PARTNERSHIP RETURN VOUCHER **PART-100** 2005 1. Filing Fee (Line 4 of Filing 0 0 AMENDED Fee Schedule) _____, 20__ 2. Installment Payment (Multiply For period beginning _ ___, 2005 and ending ___ 0 0 Line 1 by .50) Federal Employer I.D. Number 3. Nonresident Noncorporate 0 0 Partner Tax 4. Nonresident Corporate Partner Partnership Name 5. Total Fee and Tax Mailing Address 0 (Add Lines 1-4) 6. Less: Line 1 of Tiered City Partnership Payment Schedule State Zip Code 7. Less: Payment/Credit Return this voucher with your payment. 8. Total Balance Due Make checks payable to: State of New Jersey – PART 0 \$ Write the Federal ID number and tax year on the check. 9. Overpayment: Check one Mail To: Filing Fee and Tax on Partnerships 0 0 ☐ Refund ☐ Credit to 2006 PO Box 642 Trenton, NJ 08646-0642 023590000000000000000051205000000000 **FILING FEE SCHEDULE** Number of Resident Partners _ x \$150.00 Number of Nonresident Partners with __ x \$150.00 Physical Nexus to New Jersey Number of Nonresident Partners without 3 ____ x \$150.00 x Physical Nexus to New Jersey Corporation Allocation Factor 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

D. _____

1. Total Tax Paid on Behalf of Partnership:

Carry the total from Line 1 to Line 6 on the front of Form PART-100.