Schedule PTE-K-1
2024

Pass-Through Business Alternative Income Tax

Member's Share of Tax

For tax year beginning _____, 20____ and ending _____, 20____

Member's SS # or Federal EIN	Pass-Through Entity's Federal EIN
Member's Name	Pass-Through Entity's Name
Street Address	Pass-Through Entity's Street Address
City State ZIP Code	City State ZIP Code

☐ If the member is a disregarded entity, check the box and enter the member's:

Federal EIN _____ Name _____

Member's Share of Distributive Proceeds		Check box if pass-through entity above is the designated entity of a consolidated return ☐
Member's Share of Pass-Through Business Alternative Income Tax.....		**Enter amounts on line shown below** NJ-1040, Schedule NJ-BUS-1 NJ-1040NR, Schedule NJ-BUS-1 NJ-1080C, line 24 NJ-1041, Schedule NJ-BUS-1 NJ-1065, Schedule A, Part II, line 1, column J Form 329 (CBT-100, CBT-100S, and CBT-100U) Exempt corporations use Form A-3730 to claim a refund.