

**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
<input type="checkbox"/> 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 <input type="checkbox"/>		
Member's Share of Pass-Through Business Alternative Income Tax.....			Enter amounts on line shown below Line 62, NJ-1040 Line 7, NJ-CBT-1065 Line 55, NJ-1040NR Form 329 (CBT-100, Line 24, NJ-1080C CBT-100S, CBT-100U, Line 35a, NJ-1041 and BFC-1)		
			Exempt corporations use Form A-3730 to claim a refund.		