New Mexico Pass-Through Entities Tax Return

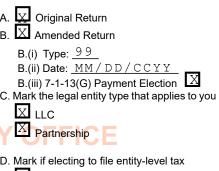
9999 99 99 9

Disaster Relief

2023 PTE BARCODE SHOULD READ *237089999* where the last four digits are replaced with your vendor code.

Name of Pass-Through Entity					CHECK ON
XXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXX	XXXXXXXX	
FEIN	NMBTIN		NA	ICS	A. 🔛 Origi
99-999999	9	99-999999-99	9	9999999	B. 🛛 Amer
Address (Number and street)					B.(i) Typ
XXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXX	XXXXXXXX	B.(ii) Dat
Address (continued)	City		State	Postal/ZIP Code	B.(iii) 7-1
XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXX	XX	99999-9999	C. Mark the I
If foreign address, enter country		Foreign province and/or state			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	< XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXX	XXXXXXXXXX	Partr
Beginning of Tax Year MM / DD / CCYY	Last Day of Tax Year MM / D D / C C Y 1	Federal Due Date MM/DD/CCYY		ded Due (MMDDCCYY) I/DD/CCYY	D. Mark if ele
State where organized X X	Date of Organization MM / DD / CCY	Date business began in NM MM / DD / CCYY		erminated in New Mexico 1 / D D / C C Y Y	

CHECK ONE (Required):



Section 1. Computation of net income for withholding tax and composite income tax of electing owners. If electing only to file entity-level tax, only lines 1-13 may need to be completed. See instructions.

1.	Ordinary business income (loss) from federal Form 1065, Schedule K	1.	99,999,999,999
2.	Other income (loss) from federal Form 1065, Schedule K	2.	99,999,999,999
3.	Interest income from municipal bonds, excluding New Mexico bonds	3.	99,999,999,999
4.	Subtotal of lines 1, 2, and 3	4.	99,999,999,999
5.	Interest from U.S. government obligations or federally-taxed New Mexico bonds.	5.	99,999,999,999
6.	Allowable deductions from Schedule K	6.	<mark>99,9</mark> 99,999,999
7.	Deduction for certain expenses related to a New Mexico licensed cannabis business	7.	<mark>99,9</mark> 99,999,999
8.	Total allocated income (from PTE-B, line 8, column 1)	8.	<mark>99,99</mark> 9,999,999
9.	Apportionable income. Add lines 5, 6, 7 and 8, then subtract from line 4	9.	99,999,999,999
10.	Average New Mexico percentage (from PTE-A, line 5)	10.	99.9999 %
11.	New Mexico apportionable income. Multiply line 9 by line 10	11.	99,999,999,999
12.	New Mexico allocated income (from PTE-B, line 9, column 2)POLICY	12.	FF99 C95 9,999,999
13.	Add lines 11 and 12. New Mexico net income	13.	99,999,999,999
14.	Amount of net income from line 13 that is subject to PTE withholding tax	14.	99,999,999,999
15.	Withholding tax rate	15.	5.9%
16.	Multiply line 14 by line 15. Amount of withholding tax on net income	16.	99,999,999,999
17.	Total withholding tax passed directly to owners (see instructions)	17.	99,999,999,999
18.	Subtract line 17 from line 16. Total withholding tax	18.	99,999,999,999
19.	Amount of net income from line 13 subject to composite income tax for electing		
	owners	19.	99,999,999,999
20.	Composite income tax rate	20.	5.9%
21.	Multiply line 19 by line 20. Total composite income tax	21.	99,999,999,999

2023 PTE

New Mexico Pass-Through Entities Tax Return (Page 2)

2023 PTE

BARCODE SHOULD READ *237099999* where the last four digits are replaced with your vendor code.

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Section 2. Computation of entity-level tax. Complete lines 22 through line 29 if electing to file and pay entity-level tax.

22.	New Mexico net income from line 13	2
23.	Guaranteed payments required to be reported by partnerships. (see instructions)	2
24.	Subtotal. Add lines 22 and 23	24
25.	New Mexico net capital gains deduction	2
26.	Distributions not subject to entity-level tax	2
27.	Distributed net income subject to entity-level tax. Add lines 25 and 26, then	(
	subtract from line 24	2
28.	Entity-level tax rate	2
29.	Multiply line 27 by line 28. Total entity-level tax	2
Sect	tion 3. Payments and Credits.	
20	Towwithheld from distributions of all and use presents reads to this DTE (attack	
30.	5 1	
	1099-Misc or Form RPD-41285)	3
31.	Tax withheld from distributions of a pass-through entity made to this PTE. (attach	
	1099-Misc or Form RPD-41359)	3
30	Estimated payments and extension payments	2

- 32. Estimated payments and extension payments
- Approved Film Production Tax Credit (attach RPD-41228)......
 Approved New Film Production Tax Credit (attach RPD-41228).....
- Approved New Mexico Film Partner New Film Production Credit (attach RPD-41228)
- 36. Total payments and credits. Add lines 30 through 35

Section 4. Tax due or overpayment.

37.	Total withholding, composite, and entity-level tax. Add lines 18, 21, and 29
38.	Amended returns only. Enter 2023 refunds received and overpayments applied
	to 2024

- 39. Subtotal of tax. Add line 37 and 38.....
- 40. Tax due. If line 39 is greater than line 36, subtract 36 from 39.....
- 41. Penalty. (see instructions)
- 42. Interest. (see instructions).
- 43. Total amount due. Add lines 40, 41, and 42
- 44. **Overpayment.** If line 36 is greater than 39, subtract 39 from 36. (to claim a refund or apply overpayment to next year, attach RPD-41373)

22.	999,999,999,999
23.	999,999,999,999
24.	999,999,999,999
25.	999,999,999,999
26.	999,999,999,999
0	FFICE
27	

27.	999,999,999,999
28.	5.9%
29.	999,999,999,999

30.	<mark>999,99</mark> 9,999,999
31.	999,999,999,999
32.	999,999,999,999
33.	999,999,999,999
34.	999,999,999,999

35.	999,999,999,999
36.	999,999,999,999

37. **999**,**9**99,**999**,**999**

38.	999,999,999,999
39.	999,999,999,999
40.	999,999,999,999
41.	999,999,999,999
42.	999,999,999,999
43.	999,999,999,999

44. 999,999,999,999

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 taxpayer or an employee of the taxpayer) is based on all information of which preparer has any knowledge.	
	P1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Signature of officer, member, or partner Date	P2 NMBTIN 09-999999-009
XXXXXXXXXXXXXXXXXXXXXX (999)999-9999	P3 FEIN 99-9999999
Title Contact phone number	P4 Preparer's PTIN X99999999
Taxpayer's email address XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	P5 Preparer's phone number $(999)999 - 9999$

2023 PTE-A

New Mexico Apportionment Factors

(Page 3)

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2023 PTE-A/B

BARCODE SHOULD READ *237389999* where the last four digits are replaced with your vendor code.

PROPERTY FACTOR	Column 1 Total Everywhere	Column 2 Inside New Mexico	Percent Inside New Mexico
1a. Average annual value of inventory 1b. Average annual value of real property 1c. Average annual value of personal property.	999,999,999,999,999 999,999,999,999 999,999,999,999,999		
1d. Rented property. Multiply annual rental value by 8 1e. Total property	999,999,999,999,999 999,999,999,999,999	999,999,999,999 999,999,999,999	
1. Property factor. Divide Total property Column 2 by	Column 1 and then multiply b	y 100	1. 999.9999 %
Total compensation of employees	999,999,999,999	999,999,999,999	È
2. Payroll factor. Divide Column 2 by Column 1 and t	hen multiply by 100		2. 999.9999 %
SALES FACTOR			
Gross receipts	999,999,999,999	999,999,999,999	
3. Sales factor. Divide Column 2 by Column 1 and th	en multiply by 100		<mark>3.</mark> 999.9999 %
 TOTAL of lines 1, 2, and 3 Count of factors 	4a XX		4. 999.9999 %
5. Average New <mark>Mexico</mark> Per <mark>ce</mark> ntage. Divide line 4 by	the num <mark>be</mark> r of facto <mark>rs</mark> entered	d in line 4a. Enter here and	
on the PTE, line 10			5. 999.9999 %
A. This entity submitted written notification of its el for tax year ending (h.) $\underline{MM}/\underline{DD}/\underline{CCYY}$. The effe			
B. Mark the box indicating the special method elec	cted. 🛛 Manufacturers	Headquarters Opera	ation

2023 PTE-B

Allocated Non-Business Income Taxable to Owners

			Total I
1.	Net non-business dividends	1.	999,
2.	Net non-business interest	2.	999,
3.	Net non-business rents (loss)	3.	999,
4.	Net non-business royalties	4.	999,
5.	Net non-business profit sale of assets (loss)	5.	999,
6.	Net non-business partnership income (loss)	6.	999,
7.	Other net non-business income (loss)	7.	999,
8.	Total allocated income. Add lines 1 through 7. Enter here and	8.	
	on the PTE, line 8		999,
9.	Total New Mexico allocated income. Add lines 1 through 7.	9.	0.00
	Enter here and on the PTE, line 12		999,

	Column 1 Total Income Everywhere	Column 2 New Mexico Income
1.	999,999,999,999	999,999,999,999
2.	999,999,999,999	999,99 9,999,999
3.	999,999,999,999	999,999,999,999
4.	999,999,999,999	999,999,999,999
5.	999,999,999,999	999,999,999,999
6.	999,999,999,999	999,999,999,999
7.	999,999,999,999	999,999,999,999
8.	999,999,999,999	999,999,999,999
9.	999,999,999,999	999,999,999,999

2023 PTE-D Detail of Owner Withholding, Composite Tax and Entity-Level Tax

2023 PTE-D

BARCODE SHOULD READ *237489999* where the last four digits are replaced with your vendor code.

FEIN	
99-9999999	

You can e-file and e-pay the PTE return using the Department's Taxpayer Access Point (TAP) website at https://tap.state.nm.us.

	1a. Owner SSN/ITIN/FEIN 99-999-9999		1b. ID Provided थ SSN/ITIN थ FEIN			****	****	
	2 Owner Name (First, Middle, Last)			3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code	
1	******			*****	XX	99999	XI XX	
	4. Residency Status X	5. Withholding r	equired X	6. Reason Code 99	7. Owner share of allocable net income	8. Owner share 99 , 999	0	9. Owner Percentage 999 • 9999%
	10. Amount of owner composite tax 99, 999, 999, 999, 999			ubject to entity-level tax 9,999,999,999,999 LICY OF 99,999,999,999,999				
	1a. Owner SSN/ITIN/FE $99 - 999 - 999$			1b. ID Provided SSN/ITIN FEIN	3a. Owner Address (Number Street)	umber Street)		
	2 Owner Name (First, M	liddle, Last)			3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code
2	XXXXXXXXX	XXXXXXX	xxxxxx	xxxxxxxxx	xxxxxxxxxxxxxxxxx	XX	99999	
	4. Residency Status X	5. Withholding r	equired X	6. Reason Code 9 9	7. Owner share of allocable net income 99, 999, 999, 999, 999	8. Owner share 99 , 999	•	9. Owner Percentage 999. 9999%
	10. Amount of owner co		11. Owner shar	e of allocable net income		12. Owner share of entity-level tax		
	99,999,99	9,999		9	9,999,999,999		99,999,	999,999
	1a. Owner SSN/ITIN/FEIN 1b. ID Provided 99-999-9999 3 SSN/ITIN X FEIN X FEIN			3a. Owner Address (Number Street) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
				🖸 SSN/ITIN		XXXXXXX	xxxxxxx	XXXXXXXXX
		99		1b. ID Provided ▲ SSN/ITIN ▲ FEIN		XXXXXXXX 3c. State	XXXXXXXXX 3d. ZIP/Postal	3e. Mark if outside of
3	99-999-99) 9 9 liddle, Last)		Ă SSN/ITIN Ă FEIN	*****	1		1
3	99–9999–99 2 Owner Name (First, M) 9 9 liddle, Last)		Ă SSN/ITIN Ă FEIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share	3d. ZIP/Postal 999999 of w <mark>ithholding</mark>	3e. Mark if outside of the US/ Country Code
3	99-999-99 2 Owner Name (First, M XXXXXXXXXX 4. Residency Status X 10. Amount of owner co	999 iiddle, Last) XXXXXXX 5. Withholding r mposite tax	equired X	SSN/ITIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 99, 999	3d. ZIP/Postal 999999 of withholding , 999, 999 e of entity-level tax	3e. Mark if outside of the US/ Country Code X X 9. Owner Percentage 999.9999%
3	99-999-99 2 Owner Name (First, M XXXXXXXXXX 4. Residency Status X	999 iiddle, Last) XXXXXXX 5. Withholding r mposite tax	equired X	SSN/ITIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 99, 999	3d. ZIP/Postal 999999 of withholding , 999, 999 e of entity-level tax	3e. Mark if outside of the US/ Country Code
3	99-999-99 2 Owner Name (First, M XXXXXXXXXX 4. Residency Status X 10. Amount of owner co	iddle, Last) XXXXXXX 5. Withholding n mposite tax 99, 999	equired X	SSN/ITIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 99, 999 12. Owner shar	3d. ZIP/Postal 999999 of withholding 999,999 e of entity-level tax 99,999,	3e. Mark if outside of the US/ Country Code X XX 9. Owner Percentage 999.9999%
3	99-999-99 2 Owner Name (First, M XXXXXXXXXX 4. Residency Status X 10. Amount of owner co 99, 999, 99 1a. Owner SSN/ITIN/FE	999 liddle, Last) XXXXXXX 5. Withholding r mposite tax 99, 999	equired X	SSN/ITIN SSN/ITIN FEIN XXXXXXXXX 6. Reason Code 99 e of allocable net income 9 1b. ID Provided SSN/ITIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 99, 999 12. Owner shar	3d. ZIP/Postal 999999 of withholding 999,999 e of entity-level tax 99,999,	3e. Mark if outside of the US/ Country Code X XX 9. Owner Percentage 999.9999%
3	99-999-99 2 Owner Name (First, M XXXXXXXXX 4. Residency Status X 10. Amount of owner co 99, 999, 99 1a. Owner SSN/ITIN/FE 99-999-99	iddle, Last) XXXXXXX 5. Withholding r mposite tax 99,999 IN 999	equired X 11. Owner shar	SSN/ITIN FEIN SSN/ITIN SSN/ITIN SSN/ITIN Provided SSN/ITIN FEIN SSN/ITIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 99, 999 12. Owner shar	3d. ZIP/Postal 999999 of withholding 999,999 e of entity-level tax 99,999,	3e. Mark if outside of the US/ Country Code XX 9. Owner Percentage 999. 9999% 999, 999%
	99-999-99 2 Owner Name (First, M XXXXXXXXX 4. Residency Status X 10. Amount of owner co 99,999,99 1a. Owner SSN/ITIN/FE 99-999-99 2 Owner Name (First, M	iddle, Last) XXXXXXX 5. Withholding r mposite tax 99,999 IN 999	11. Owner shar	SSN/ITIN FEIN SSN/ITIN SSN/ITIN SSN/ITIN Provided SSN/ITIN FEIN SSN/ITIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 99, 999 12. Owner share XXXXXXX 3c. State XX 8. Owner share	3d. ZIP/Postal 999999 of withholding 999,999, e of entity-level tax 99,9999, XXXXXXXX 3d. ZIP/Postal 999999	3e. Mark if outside of the US/ Country Code XX 9. Owner Percentage 999. 9999% 999. 9999% XXXXXXXXXX 3e. Mark if outside of the US/ Country Code
	99-999-99 2 Owner Name (First, M XXXXXXXXXX 4. Residency Status X 10. Amount of owner co 99, 999, 999 1a. Owner SSN/ITIN/FE 99-999-99 2 Owner Name (First, M XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	iddle, Last) XXXXXXX 5. Withholding r mposite tax 99, 999 iddle, Last) XXXXXXX 5. Withholding r S. Withholding r	equired X 11. Owner shar	SSN/ITIN SS	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 99, 999 12. Owner share XXXXXXXX 3c. State XX 8. Owner share 99, 999	3d. ZIP/Postal 999999 of withholding 999,999, e of entity-level tax 99,9999, XXXXXXXX 3d. ZIP/Postal 999999	3e. Mark if outside of the US/ Country Code XX 9. Owner Percentage 999, 9999% 999, 9999% XXXXXXXXXX 3e. Mark if outside of the US/ Country Code XX 9. Owner Percentage 999, 9999%

If you need more space, print this *Schedule PTE-D* directly from the website and attach the additional *PTE-D Supplemental* forms as needed after the first page of this form.

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2023 PTE-D Supplemental Detail of Owner Withholding, Composite Tax and Entity-Level Tax

2023 PTE-D Supplemental BARCODE SHOULD READ *237499999* where the last four digits are replaced with your vendor code.

FEIN 99-9999999

You can e-file and e-pay the PTE return using the Department's Taxpayer Access Point (TAP) website at https://tap.state.nm.us.

	1a. Owner SSN/ITIN/FEIN		1b. ID Provided 3a. Owner Address (Number Street)					
	99-999-9999 🖾 FEIN			******		XXXXXXXXX		
	2 Owner Name (First, Middle, Last)			3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code	
1	******			*****	XX	99999	XI XX	
	4. Residency Status X	5. Withholding r	equired X	6. Reason Code 9 9	7. Owner share of allocable net income	8. Owner share	0	9. Owner Percentage 999 • 9999%
	10. Amount of owner composite tax 99, 999, 999, 999, 999			ubject to entity-level tax 9, 999, 999, 999 LIC 12. Owner share of entity-level tax 99, 999, 999, 999, 999				
	1a. Owner SSN/ITIN/FE	EIN		1b. ID Provided	3a. Owner Address (Number Street)			
	99-999-99	99		l⊠ SSN/ITIN I⊠ FEIN	*****			
	2 Owner Name (First, N	liddle, Last)			3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code
2	XXXXXXXXX	XXXXXXX	XXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XX	99999	XI XX
	4. Residency Status X	5. Withholding r	equired X	6. Reason Code 9 9	7. Owner share of allocable net income 99, 999, 999, 999, 999	8. Owner share 99 , 999		9. Owner Percentage 999 • 999 9 %
	10. Amount of owner co	mposite tax	11. Owner shar	e of allocable net income	subject to entity-level tax	12. Owner share of entity-level tax		
	99,999,99	9,999		9	9,999,999,999	99,999,999,999		
	1a. Owner SSN/ITIN/FEIN			3a. Owner Address (Number Street)				
	1a. Owner SSN/ITIN/FE	EIN		1b. ID Provided	3a. Owner Address (Number Street)			
	1a. Owner SSN/ITIN/FE $99 - 999 - 999$			1b. ID Provided SSN/ITIN FEIN	3a. Owner Address (Number Street)	XXXXXXX	XXXXXXXXX	*****
		99		🛎 SSN/ITIN	· · · · ·	XXXXXXX 3c. State	XXXXXXXXX 3d. ZIP/Postal	XXXXXXXXXXX 3e. Mark if outside of the US/ Country Code
3	99-999-99) 9 9 liddle, Last)	XXXXXXX	Ă SSN/ITIN Ă FEIN	*****			3e. Mark if outside of
3	99–999–99 2 Owner Name (First, M) 9 9 liddle, Last)		Ă SSN/ITIN Ă FEIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share	3d. ZIP/Postal 999999 of withholding	3e. Mark if outside of the US/ Country Code
3	99-999-99 2 Owner Name (First, M XXXXXXXXX 4. Residency Status X 10. Amount of owner co) 9 9 Iiddle, Last) XXXXXXX 5. Withholding r mposite tax	equired X	SSN/ITIN SSN/ITIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 99, 999	3d. ZIP/Postal 999999 of withholding , 999, 999 e of entity-level tax	3e. Mark if outside of the US/ Country Code X X 9. Owner Percentage 999.9999%
3	99-999-99 2 Owner Name (First, M XXXXXXXXXX 4. Residency Status X) 9 9 Iiddle, Last) XXXXXXX 5. Withholding r mposite tax	equired X	SSN/ITIN SSN/ITIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 99, 999	3d. ZIP/Postal 999999 of withholding , 999, 999 e of entity-level tax	3e. Mark if outside of the US/ Country Code X X 9. Owner Percentage
3	99-999-99 2 Owner Name (First, M XXXXXXXXX 4. Residency Status X 10. Amount of owner co) 9 9 liddle, Last) XXXXXXX 5. Withholding r mposite tax) 9 , 9 9 9	equired X	SSN/ITIN FEIN SXXXXXXXX G. Reason Code 9 9 e of allocable net income 9 4 b. ID Provided	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 99, 999	3d. ZIP/Postal 999999 of withholding , 999, 999 e of entity-level tax	3e. Mark if outside of the US/ Country Code X X 9. Owner Percentage 999.9999%
3	99-999-99 2 Owner Name (First, M XXXXXXXXXX 4. Residency Status X 10. Amount of owner co 99, 999, 99	 999 liddle, Last) XXXXXXX 5. Withholding r mposite tax 99, 999 EIN 	equired X	SSN/ITIN SSN/ITIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 9 9 , 9 9 9 12. Owner shar	3d. ZIP/Postal 999999 of withholding 999,999 e of entity-level tax 99,999,999,	3e. Mark if outside of the US/ Country Code X XX 9. Owner Percentage 999.9999
3	99-999-99 2 Owner Name (First, M XXXXXXXXXX 4. Residency Status X 10. Amount of owner co 99, 999, 999	 999 liddle, Last) XXXXXXX 5. Withholding r mposite tax 99, 999 SIN 999 	equired X	SSN/ITIN SSN/ITIN FEIN XXXXXXXX G. Reason Code 99 e of allocable net income 9	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 9 9 , 9 9 9 12. Owner shar	3d. ZIP/Postal 999999 of withholding 999,999 e of entity-level tax 99,999,999,	3e. Mark if outside of the US/ Country Code X XX 9. Owner Percentage 999.9999
	99-999-99 2 Owner Name (First, M XXXXXXXXXX 4. Residency Status X 10. Amount of owner co 99,999,999,99 1a. Owner SSN/ITIN/FE 99-999-99	iddle, Last) XXXXXXX 5. Withholding r mposite tax 9 9 , 9 9 9 EIN 9 9 9	equired X 11. Owner shar	SSN/ITIN FEIN SSN/ITIN SSN/ITIN SSN/ITIN Provided SSN/ITIN FEIN SSN/ITIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 9 9 , 9 9 9 12. Owner shar	3d. ZIP/Postal 999999 of withholding 999,999 e of entity-level tax 99,999,	3e. Mark if outside of the US/ Country Code X XX 9. Owner Percentage 999. 9999% 999, 9999%
3	99-999-99 2 Owner Name (First, M XXXXXXXXX 4. Residency Status X 10. Amount of owner co 99,999,999,99 1a. Owner SSN/ITIN/FE 99-999-99 2 Owner Name (First, M	iddle, Last) XXXXXXX 5. Withholding r mposite tax 9 9 , 9 9 9 EIN 9 9 9	equired X 11. Owner shar	SSN/ITIN FEIN SSN/ITIN SSN/ITIN SSN/ITIN Provided SSN/ITIN FEIN SSN/ITIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 99, 999 12. Owner share XXXXXXX 3c. State XX 8. Owner share	3d. ZIP/Postal 999999 of withholding 999,999 e of entity-level tax 99,9999, XXXXXXXX 3d. ZIP/Postal 999999	3e. Mark if outside of the US/ Country Code X XX 9. Owner Percentage 999. 9999% 999. 9999% 999. 999% XXXXXXXXXXX 3e. Mark if outside of the US/ Country Code
	99-999-99 2 Owner Name (First, M XXXXXXXXXX 4. Residency Status X 10. Amount of owner co 99, 999, 999 1a. Owner SSN/ITIN/FE 99-999-99 2 Owner Name (First, M XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	1 1 1 1 1 1 1 1 1 1 1 1 1 1	equired X 11. Owner shar	SSN/ITIN SSN/ITIN SSN/ITIN SSN/ITIN CODE 99 e of allocable net income 9 fb. ID Provided SSN/ITIN FEIN CODE SSN/ITIN FEIN FEIN FEIN FEIN FEIN FEIN FEIN FE	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 99, 999 12. Owner share XXXXXXXX 3c. State XX 8. Owner share 99, 999	3d. ZIP/Postal 999999 of withholding 999,999,999 e of entity-level tax 99,9999, XXXXXXXXX 3d. ZIP/Postal 99999 of withholding ,999,999	3e. Mark if outside of the US/ Country Code XI XX 9. Owner Percentage 999. 9999 999. 9999 XXXXXXXXX 3e. Mark if outside of the US/ Country Code XI XX 9. Owner Percentage

If you need more space, print additional *PTE-D Supplemental* forms as needed.

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