

PART-100 2010

STATE OF NEW JERSEY PARTNERSHIP RETURN VOUCHER

For Calendar Year 2010, or Tax Year Beginning _____, 2010 and Ending _____, 20__

Federal EIN	Legal Name of Taxpayer		
	Trade Name of Business if different from legal name above		
<input type="checkbox"/> Amended <input type="checkbox"/> Final	Address (number and street or rural route)		
	City or Post Office	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. Penalty for Underpayment of Estimated Tax. Check box if PART-160 attached <input type="checkbox"/>	[] [] []	[] [] []	[] [] []	. 0 0
7. Total Due (Add Lines 5 and 6)	[] [] []	[] [] []	[] [] []	. 0 0
8. Less: Line 1 of Tiered Partnership Payment Schedule	[] [] []	[] [] []	[] [] []	. 0 0
9. Less: Installment Payment from 2009	[] [] []	[] [] []	[] [] []	. 0 0
10. Less: Estimated Payments/Credit from 2009	[] [] []	[] [] []	[] [] []	. 0 0
11. Less Payment from PART-200-T	[] [] []	[] [] []	[] [] []	. 0 0
12. Total Balance Due	[] [] []	[] [] []	[] [] []	. 0 0
13. Overpayment	[] [] []	[] [] []	[] [] []	. 0 0
14. Credit to 2011	[] [] []	[] [] []	[] [] []	. 0 0
15. Refund	[] [] []	[] [] []	[] [] []	. 0 0

Return this voucher with your payment in the envelope marked PART-100
 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**
Form PART-100
PO Box 642
Trenton, NJ 08646-0642

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	= _____
	<div style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></div>	
	Corporation Allocation Factor	
4 Total Filing Fee (Add Lines 1–3)		=====

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 of Part III of each Schedule NJK-1 received.

	Name	FEIN	Amount
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____
1. Total Tax Paid on Behalf of Partnership:			=====

Carry the total from Line 1 to Line 8 on the front of Form PART-100.