

**PART-100
2014**



STATE OF NEW JERSEY

Partnership Filing Fee and Tax Payment Voucher

For Calendar Year 2014, or Tax Year Beginning _____, 2014 and Ending _____, 20__

Federal EIN	Legal Name of Taxpayer			
<input type="checkbox"/> Amended <input type="checkbox"/> Final	Trade Name of Business if different from legal name above			
_____ # of Resident Partners _____ # of Nonresident Partners with Physical Nexus to NJ _____ # of Nonresident Partners without Physical Nexus to NJ	Address (number and street or rural route)			
	<table style="width:100%; border: none;"> <tr> <td style="width:60%; border: none;">City or Post Office</td> <td style="width:20%; border: none;">State</td> <td style="width:20%; border: none;">Zip Code</td> </tr> </table>	City or Post Office	State	Zip Code
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: Total from Tiered Partnership Payment Schedule				0 0
9. Less: Installment Payment from 2013				0 0
10. Less: Estimated Payments/Credit from 2013				0 0
11. Less: Payment from PART-200-T				0 0
12. Total Balance Due				0 0
13. Overpayment				0 0
14. Credit to 2015				0 0
15. Refund				0 0

This Return must accompany 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.	_____	_____	_____
Total Tax Paid on Behalf of Partnership:			_____

Carry this total to Line 8 on the front of this Return PART-100.