PART-200-T

2011

PARTNERSHIP TENTATIVE RETURN AND APPLICATION FOR EXTENSION OF TIME TO FILE

For period beginning _____, 2011 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
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

1. Filing Fee (Line 4 of Filing Fee Schedule)	0 0
2. Installment Payment (Multiply Line 1 by .50)	0 0
3. Tentative Nonresident Noncorporate Partner Tax	0 0
4. Tentative Nonresident Corporate Partner Tax	0 0
5. Total Fee and Tax (Add Lines 1-4)	0 0
6. Less: Line 1 of Tiered Partnership Payment Schedule	0 0
7. Less: Payment/Credit	0 0
8. Total Balance Due	$ 0 0

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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	. _____ 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-200-T. If the amount on Line 4 is greater than $250,000, enter $250,000 on Line 1 of Form PART-200-T.

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-200-T.