## **CAUTION**

These forms are for **reference only**. **DO NOT** mail to the Division of Taxation.

Form PTE-100 and all related forms **must** be filed electronically. See "How to File" in the PTE-100 instructions for more information.

#### DO NOT MAIL THIS FORM

### PTE-100 **2022**

# Pass-Through Business Alternative Income Tax Return

For C	alendar Year 2022, or tax year beginning, 2	20 and e	nding	, 20			
Federa	al Employer ID Number						
Dass_7	Through Entity Name	Check appropriate box					
Pass-Through Entity Name			(consolidated returns, see instructions)				
Addres	ss		Form NJ-1065 filed				
			│	rm CBT-100S filed			
City	State Z	IP Code	Check app	licable boxes			
Chook				neral Partnership			
Check	applicable boxes: Amended return		Lim	nited Partnership			
Cor	nsolidated return (optional) See instructions.			nited Liability Company			
	Designated Consolidated Return			nited Liability Partnership			
	Member of Consolidated Return			w Jersey S Corporation			
	Designated Consolidated Return Entity's Name			dge Fund			
	Designated Consolidated Return Entity's FEIN			-9-			
Doo		T-v. Cal					
Pas	ss-Through Business Alternative Incom	ne lax Cai	Culatio	<u>n</u>			
1.	Distributive Proceeds (Total from Members Directory, col. C or Consolidated	I Members Directory	, col. D)	1.			
2.	Pass-Through Business Alternative Income Tax (See instructions)			2.			
3.	Penalty and Interest						
	Check box if PTE-160 attached Enter the amount from PTE-160, line 2			3.			
4.	Total Due			4.			
5.	Payments/Credit from 2021			5.			
6.	Pass-Through Business Alternative Income Tax Credit		6.				
7.	Total balance due. If line 4 is more than lines 5 and 6, subtract lines 5 and 6	from line 4		7.			
8.	Overpayment. If line 4 is less than lines 5 and 6, subtract line 4 from the total	al of lines 5 and 6		8.			
9.	Credit to 2023			9.			
10.	Refund			10.			
	nature						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner) is based on all information of which preparer has any knowledge.							
Form PTE-100 must be filed electronically. This form is for reference only.							
Signatu	Signature of general partner, authorized officer of S corporation, or limited liability company member  Title  Date						
Paid Pr	reparer's Signature Preparer	r's SS # or PTIN		Date			
Firm's N	Name Address	F	irm's Federal E	EIN Date			

Me	mbers Dire	ectory	Lis	t all members, including principal address	. Add additional sheets as necessary.		
Α	В			С	D D		
Code		Member's Information	1	Member's Share of Distributive Proceeds (see instructions)	Member's Share of Pass-Through Business Alternative Income Tax		
	% owned by member		Final				
	SS Number/FEIN			1			
	Name			1			
	Principal Address			1			
	City State ZIP Code			1			
	% owned by member		Final				
	SS Number/FEIN			1			
	Name						
	Principal Address						
	City State ZIP Code						
	% owned by member		Final				
	SS Number/FEIN						
	Name						
	Principal Address						
	City State ZIP Code						
	% owned by member		Final				
	SS Number/FEIN						
	Name						
	Principal Address						
	City State ZIP Code						
	% owned by member		Final				
	SS Number/FEIN						
	Name						
	Principal Address						
	City State ZIP Code						
	% owned by member		Final				
	SS Number/FEIN						
	Name						
	Principal Address						
	City State ZIP Code						
	% owned by member		Final				
	SS Number/FEIN			1			
	Name			1			
	Principal Address			1			
	City State ZIP Code			1			
Tota	s						

Consolidated Members Directory  List all members of each pass-through entity included in the consolidated return. Add							
	(consolidated returns ONL)	Y) additiona	Il sheets as necessa	ry.	T -		
Α	В		С		D	E	
			Share of Distributive C of each entity's Memb	Total Member's Share of	Member's Share of Pass-Through		
Code	Member's Information	Designated PTE				Distributive Proceeds	
Code	Member 3 mormation	Name of PTE	Name of PTE	Name of PTE	(total of all amounts in column C for each	Business Alternative Income Tax	
		FEIN of PTE	FEIN of PTE	FEIN of PTE	member)		
	SS Number/FEIN						
	Name						
	Principal Address						
	City State ZIP Code						
	SS Number/FEIN						
	Name						
	Principal Address						
	City State ZIP Code						
	SS Number/FEIN						
	Name						
	Principal Address						
	City State ZIP Code						
	SS Number/FEIN						
	Name						
	Principal Address						
	City State ZIP Code						
Total	ls						
Estim	ated Pass-Through Business Alternative Income Tax ents made for 2022, amount paid with an application						
for ex	tens made for 2022, amount paid with an application tension of time to file, and amount carried forward 2021 PTE-100				Total		
						,	

### 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 Pro	oceeds				if pass-through entity aby of a consolidated return		
Member's Share of Pass-1	「hrough			NJ-1040, S NJ-1040NI Line 24, N	R, Schedule NJ-BUS-1	NJ-1065, Schedule A, Part II, line 12, column D Form 329 (CBT-100, CBT-100S, CBT-100U, and BFC-1)	
Business Alternative Income Tax				Exempt corporations use Form A-3730 to claim a refund.			