

# PART-100 2007

## STATE OF NEW JERSEY PARTNERSHIP RETURN VOUCHER

For Calendar Year 2007, or Tax Year Beginning \_\_\_\_\_, 2007 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 is 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 2006 .....	[ ] [ ] [ ]	,	[ ] [ ] [ ]	,	[ ] [ ] [ ]	.	0	0
10. Less: Estimated Payments/Credit from 2006 .....	[ ] [ ] [ ]	,	[ ] [ ] [ ]	,	[ ] [ ] [ ]	.	0	0
11. Less: Payment from PART-200-T .....	[ ] [ ] [ ]	,	[ ] [ ] [ ]	,	[ ] [ ] [ ]	.	0	0
12. Total Balance Due .....	[ ] [ ] [ ]	,	[ ] [ ] [ ]	,	[ ] [ ] [ ]	.	0	0
13. Overpayment .....	[ ] [ ] [ ]	,	[ ] [ ] [ ]	,	[ ] [ ] [ ]	.	0	0
14. Credit to 2008 .....	[ ] [ ] [ ]	,	[ ] [ ] [ ]	,	[ ] [ ] [ ]	.	0	0
15. Refund .....	[ ] [ ] [ ]	,	[ ] [ ] [ ]	,	[ ] [ ] [ ]	.	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**

**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.