

PARTNERSHIP RETURN VOUCHER

PART-100

2005

AMENDED

For period beginning _____, 2005 and ending _____, 20____

Form with fields for Federal Employer I.D. Number, Partnership Name, Mailing Address, City, State, and Zip Code.

- 1. Filing Fee (Line 4 of Filing Fee Schedule)
2. Installment Payment (Multiply Line 1 by .50)
3. Nonresident Noncorporate Partner Tax
4. Nonresident Corporate Partner Tax
5. Total Fee and Tax (Add Lines 1-4)
6. Less: Line 1 of Tiered Partnership Payment Schedule
7. Less: Payment/Credit
8. Total Balance Due
9. Overpayment: Check one Refund Credit to 2006

Table with 10 columns and 9 rows for recording payment and tax amounts, with zeros in the rightmost two columns.

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

\$

0235900000000000000000000005120500000000000

FILING FEE SCHEDULE

Form for Filing Fee Schedule with lines 1-4 and a Corporation Allocation Factor box.

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

TIERED PARTNERSHIP PAYMENT SCHEDULE

List the Partnership's Name(s), Federal Identification Number(s) and share of New Jersey Tax reported on Line 1, Column B of Part III of each Schedule NJK-1 received.

Table for Tiered Partnership Payment Schedule with columns for Name, FEIN, and Amount, and a total line.