

**Schedule PTE-K-1
2020**

**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
Member's Share of Distributive Proceeds					
Member's Share of Business Alternative Income Tax.....			Enter amounts on line shown below		
			Line 63, NJ-1040 Line 55, NJ-1040NR Line 24, NJ-1080C Line 35a, NJ-1041	Line 7, NJ-CBT-1065 Form 329 (CBT-100, CBT-100S, CBT-100U, and BFC-1)	
Exempt corporations use Form A-3730 to claim a refund.					