## **A-3730-UEZ** (Rev. 02/12)

## State of New Jersey **DIVISION OF TAXATION**

(For Official Use Only)	
гм # <b>U</b>	

SALES & USE TAX CLAIM FOR REFUND - URBAN ENTERPRISE ZONE BUSINESSES

For Property and Services Used Exclusively	Within a Qualified Zone(s)
SECTION ONE	3. FOR DIVISION USE ONLY -
1. BUSINESS NAME:	
2. IDENTIFICATION NUMBER:	
CHECK TO BE MAILED TO:	5. UEZ PERMIT NUMBER:
4. ATTENTION OF:	6. PERIOD FOR WHICH CLAIM IS MADE:
ADDRESS:	Beginning:
	Ending:
CITY:	7. TOTAL REFUND REQUESTED:
STATE: ZIP:	\$
SECTION TWO	
INDICATE METHOD OF SUBMISSION (placing an "X" in the	he box to the left).
ELECTRONIC Spreadsheet (A-3730-UEZ-1) is required with 25 or more transactions.	to be submitted on compact disc for claims
MANUAL Spreadsheet (A-3730-UEZ-1) is substituted for less transactions.	or the electronic spreadsheet for claims with <u>25</u>
SECTION THREE	
AFFIRMATION: This claim contains only purchases of property and/or ser	vices used exclusively at my business location within
an Urban Enterprise Zone(s), the information submitted is true and accurate	·
for a period of no less than 4 years from the postmark date of this claim and	
upon request. Further more, I understand the Division of Taxation reserves	·
period (4 years). I declare under the penalties of perjury that this claim (inc	
has been examined and to the best of my knowledge and belief is true and co	rrect.
8.SIGNATURE OF AUTHORIZED INDIVIDUAL SUBMITTING CLAIM:	10. DATE OF SIGNATURE:
	/ /
9. <b>PRINT</b> - Name & Title of Signing Officer/Owner/Representative	11. TELEPHONE #
	( ) EXTENSION

## URBAN ENTERPRISE ZONES – SALES & USE TAX REFUNDS SPREADSHEET OF TRANSACTIONS SUBJECT TO REFUND

ID#:	TAXPAYER:	PERIOD:	to
	ID #:		

Date	IP or TP	Name of Vendor/Seller	Invoice Number	Taxable Amount of Invoice	Amount of Sales Tax Claimed	Amount of Use Tax Claimed	Tax Rate Paid	Location of Vendor/Seller	Description of Property/Services Purchased
		riame or remacry cener			- Claimica	- Claimica			
	1		otal Refund I	Requested			(Sale	s & Use Tax)	