

**PART-100**

**AMENDED**

**PARTNERSHIP RETURN VOUCHER**

**2006**

For period beginning \_\_\_\_\_, 2006 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)
- 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 2007

										0	0
										0	0
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										0	0
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										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**

0235900000000000000000000000612050000000000

**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 <span style="border: 1px solid black; padding: 2px;"> </span>	= _____
		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, Column B 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 6 on the front of Form PART-100.