**Schedule PTE-K-1**
2021

**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**<br>Line 62, NJ-1040<br>Line 55, NJ-1040NR<br>Line 24, NJ-1080C<br>Line 35a, NJ-1041<br>Line 7, NJ-CBT-1065<br>Form 329 (CBT-100, CBT-100S, CBT-100U, and BFC-1)<br>Exempt corporations use Form A-3730 to claim a refund. |