



PART-100 2002

For period beginning _____, 2002 and ending _____, 20__

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

Make checks payable to State of New Jersey - PART

Filing Fee and Tax on Partnerships
PO Box 642
Trenton, NJ 08646-0642

PARTNERSHIP RETURN VOUCHER

1. Filing Fee: Number of Partners _____ by \$150.00	\$	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 <input type="checkbox"/> Refund <input type="checkbox"/> Credit to 2003	\$	0	0

