

**New Jersey Commerce and Economic Growth Commission  
Urban Enterprise Zone Program**

**For Administrative Use Only**

**Certification Employee Data Sheet**

(Form may be duplicated or computer print-out may be substituted.)

File Number	<input type="text"/>
Program Year	<input type="text"/>

Legal Company Name \_\_\_\_\_

NJ Taxpayer ID# --/

**List All Currently-Employed FULL-TIME Employees--Do NOT include Part-time Employees**

(Full time employees work 12 months per year at least 30 hours per week. They must report to the zone location at least 51% of the year.)

	Name (Last, First Initial)	Street Address	City	St.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

**GRAND TOTAL**  
#Full-Time Employees

\_\_\_\_\_  
Name of Business Contact (Print or Type)