority and/or Women Business Enterprise (NJ M/WBE)?

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**Applicant Years of Existence**

Applicant must enter earliest date of formation for the business.

Year Established:

2010 ▼

Incorporation/Formation Date:



Incorporation/Formation State:

New Jersey ▼

*Exhibit A: Please attach at the end of this application the Applicant's Certificate of Incorporation.*

Was applicant created by a merger or acquisition?

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**Applicant Industry**

In what industry does the Applicant conduct business?



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**Protected Proprietary Intellectual Property (PPIP)**

Does the applicant have PPIPs?



Is this PPIP the technology that constitutes the applicant's primary business?



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**Protected Proprietary Intellectual Property (PPIP)**

**Note: Please add PPIP in order of importance/priority to primary business, one at a time.**

Add a PPIP

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**Protected Proprietary Intellectual Property (PPIP)**

How is the PPIP documented/protected?

Patent ▼

Briefly describe the PPIP:

Copy and Paste as plain text.

Briefly describe how the PPIP is the Applicant's primary business:

Copy and Paste as plain text.

Is the patent application filed and pending, approved, or denied?

▼

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### Applicant Ownership Structure

Is the Applicant a public or private company?

Public businesses must report all shareholders owning more than 10% of the applicant's equity. Privately held businesses must list all shareholders so that the total equity percentage is 100%.

Does the applicant have a Parent?

Does the applicant have a consolidated group or affiliate?

Does the applicant have a subsidiary?

Parents are entities and affiliated groups of corporations that directly or indirectly own or control 50% or more of the applicant.

Consolidated Groups are all corporations that, along with the applicant, form a consolidated group of affiliated corporations as filed for Federal income tax purposes.

Affiliates are any affiliates of the applicant.

Subsidiaries are any subsidiaries of the applicant as reflected on the applicant's consolidated financial statements not already listed.

*Exhibit D: Please attach at the end of this application the Applicant Company's List of Shareholders. This document should include issued shares only. It does not need to include a fully diluted basis. A blank copy of the List can be downloaded on the "Required Attachments" page located at the end of the application.*

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**Applicant: Anne Sweeney**  
**Company: Biotech/Tech Company**  
**Project: Biotech/Tech Company 2022 NOL App**  
**Product: Technology Business Tax Certificate Transfer (NOL) Program**

**Application ID #223838**


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### Employment Data

The applicant will be required to meet the following employment criteria on application deadline and at time of sale of the NOL and/or R&D Tax Credits. All employment information may be verified with NJ Division of Labor and Workforce Development. Total U.S. employment for the applicant and all affiliates may not exceed 224 employees (who work at least 35 hours a week) in the U.S. on a total corporate basis, including parent company, and all subsidiaries.

Please note, the job totals to be listed below are as of the application deadline. At the time of closing the CEO/CFO will need to certify that the minimum number of Full-Time Employees working physically in NJ, at least 80% of the time, will comply with the requirements listed below and not exceed 224 full-time employees in the U.S. Please note, to qualify as a Full-Time Employee working physically in New Jersey, employer must offer the employee healthcare benefits, as described in the Full-Time Employee definition.

Date of Incorporation/Formation of applicant (or earliest predecessor business if applicable):

Less than three years minimum requirement: 1 Full-Time Employee in NJ

More than three years but less than five years minimum requirement: 5 Full-Time Employees in NJ

More than five years minimum requirement: 10 Full-Time Employees in NJ

A Full-Time Employee in New Jersey must receive (be offered) from the applicant health benefits under a group health plan as of application deadline, as defined under N.J.S.A. 17B:27-54, a health benefits plan as defined under N.J.S.A. 17B:27A-17, or a policy or contract of health insurance covering more than one person issued pursuant to N.J.S.A. 17B:27-26. Evidence of coverage is required and must verify policy term is recent and includes coverage no later than application deadline. If the employee opts out of the health insurance due to coverage via another source documentation (signed opt out form) must be provided.

No person who works as an independent contractor, on a consulting basis, as an intern, as a temporary employee, or in a temporary position for the applicant may be counted as a U.S. employee or a Full-Time Employee in New Jersey.

To be counted as a Full-Time Employee in New Jersey, the employee must be offered healthcare as described above and:

1. be working physically in New Jersey (at least 80% of the time) for consideration for at least 35 hours a week or render any other standard of service generally accepted by custom or practice as full-time employment and whose wages are subject to New Jersey gross income tax withholding, or
2. be a partner who works physically in NJ (at least 80% of the time) for the applicant for at least 35 hours a week or who renders any other standard of service generally accepted by custom or practice as full-time employment, and whose distributive share of income, gain, loss, or deduction, or whose guaranteed payments, or any combination thereof, is subject to the payment of estimated New Jersey gross income taxes, or
3. be employed under a formal written agreement with an institution of higher education whereby the institution's students are employed by the technology or biotechnology company on a permanent basis within a single position and in compliance with all other preceding requirements.

To be counted as a Full-Time Employee in New Jersey, the employee cannot:

1. be an independent contractor, a consultant, an intern, a temporary employee, or be in a temporary position, or
2. be exempt from the New Jersey Gross Income Tax, such as Pennsylvania residents, who are exempt pursuant to a Reciprocal Income Tax Agreement between New Jersey and Pennsylvania.

*Exhibit E: Please attach at the end of this application the Applicant Company's Employee Log. This document should include all full time employees of the Applicant Company as well as all full time employee's of any business owning more than 50% of the Applicant Company. A blank copy of the Employee Log can be downloaded on the "Required Attachments" page located at the end of the application.*

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### Employment Data

**As of Application Deadline Full-Time Employees in New Jersey and Total Full-Time U.S. Employees**

As of Application Deadline	Full-Time Employees in New Jersey	Total full-time U.S. employees
Applicant	<input type="text"/>	<input type="text"/>
Parent	<input type="text"/>	<input type="text"/>
Consolidated Group	<input type="text"/>	<input type="text"/>
Affiliates	<input type="text"/>	<input type="text"/>
Subsidiary	<input type="text"/>	<input type="text"/>
<b>TOTALS</b>	<b>Box A*</b> <input type="text"/>	<b>Box B**</b> <input type="text"/>

\* Box A must meet the minimum Full-Time Employees in New Jersey numbers based on years since earliest incorporation/formation.

\*\* Box B total full-time U.S. employment in Box B cannot exceed 224.

If the applicant or entities directly or indirectly owning or controlling 50% or more of the applicant, parent, consolidated group, affiliates, and subsidiaries contract with a Professional Employment Organization (PEO), the previous forms may not be available. In this case, please attach at the end of this application a letter from the PEO indicating the total number of leased full-time employees at program deadline, the number of leased full-time employees working at least 80% of the time in New Jersey at program deadline, the anticipated number of leased full-time employees at application deadline, and the anticipated number of leased full-time employees working at least 80% of the time in New Jersey at application deadline. The PEO will need to include the State in which those employees are located, the state in which each employee resides, and how many employees have submitted a Certificate of Non-Residence for exemption from the New Jersey Gross Income Tax Act.

Any employee leased from a Professional Employment Organization?

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**Health Insurance Information**

Healthcare carrier:

Policy Number:

Contract Holder:

Group Contract Number:

Policy Term From:

Policy Term To:

Does the Applicant certify to offer health benefits to all full-time New Jersey employees that are employed by the Applicant at application deadline and at time of sale of the NOL and/or R&D Tax Credits?

☐

*Exhibit G: Please attach at the end of this application evidence of coverage i.e. cover page of policy, invoices, etc.*

*Exhibit H: Please attach at the end of this application signed employee health benefits coverage opt out documents. A sample copy of a form Employee Health Benefits Coverage Opt Out Letter can be downloaded on the "Required Attachments" page located at the end of the application.*

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### Calculation of NOL and R&D Tax Credit Benefit

Please enter information for all applicable years Applicant would like to sell credits. Enter specific fiscal year results. Do not provide cumulative data. Credit years not entered will not be eligible to be sold, and something **MUST** be put in for each year an applicant wishes to be considered. Please verify the correct year and value has been entered. If a year and amount is not requested or specified, a benefit for that year is unable to be approved to sell.

Please note: All benefit amounts are estimates only and the calculations included herein are for illustrative purposes only. Final amounts will be officially determined by NJ Division of Taxation and the final NJ EDA allocation, which is dependent upon the amount of approved applicant awards.

Corporate Business Tax returns must be filed with the State of New Jersey by June 30 for any tax year a company would intend to have available to sell.

Total available amounts will be delivered via confirmation letter from the Division of Taxation. These letters will be created and mailed (to office locations listed in an application) a few months after application submission. Updates on mailing will be provided. It is each applicant's responsibility to ensure receipt of this letter, and review for accuracy. Failure to do so may result in lowered approval amounts.

Moving from 2019 onward, all NOLs will be on a Post-Allocation basis. Details on this can be found in the links below.

Explanations of Pre/Post Allocation

[CBT NOL guidance](#)

[TB95®](#)

[TB94®](#)

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### Calculation of NOL and R&D Tax Credit Benefit

NOL Tax Credit Benefit Estimate

Changes to the New Jersey Corporation Business Tax Act under P.L. 2018, c. 48 and P.L. 2018, c. 131, modified the net operating loss deduction from a pre-allocated to post-allocation basis for tax years ending on and after July 31, 2019. Gross NOL from any year of sale from 2009-2018 will be applied against the 2018 Allocation Factor pulled from your 2018 CBT 100 return - Schedule J. From 2019 onward, the CBT Returns will include the Net amounts, and no allocation factor will be applied.

Enter year in which the  
NOL intended to be sold  
was generated:

Continue

Please enter information for all applicable years Applicant would like to sell credits. Enter specific fiscal year results. Do not provide cumulative data. Credit years not entered will not be eligible to be sold, and something MUST be put in for each year an applicant wishes to be considered. Please verify the correct year and value has been entered. If a year and amount is not requested or specified, a benefit for that year is unable to be approved to sell.

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### Calculation of NOL and R&D Tax Credit Benefit

Changes to the New Jersey Corporation Business Tax Act under P.L. 2018, c. 48 and P.L. 2018, c. 131, modified the net operating loss deduction from a pre-allocated to post-allocation basis for tax years ending on and after July 31, 2019. Gross NOL from any year of sale from 2009-2018 will be applied against the 2018 Allocation Factor pulled from your 2018 CBT 100 return - Schedule J. From 2019 onward, the CBT Returns will include the Net amounts, and no allocation factor will be applied.

Column 1	Column 2	Column 3
Year	Pre Allocation NOL Requested	Post Allocation NOL Requested
<a href="#">Edit</a> <a href="#">Remove</a> 2021		\$5,000,000

Add Another Row

Continue

Please enter information for all applicable years Applicant would like to sell credits. Enter specific fiscal year results. Do not provide cumulative data. Credit years not entered will not be eligible to be sold, and something **MUST** be put in for each year an applicant wishes to be considered. Please verify the correct year and value has been entered. If a year and amount is not requested or specified, a benefit for that year is unable to be approved to sell.

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### Calculation of NOL and R&D Tax Credit Benefit

Please enter information for all applicable years Applicant would like to sell credits. Enter specific fiscal year results. Do not provide cumulative data. Credit years not entered will not be eligible to be sold, and something **MUST** be put in for each year an applicant wishes to be considered. Please verify the correct year and value has been entered. If a year and amount is not requested or specified, a benefit for that year is unable to be approved to sell.

Please note: All benefit amounts are estimates only and the calculations included herein are for illustrative purposes only. Final amounts will be officially determined by NJ Division of Taxation and the final NJ EDA allocation, which is dependent upon the amount of approved applicant awards.

### Research and Development (R&D) Tax Credit Benefit Estimate

Enter the year in which the R&D Credit intended to be sold was generated.

The total amount of Unused R&D Tax Credit is available amount to be sold.


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## Calculation of NOL and R&D Tax Credit Benefit

	Column 1	Column 2
	Year	Amount available to be sold
<a href="#">Edit</a>	2021	\$100,000
<a href="#">Remove</a>		

Add Another Row

Continue

Please enter information for all applicable years Applicant would like to sell credits. Enter specific fiscal year results. Do not provide cumulative data. Credit years not entered will not be eligible to be sold, and something MUST be put in for each year an applicant wishes to be considered. Please verify the correct year and value has been entered. If a year and amount is not requested or specified, a benefit for that year is unable to be approved to sell.




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### Calculation of NOL and R&D Tax Credit Benefit

The combined total of this year's request and tax credits benefit amount awarded in prior years cannot exceed \$20 million since the maximum lifetime benefit is \$20 million.

Please state the amount of Tax Credits benefit amount awarded in prior years:

Column 1	Column 2	Column 3	Column 4
Year	Pre Allocation NOL Requested	Post Allocation NOL Requested	R&D Tax Credit for Sale
2021		\$5,000,000	\$100,000
<b>Totals:</b>	<b>\$0</b>	<b>\$5,000,000</b>	<b>\$100,000</b>
<b>Total Available Requested: \$550,000</b>			

*Exhibit I (1) & (2): Please attach at the end of this application the two (2) most recent years of independent accountant (CPA) prepared consolidated financial statements or annual reports, prepared in accordance with Generally Accepted Accounting Principles (GAAP) as determined by the Financial Accounting Standards Board (FASB) for the applicant, entities directly or indirectly owning or controlling 50% or more of the applicant, consolidated group of affiliates, and subsidiaries. Please note, the applicant's financial statements cannot also be considered as the parent company's financial statements and vice versa. If a Venture Capital firm or other investor owns or controls, directly or indirectly, 50% or more (majority investor) of the applicant it must submit the 2 most recent years' independent CPA prepared financial statements. If the parent company or majority investor's financial statements reflect net operating income in either of the 2 most recent years, the applicant will not be eligible. If the applicant is a publicly held company, submit the most recent SEC Form 10-K, showing the last two years financial statements.*

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Please enter information for all applicable years Applicant would like to sell credits. Enter specific fiscal year results. Do not provide cumulative data. Credit years not entered will not be eligible to be sold, and something MUST be put in for each year an applicant wishes to be considered. Please verify the correct year and value has been entered. If a year and amount is not requested or specified, a benefit for that year is unable to be approved to sell.

Please note: All benefit amounts are estimates only and the calculations included herein are for illustrative purposes only. Final amounts will be officially determined by NJ Division of Taxation and the final NJ EDA allocation, which is dependent upon the amount of approved applicant awards.

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### New Jersey Economic Development Authority Legal Questionnaire

Persons (entities or individuals) applying for NJEDA programs are subject to the Authority's Disqualification/Debarment Regulations (the "Regulations"), which are set forth in N.J.A.C. 19:30-2.1, et seq. Applicants are required to answer the following background questions ("Legal Questionnaire") pertaining to causes that may lead to debarment, disqualification, or suspension from eligibility under the Regulations and Executive Orders 34 (Byrne 1976) and 189 (Kean 1988) after consideration of all relevant mitigating factors. Governmental entities are not required to submit this Legal Questionnaire and may leave it empty.

**Note that this form has recently been modified.**  
**Please review in its entirety prior to providing any responses or certifications.**

#### DEFINITIONS

Notwithstanding any terms defined elsewhere or otherwise herein, the following definitions shall govern in responding to this Legal Questionnaire:

"Affiliates" means any entities or persons having an overt or covert relationship such that any one of them directly or indirectly controls or has the power to control another. For the purposes of application for, or ongoing compliance with, Authority-administered programs, this includes:

- any entities or persons having an ownership interest in Applicant of 10% or greater;
- any entities in which Applicant holds an ownership interest of 10% or greater; and
- any entities that are named in the application and/or agreement, or that will receive a direct benefit from the financing, incentive, or other agreement with the Authority.

*Note that any entities or persons fitting these definitions will need to be listed in Part C on the next page.*

"Legal Proceedings" means any civil, criminal, or administrative proceedings in a State or Federal court or administrative tribunal in the United States or any territories thereof.

#### RELEVANT TIMEFRAMES

Responses should be given based on the following "look-back" periods:

- For civil matters, those that were either pending or concluded within 5 years of the reporting date;
- For criminal matters, those that were either pending or concluded within 10 years of the reporting date;
- For environmental regulatory matters, those that were either pending or concluded within 10 years of the reporting date; and
- For all other regulatory matters, those that were either pending or concluded within 5 years of the reporting date.

Note that in cases where Applicant has previously submitted and certified a legal questionnaire to the Authority, the Applicant may refer to its prior legal questionnaire and report only those matters that are new or have changed in status since the date of last reporting.

#### **Part A. Past Proceedings**

**Has Applicant, or any officers or directors of Applicant, or any Affiliates of Applicant, been found or conceded or admitted to being guilty, liable or responsible in any Legal Proceeding, or conceded or admitted to facts in any Legal Proceedings that demonstrate responsibility for any of the following violations or conduct? (Any civil or criminal decisions or verdicts that have been vacated or expunged need not be reported.)**

- ▼ 1. Commission of a criminal offense as an incident to obtaining or attempting to obtain a public or private contract, or subcontract there under, or in the performance of such contract or subcontract.

✓ 2. Violation of the Federal Organized Crime Control Act of 1970, or commission of embezzlement, theft, fraud, forgery, bribery, falsification or destruction of records, perjury, false swearing, receiving stolen property, obstruction of justice, or any other offense indicating a lack of business integrity or honesty.

✓ 3. Violation of the Federal or State antitrust statutes, or of the Federal Anti-Kickback Act (18U.S.C. 874).

✓ 4. Violation of any law governing the conduct of elections of the Federal Government, State of New Jersey or of its political subdivision.

✓ 5. Violation of the "Law Against Discrimination" (P.L. 1945, c169, N.J.S.A. 10:5-1 et seq., as supplemented by P.L. 1975, c127), or of the act banning discrimination in public works employment (N.J.S.A. 10:2-1 et seq.) or of the act prohibiting discrimination by industries engaged in defense work in the employment of persons therein (P.L. 1942, c114, N.J.S.A. 10:1-10, et seq.).

✓ 6. To the best of your knowledge, after reasonable inquiry, violation of any laws governing hours of labor, minimum wage standards, prevailing wage standards, discrimination in wages, or child labor.

✓ 7. To the best of your knowledge after reasonable inquiry, violation of any law governing the conduct of occupations or professions of regulated industries.

✓ 8. Debarment by any department, agency, or instrumentality of the State or Federal government.

✓ 9. Violation of the Conflict of Interest Law, N.J.S.A. 52:13D-12 et seq., including any of the following prohibitions on vendor activities representing a conflict of interest, or failure to report a solicitation as set forth below:

- i. No person shall pay, offer or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any Authority officer or employee or special Authority officer or employee, as defined by N.J.S.A. 52:13D-13(b) and (e), with which such person transacts or offers or proposes to transact business, or to any member of the immediate family as defined by N.J.S.A. 52:13D-13(i), of any such officer or employee, or partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13(g).
- ii. The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any Authority officer or employee or special Authority officer or employee from any person shall be reported in writing by the person to the Attorney General and the NJEDA Ethics Liaison Officer.
- iii. No person may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such person to, any Authority officer or employee or special Authority officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to the Authority, or with any person, firm or entity with which he or she is employed or associated or in which he or she has an interest within the meaning of N.J.S.A. 52:13D-13(g). Any relationships subject to this subsection shall be reported in writing to the NJEDA Ethics Liaison Officer and the State Ethics Commission, which may grant a waiver of this restriction upon application of the Authority officer or employee or special Authority officer or employee upon a finding that the present or proposed relationship does not present the potential, actually or appearance of a conflict of interest.
- iv. No person shall influence, or attempt to influence or cause to be influenced, any Authority officer or employee or special Authority officer or employee in his or her capacity in any manner which might tend to impair the objectivity or independence of judgment of the officer or employee.
- v. No person shall cause or influence, or attempt to cause or influence, any Authority officer or employee or special Authority officer or employee to use, or attempt to use, his or her official position to secure unwarranted privileges or advantages for the person or any other person.

✓ 10. Violation of any State or Federal law that may bear upon a lack of responsibility or moral integrity, or that may provide other compelling reasons for disqualification. Your responses to the foregoing question should include, but not be limited to, the violation of the following laws, without regard to whether there was any monetary award, damages, verdict, assessment or penalty, except that any violation of any environmental law in category (v) below need not be reported where the monetary award, damages, etc. amounted to less than \$1 million.

- i. Laws banning or prohibiting discrimination or harassment in the workplace.
- ii. Laws prohibiting or banning any form of forced, slave, or compulsory labor.
- iii. The New Jersey Conscientious Employee Protection Act, N. J. Stat. Ann. § 34:19-1 et seq., or other "Whistleblower Laws" that protect employees from retaliation for disclosing, or threatening to disclose, to a supervisor or to a public body an activity, policy or practice of the employer, that the employee reasonably believes is in violation of a law, or a rule or regulation issued under the law.
- iv. Securities or tax laws resulting in a finding of fraud or fraudulent conduct.

- v. Environmental laws, where the monetary award, penalties, damages, etc. amounted to more than \$1 million.
- vi. Laws banning anti-competitive dumping of goods.
- vii. Anti-terrorist laws.
- viii. Criminal laws involving commission of any felony or indictable offense under State or Federal law.
- ix. Laws banning human rights abuses.
- x. Laws banning the trade of goods or services to enemies of the United States.

#### **Part B. Pending Proceedings**

▼ 11. To the best of your knowledge, after reasonable inquiry, are Applicant, or any officers or directors of Applicant, or any Affiliates, a party to pending Legal Proceedings wherein any of the offenses or violations described in questions 1-10 above are alleged or asserted against such entity or person? With respect to laws banning or prohibiting discrimination or harassment in the workplace, please provide only information pertaining to any class action lawsuits.

If the answer to any of the foregoing questions is affirmative, you must provide the following information as an attachment to the application: (i) the case name and court/administrative agency (including jurisdiction and venue) in which such matters were tried or are pending; (ii) the charges or claims adjudicated or alleged; and (iii) a brief explanation of the circumstances giving rise to such matters. Also, for affirmative answers to question 1-10, please attach copies of document(s) reflecting the final resolution (e.g., final judgments, verdicts, plea bargains, consent orders, administrative findings, or settlement agreements).

Note that an Applicant may refer to or attach specific provisions of a 10-K/Q or other filings with the U.S. Securities and Exchange Commission (SEC); however, the Applicant should be aware that different laws apply to disclosures to the Authority. This means that the Authority does not have the same types of materiality thresholds as the SEC. The Applicant is expected to supplement its SEC filings to ensure that all relevant matters are disclosed to the Authority, including any matters that were below the SEC's materiality threshold and any matters that may have occurred after its most recent filing.

Please Note: Eligibility is determined based on the information presented in the completed Application. If, at any time while engaged with the Authority the Applicant should become aware of any facts that materially alter or change its answers, or that render any of them incomplete or inaccurate, the Applicant has a duty to promptly report such facts to the Authority in writing. The Authority reserves the right to require additional clarifying or explanatory information from the Applicant regarding the answers given, to ask additional questions not contained in this Legal Questionnaire, and to perform its own due diligence investigations and searches.

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### Part C: Applicable Affiliates

"Affiliates" means any entities or persons having an overt or covert relationship such that any one of them directly or indirectly controls or has the power to control another. For the purposes of application for, or ongoing compliance with, Authority-administered programs, this includes:

- any entities or persons having an ownership interest in Applicant of 10% or greater;
- any entities in which Applicant holds an ownership interest of 10% or greater; and
- any entities that are named in the application and/or agreement, or that will receive a direct benefit from the financing, incentive, or other agreement with the Authority.

Please provide a list of all entities or persons considered to be "Affiliates" of Applicant based upon the above definitions.

☐ I have no affiliates to report.

Name of Affiliate (Entity or Person):

Federal Employer Identification Number (FIN) (if applicable):

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**Applicant: Anne Sweeney**  
**Company: Biotech/Tech Company**  
**Project: Biotech/Tech Company 2022 NOL App**  
**Product: Technology Business Tax Certificate Transfer (NOL) Program**

**Application ID #223838**


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### Certification of Legal Questionnaire and Authorization to Release Information

This certification shall be signed as follows:

- for a corporation, by a principal executive officer, at least the level of vice president;
- for a partnership, by a general partner;
- for a sole proprietorship, by the proprietor;
- for a governmental entity, the contact person (business administrator, manager, mayor, etc.);
- for other than above, the person with legal responsibility for the application.

I hereby represent and certify that I have reviewed the information contained in this Legal Questionnaire, and that the foregoing information is true and complete under penalty of perjury. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. I further agree to inform the New Jersey Economic Development Authority of any changes in the foregoing information which may occur prior to execution of any agreement with the Authority, and so long as any such agreement is in effect. Failure to disclose relevant matters may render the Applicant ineligible for the financial benefits sought and may subject the Applicant to disqualification, debarment, suspension, or referral to the office of the state's Attorney General.

The undersigned, on behalf of the Applicant, understands and acknowledges that information and documents provided to the New Jersey Economic Development Authority: (1) are subject to public disclosure during deliberations of the Authority at public meetings regarding the application and as set forth in the minutes of the Authority's public meetings; and (2) are subject to public disclosure under certain laws, including, but not limited to, the Open Public Records Act, N.J.S.A. 47A:1-1 *et seq.*, and the common law right-to-know.

Name:

Title:

Applicant Name:

☐ **I am Authorized Signer and I accept the terms and conditions.**

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## **CERTIFICATION OF NON-INVOLVEMENT IN PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS PURSUANT TO P.L. 2022, C. 3**

I, Jane Doe, CEO, am authorized to certify that Biotech/Tech Company is not "engaged in prohibited activities in Russia or Belarus" (as such term is defined in P.L.2022, c. 3., sec. (1)(e)) except as permitted by federal law. I understand that if this statement is willfully false, I may be subject to penalty, as set forth in P.L. 2022, c. 3, section (1)(d).

IN WITNESS WHEREOF, I have hereunto set my hand this 2nd day of May, 2022.

**Name:** Jane Doe  
**Title:** CEO  
**Company:** Biotech/Tech Company

- ☐ **I am Authorized Signer and I accept the terms and conditions.**
- ☐ **The applicant company is engaged in prohibited activities in Russia or Belarus and therefore is not able to complete this certification.**

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**Applicant:** Anne Sweeney  
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**Application ID #223838**


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## Required Attachments

Exhibit	Description
<b>A:</b>	<b>Certificate of Incorporation</b> for earliest formation of Applicant Company.
<b>B:</b>	<b>Written description of the Applicant's business.</b> 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.
<b>C:</b>	<b>Protected Proprietary Intellectual Property (PPIP)</b> 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.
<b>D:</b>	<b>List of Shareholders.</b> ( <a href="#">Download Blank Copy</a> )
<b>E:</b>	<b>Employee Log.</b> ( <a href="#">Download Blank Copy</a> )
<b>F:</b>	<b>Employee Verification</b> 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. ( <a href="#">Download Blank Copy</a> )  * 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.
<b>G:</b>	<b>Evidence of health benefits coverage</b> including cover page of policy, invoices, etc.
<b>H:</b>	<b>Health benefits coverage opt out signed by employees.</b> Sample form letter is available. ( <a href="#">Download Blank Copy</a> )
<b>I:</b>	<b>Financial Statements for the past 2 years.</b> 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.
<b>J:</b>	<b>CEO Certification</b> signed by Applicant Company CEO. ( <a href="#">Download Blank Copy</a> )
<b>K:</b>	<b>NJEDA Legal Questionnaire</b> ( <a href="#">Download Blank Copy</a> )

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### Attachments

There are no files currently attached to the application.

Attachments may be submitted in the following formats:

- Microsoft Word (.doc, .docx)
- Microsoft Excel (.xls, .xlsx)
- WordPerfect (.wpd)
- Text (.txt)
- Adobe PDF (.pdf)

Select file(s) to attach:

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## Certification of Application

### DISCLOSURE

I expressly agree and understand that any information submitted to or obtained by the NJEDA or the New Jersey Division of Taxation in connection with this application may be shared among the NJEDA, the New Jersey Division of Taxation, and the New Jersey Department of Labor and Workforce Development.

### CERTIFICATION

I have provided the information contained in and in connection with this application accurately to the best of my knowledge. The applicant business agrees to maintain its corporate headquarters or base of operations in New Jersey for the five years following receipt of funds for the sale of its Corporation Business Tax Benefit Transfer Certificate under this Program. The business agrees to expend such funds solely for Allowable Expenditures. I understand that failure to maintain a headquarters or a base of operation in New Jersey during the five years following receipt of funds and the use of such funds for expenses other than Allowable Expenditures may subject the business to the Recapture of Tax Benefits.

The applicant business agrees not to sell any Corporation Business Tax Benefit Transfer Certificate received under this Program to an Affiliated Business.

If previously approved to sell a Corporation Business Tax Benefit Transfer Certificate with an expiration date of June 30, 2021, any proceeds received by the applicant business from such sale have been used for Allowable Expenditures. The applicant business is currently operating as a Biotechnology or Technology Business and will promptly inform the NJEDA if it ceases to operate or intends to cease operating as a New or Expanding Biotechnology or Technology Business in New Jersey.

I certify that the information submitted in this application is accurate and complete to the best of my knowledge and belief after due inquiry. I further certify that I have received the instructions to this application for the Technology Business Tax Certificate Transfer Program.

### PLEASE NOTE:

Eligibility of financial assistance by the New Jersey Economic Development Authority is determined by the information presented in this application and the required attachments and schedules. Any changes in the status of the proposed project from the facts presented herein could disqualify the project, including but not limited to, the commencement of construction or the acquisition of assets such as land or equipment. Please contact the staff of the EDA before taking any action which would change the status of the project as reported herein.

Only Board Members of the governing board of the particular program for which you are applying, by resolution, may take action to determine project eligibility and to authorize the issuance of funds.

I, THE UNDERSIGNED, BEING DULY SWORN UPON MY OATH SAY:

1. I understand that if such information is willfully false, I am subject to criminal prosecution under N.J.S.A. 2C:28-2 and civil action by the EDA which may at its option terminate its financial assistance.
2. I authorize the New Jersey Department of Law and Public Safety to verify any answer(s) contained herein through a search of its records, or records to which it has access, and to release the results of said research to the EDA.
3. I authorize the EDA to obtain such information including, but not limited to, a credit bureau check as it may require, covering the applicant and/or its principals, stockholders and/or investors.
4. I authorize the EDA to provide information submitted to it by or on behalf of the applicant to any bank or State agency which might participate in the requested financing with the EDA.
5. I authorize the EDA to place Contact Information for both sellers and buyers of tax certificates on its website in an effort to simplify the sales transactions and facilitate a more efficient marketplace.
6. I certify that my business is not in default with any loan or loan guarantee administered by the State of New Jersey and/or any authority of the State of New Jersey.

☐ **I am an Authorized Signer and I accept the terms and conditions.**

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**Application Fee**

There is a \$1,000 non-refundable application fee.

Note: Application is not submitted because fee is paid. After fee is paid, the applicant (or consultant if one is being utilized) must submit on the subsequent page by clicking submit button and receiving confirmation message.

ALL ONLINE SUBMISSIONS ARE FINAL. Please review application for accuracy and completeness prior to submission via the online application system. Once submitted, application updates are not guaranteed and at the discretion of the NJEDA.

The following credit card types are accepted: Visa, MasterCard, Discover Card, AMEX

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Amount

1,000.00 USD

START PAYMENT

