FILING FEE SCHEDULE

1	Number of Resident Partners	_____ x $150.00		= _____
2	Number of Nonresident Partners with Physical Nexus to New Jersey	_____ x $150.00		= _____
3	Number of Nonresident Partners without Physical Nexus to New Jersey	_____ x $150.00 x	. _____ Corporation Allocation Factor	= _____
4	Total Filing Fee (Add Lines 1–3)			_____

Carry the total from Line 4 to Line 1 on Form PART-100. If the amount on Line 4 is greater than $250,000, enter $250,000 on Line 1 of Form PART-100.

PARTNERSHIP RETURN VOUCHER

PART-100

☐ **AMENDED**

2003

For period beginning _____, 2003 and ending _____, 20___

Federal Employer I.D. Number
Partnership Name
Mailing Address
City State Zip Code

1. Filing Fee (Line 4 of Filing Fee Schedule)	0 0
2. Installment Payment (Multiply Line 1 by .50)	0 0
3. Nonresident Noncorporate Partner Tax	0 0
4. Nonresident Corporate Partner Tax	0 0
5. Total Fee and Tax (Add Lines 1-4) $	0 0
6. Less: Tax Paid on Behalf of Partnership	0 0
7. Less: Payment/Credit	0 0
8. Total Balance Due	0 0
9. Overpayment: Check one ☐ Refund ☐ Credit to 2004	0 0

Return this voucher with your payment.
Make checks payable to: State of New Jersey – PART
Write the Federal ID number and tax year on the check.

Mail To: **Filing Fee and Tax on Partnerships**
PO Box 642
Trenton, NJ 08646-0642

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