

NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY
BRRAG TAX CREDIT CERTIFICATE TRANSFER PROGRAM APPLICATION
(As authorized by the Business Retention and Relocation Assistance Act, P.L. 2004, c. 65)

SELLING BUSINESS TAX BENEFIT IDENTIFICATION FORM

[FORM 2]

Submission Date: _____

1. Business Name _____
Primary Business Address _____

Contact Person and Title _____
Telephone _____
Fax _____
Email Address _____
Tax Identification Number _____
2. Amount of accumulated BRRAG Tax Credit \$ _____
3. Amount of accumulated BRRAG Tax Credit intended to be sold \$ _____
4. Years the BRRAG Tax Credits were incurred _____

(8/7/08)