

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-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.