

**SALES & USE TAX CLAIM FOR REFUND - URBAN ENTERPRISE ZONE BUSINESSES**  
**For Property and Services Used Exclusively Within a Qualified Zone(s)**

<b>SECTION ONE</b>	
1. BUSINESS NAME:	
2. IDENTIFICATION NUMBER:	

3. FOR DIVISION USE ONLY -
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**CHECK TO BE MAILED TO:**

4. ATTENTION OF: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

5. UEZ PERMIT NUMBER:
6. PERIOD FOR WHICH CLAIM IS MADE: Beginning: _____ Ending: _____
7. TOTAL REFUND REQUESTED: \$ _____

**SECTION TWO**

**INDICATE METHOD OF SUBMISSION (placing an "X" in the box to the left).**

<input type="checkbox"/>	ELECTRONIC Spreadsheet (A-3730-UEZ-1) is required to be submitted on compact disc for claims with <u>25</u> or more transactions.
<input type="checkbox"/>	MANUAL Spreadsheet (A-3730-UEZ-1) is substituted for the electronic spreadsheet for claims with <u>25</u> or less transactions.

**SECTION THREE**

**AFFIRMATION:** This claim contains only purchases of property and/or services used exclusively at my business location within an Urban Enterprise Zone(s), the information submitted is true and accurate, and the underlying documentation will be retained for a period of no less than 4 years from the postmark date of this claim and will be made available to the Division of Taxation upon request. Further more, I understand the Division of Taxation reserves the right to audit this claim within the statutory period (4 years). I declare under the penalties of perjury that this claim (including any accompanying schedules and statements) has been examined and to the best of my knowledge and belief is true and correct.

8. SIGNATURE OF AUTHORIZED INDIVIDUAL SUBMITTING CLAIM:
9. <b>PRINT</b> - Name & Title of Signing Officer/Owner/Representative

10. DATE OF SIGNATURE: _____/_____/_____
11. TELEPHONE # (____) _____ EXTENSION

12. E-MAIL ADDRESS:
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Along with this completed claim form submit the required spreadsheet (Form A-3730-UEZ-1), and a Use Tax Accrual Schedule (if applicable), and when required a fully completed Appointment of Taxpayer Representative (Form M-5008-R)  
(See INSTRUCTION pages for all details & address.)