



Sales Tax Exemption – Project Completion Report

Project Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Enterprise Zone 1    I-90 Enterprise Zone    River Edge

Business Information

Legal business name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Business FEIN: \_\_\_\_\_

Unemployment Insurance Number (UIN): \_\_\_\_\_

Business contact name: \_\_\_\_\_

Business contact e-mail: \_\_\_\_\_

Project Information

Building permit issue date: \_\_\_\_\_

FTE covered employees at project initiation: \_\_\_\_\_

Project Estimates

Estimated project completion date: \_\_\_\_\_

Estimated building material cost: \_\_\_\_\_

Estimated labor cost: \_\_\_\_\_

Estimated FTE (Full Time Equivalent) employees at project conclusion: \_\_\_\_\_

Project Actual

Actual project completion date: \_\_\_\_\_

Actual building material cost: \_\_\_\_\_

Actual labor cost: \_\_\_\_\_

Actual FTE covered employees at project conclusion: \_\_\_\_\_

Printed Name of Person Completing report      Signature      Date