**Schedule PTE-K-1**
2022

**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>NJ-1040, Schedule NJ-BUS-1<br>NJ-1040NR, Schedule NJ-BUS-1 Line 24, NJ-1080C<br>NJ-1041, Schedule NJ-BUS-1<br>NJ-1065, Schedule A, Part II, line 12, column D<br>Form 329 (CBT-100, CBT-100S, CBT-100U, and BFC-1)<br>Exempt corporations use Form A-3730 to claim a refund. |