#### New Mexico Pass-Through Entities Tax Return

Vendor Product Versio 9999 99 99 9 If the PTE reports 51 or more payees on the PTE-D, this return must be filed electronically.

Name of Pass-Through Entity		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX
FEIN	NMBTIN	NAICS
99-9999999	99-999999-99	9999999

 $\ensuremath{\boxtimes}$  Mark this box if the address is new or changed.

Address (Number and street)				
XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXXXXXXX
Address (continued)	City		State	Postal/ZIP Code
XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XX	99999-9999
If foreign address, enter country		Foreign province and/or state	vvv	
ЛЛЛЛЛЛЛЛЛЛЛ				
Beginning of Tax Year MM / DD / CCYY	Last Day of Tax Year MM / D D / C C Y Y	Federal Due Date MM / D D / C C Y Y		led Due (MMDDCCYY) I / D D / C C Y Y
State where organized X X	Date of Organization MM / D D / C C Y Y	Date business began in NM MM / D D / C C Y Y		erminated in New Mexico I / D D / C C Y Y

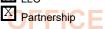
CHECK ONE (Required):

2024 PTE

BARCODE SHOULD READ \*247089999\* where the last four digits are replaced with your vendor code.

A. ♥ Original Return
B. ▲ Amended Return
B.(i) Type: <u>99</u>
B.(ii) Date: <u>MM / DD / CCYY</u>
B.(iii) 7-1-13(G) Payment Election ▲

C. Mark the legal entity type that applies to you  $\square$  LLC



D. X Mark if electing to file entity-level tax

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

99,999,999,999
99,999,999,999
99,999,999,999
99,999,999,999
99,999,999,999
<mark>99,9</mark> 99,999,999
<mark>9</mark> 9,999,999,999
99,999,999,999
99,999,999,999
99.9999 %
<b>99,999,</b> 999,999
99,999,999,999 99,999,999,999
99,999,999,999
99,999,999,999
5.9%
99,999,999,999
99,999,999,999
99,999,999,999

19.	99,999,999,999
20.	5.9%
21.	99,999,999,999

# 2024 PTE

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

2024 PTE

29.

BARCODE SHOULD READ \*247099999\* where the last four digits are replaced with your vendor code.

<sup>FEIN</sup> 99-9999999

**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	Γ
23.	Guaranteed payments required to be reported by partnerships. (see instructions)	
24.	Subtotal. Add lines 22 and 23	
25.	New Mexico net capital gains deduction	ſ
26.	Distributions not subject to entity-level tax	
27.	Distributed net income subject to entity-level tax. Add lines 25 and 26, then subtract from line 24	ſ
28.	Entity-level tax rate	ſ
29.	Multiply line 27 by line 28. Total entity-level tax	ſ

#### Section 3. Payments and Credits.

	-	
30.	Tax withheld from distributions of oil and gas proceeds made to this PTE. Attach	
	1099-Misc or Form RPD-41285	
31.	Tax withheld from distributions of a pass-through entity made to this PTE. Attach	_
	1099-Misc or Form RPD-41359	
32.	Estimated payments and extension payments	
33.	Approved Film Production Tax Credit. Attach RPD-41228	Γ
34.	Approved New Film Production Tax Credit. Attach RPD-41228	
35.	Approved New Mexico Film Partner New Film Production Credit. Attach RPD-	
	41228	
36.		

#### Section 4. Tax due or overpayment.

	Total withholding, composite, and entity-level tax. Add lines 18, 21, and 29 Amended returns only. Enter 2024 refunds received and overpayments applied
39. 40.	to 2025 Subtotal of tax. Add line 37 and 38 Tax due. If line 39 is greater than line 36, subtract 36 from 39
	Penalty. (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**.)....

I declare that I have examined this return, including accompanying sche to the best of my knowledge and belief, it is true, correct, and comple (other than taxpayer or an employee of the taxpayer) is based on all inf	te. Declaration of preparer		Paid preparer's use only:	
has any knowledge.		Ś	Signature of preparer if other than employee of the taxpayer Date	
		P1	P1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Signature of officer, member, or partner	Date			
<b>0</b>		P2 <u>1</u>	<sup>Р2</sup> <u>NMBTIN 09-999999-009</u>	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-9999	P3 p	P3 FEIN 99-9999999	
Title Contact p	hone number	P4 F	P4 Preparer's PTIN X999999999	
Taxpayer's email address XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	P5 <sub>F</sub>	P5 Preparer's phone number $(999)999 - 9999$	

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.	999,999,999,999
28.	5.9%

999,999,999,

999

30.	9	9	9	, <sup>c</sup>	9	9	,	9	9	9	,	9	9	9
31.	9	9	9	, <sup>c</sup>	9	9	,	9	9	9	,	9	9	9
32.	9	9	9	, <sup>ç</sup>	9	9	,	9	9	9	,	9	9	9
33.	9	9	9	, <sup>ç</sup>	9	9	,	9	9	9	,	9	9	9
34.	9	9	9	, <sup>c</sup>	9	9	,	9	9	9	,	9	9	9

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

37.	9	99	,9	99	,	999	,	999	

38.	999,999,999,999
39.	999,999,999,999
40.	999,999,999,999
41.	<b>999,99</b> 9,999,999
42.	999,999,999,999
43.	999,999,999,999

44.	999,999,	999,	999
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### 2024 PTE-A

### **New Mexico Apportionment Factors**

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(Page 3)

#### 2024 PTE-A/B

BARCODE SHOULD READ \*247389999\* where the last four digits are replaced with your vendor code.

FEIN			
99-9999999 PROPERTY FACTOR	Column 1 Total Everywhere	Column 2 Inside New Mexico	Percent Inside New Mexico
<ul> <li>1a. Average annual value of inventory</li> <li>1b. Average annual value of real property.</li> <li>1c. Average annual value of personal property.</li> <li>1d. Rented property. Multiply annual rental value by 8</li> <li>1e. Total property.</li> <li>1. Property factor. Divide Total property Column 2 by</li> </ul>	999,999,999,999 999,999,999,999 999,999,999,999	999,999,999,999,999 999,999,999,999 999,999,999,999,999 999,999,999,999,999 999,999,999,999,999	1. 999.9999 %
1. Property factor. Divide Total property Column 2 by PAYROLL FACTOR Total compensation of employees	999,999,999,999,999		È
2. Payroll factor. Divide Column 2 by Column 1 and t	then multiply by 100		2. 999.9999 %
SALES FACTOR Gross receipts			]
<ol> <li>Sales factor. Divide Column 2 by Column 1 and th</li> <li>TOTAL of lines 1, 2, and 3</li> <li>Count of factors</li> </ol>	4a XX	ORN	3. 999.9999 % 4. 999.9999 %
5. Average New Mexico Percentage. Divide line 4 by on the PTE, line 10			5. 999.9999 %
A. This entity submitted written notification of its el for tax year ending (h.) $\underline{MM/DD/CCYY}$ . The effe B. Mark the box indicating the special method elec	ctive date of the election is (i.)		ructions.

### 2024 PTE-B

## Allocated Non-Business Income Taxable to Owners

			Column 1 Total Income Everywhere	Column 2 New Mexico Income
1.	Net non-business dividends	1.	999,999,999,999	999,999,999,999
2.	Net non-business interest	2.	999,999,999,999	<mark>999,9</mark> 99,999,999
3.	Net non-business rents (loss)	3.	999,999,999,999	999,999,999,999
4.	Net non-business royalties	4.	999,999,999,999	999,999,999,999
5.	Net non-business profit sale of assets (loss)	5.	999,999,999,999	999,999,999,999
6.	Net non-business partnership income (loss)	6.	999,999,999,999	999,999,999,999
7.	Other net non-business income (loss)	7.	999,999,999,999	999,999,999,999
8.	Total allocated income. Add lines 1 through 7. Enter here and on the PTE, line 8	8.	999,999,999,999	999,999,999,999
9.	Total New Mexico allocated income. Add lines 1 through 7. Enter here and on the PTE, line 12	9.	999,999,999,999	999,999,999,999

#### 2024 PTE-D Detail of Owner Withholding, Composite Tax and Entity-Level Tax

2024 PTE-D

BARCODE SHOULD READ \*247479999\* 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)			
	99-999-99	999		🖄 FEIN				
	2 Owner Name (First, N	liddle, Last)			3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code
1	XXXXXXXXX	XXXXXXXX	XXXXXXX	XXXXXXXXX	*****	XX	99999	
-	4. Residency Status 5. Withholding required X X			6. Reason Code 99	7. Owner share of allocable net income 99, 999, 999, 999, 999, 999	8. Owner share of withholding tax 9. Owner Pe 99, 999, 999, 999, 999, 999, 9		9. Owner Percentage 999. 9999%
	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		
	99,999,9	9,999		KINAIIG	9,999,999,999		99,999,	999,999
	1a. Owner SSN/ITIN/FE	EIN		1b. ID Provided	3a. Owner Address (Number Street)			
	99-999-99	99			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX	XXXXXXXX	XXXXXXXXX
	2 Owner Name (First, N	liddle, Last)			3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code
2	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX	XXXXXXX	XXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	99999	
	4. Residency Status X	5. Withholding re	equired X	6. Reason Code 9 9	7. Owner share of allocable net income		of withholding tax	9. Owner Percentage 999 <b>.</b> 9999 <b>%</b>
	Λ		Λ	55	99,999 <mark>,</mark> 999,999	,,,,,,	, , , , , , , , , , , , , , , , , , , ,	
	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 1b. ID Provided			3a. Owner Address (Number Street)				
	1a. Owner SSN/ITIN/FE	EIN			3a. Owner Address (Number Street)			
	1a. Owner SSN/ITIN/FE			1b. ID Provided ՃSSN/ITIN ՃFEIN	3a. Owner Address (Number Street)	XXXXXXX	XXXXXXXX	XXXXXXXXXX
-		999		SSN/ITIN	·	XXXXXXX 3c. State	XXXXXXXXX 3d. ZIP/Postal	XXXXXXXXXX 3e. Mark if outside of the US/ Country Code
3	99-999-99	1iddle, Last)		Ă SSN/ITIN Ă FEIN	*****	1		3e. Mark if outside of
3	99-999-99 2 Owner Name (First, M XXXXXXXXXX 4. Residency Status	1iddle, Last)	equired	ă SSN/ITIN ă FEIN ⟨XXXXXXXXX 6. Reason Code	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share	3d. ZIP/Postal 999999 of w <mark>ithholding ta</mark> x	3e. Mark if outside of the US/ Country Code X XX 9. Owner Percentage
3	99-999-99 2 Owner Name (First, M	) 9 9 Iiddle, Last) XXXXXXXX			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share	3d. ZIP/Postal 999999 of w <mark>ithholding ta</mark> x	3e. Mark if outside of the US/ Country Code
3	99-999-99 2 Owner Name (First, M XXXXXXXXXX 4. Residency Status	999 Iiddle, Last) XXXXXXX 5. Withholding re	equired X	ă SSN/ITIN ă FEIN ⟨XXXXXXXXX 6. Reason Code	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 99, 999	3d. ZIP/Postal 999999 of w <mark>ithholding ta</mark> x	3e. Mark if outside of the US/ Country Code X XX 9. Owner Percentage
3	99-999-99 2 Owner Name (First, M XXXXXXXXXX 4. Residency Status X	9 9 9 tiddle, Last) XXXXXXXX 5. Withholding re mposite tax	equired X		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 99, 999	3d. ZIP/Postal 999999 of withholding tax , 999, 999	3e. Mark if outside of the US/ Country Code <u>X</u> <u>XX</u> 9. Owner Percentage 999.999%
3	99-999-99 2 Owner Name (First, M XXXXXXXXXX 4. Residency Status X 10. Amount of owner co	1 9 9 1 iddle, Last) 1 XXXXXX 5. Withholding re 1 mposite tax 9 9 , 9 9 9	equired X		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 99, 999	3d. ZIP/Postal 999999 of withholding tax , 999, 999 e of entity-level tax	3e. Mark if outside of the US/ Country Code <u>X</u> <u>XX</u> 9. Owner Percentage 999.999%
3	99-999-99 2 Owner Name (First, M XXXXXXXXXX 4. Residency Status X 10. Amount of owner co 99,999,999	1 J 9 9 1 J J J Last) 1 J J Last 1 J J J J J J J J J J J J J J J J J J J	equired X		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 99, 999 12. Owner shar	3d. ZIP/Postal 999999 of withholding tax 999,999 e of entity-level tax 99,999,	3e. Mark if outside of the US/ Country Code <u>X</u> <u>XX</u> 9. Owner Percentage 999.999%
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	<ul> <li>999</li> <li>tiddle, Last)</li> <li>XXXXXXX</li> <li>5. Withholding remposite tax</li> <li>99,999</li> <li>IN</li> <li>999</li> </ul>	equired X		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 99, 999 12. Owner shar	3d. ZIP/Postal 999999 of withholding tax 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%
	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 99-999-99	<ul> <li>999</li> <li>tiddle, Last)</li> <li>XXXXXXX</li> <li>5. Withholding remposite tax</li> <li>99, 999</li> <li>EIN</li> <li>99</li> <li>10ddle, Last)</li> </ul>	11. Owner share	X SSN/ITIN     X FEIN     X XXXXXXX     C. Reason Code     9 9     9     e of allocable net income     9     1b. ID Provided     X SSN/ITIN     X FEIN     X FEIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 99, 999 12. Owner shar	3d. ZIP/Postal 999999 of withholding tax 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 1a. Owner SSN/ITIN/FE 99-999-99 2 Owner Name (First, M XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	<ul> <li>999</li> <li>tiddle, Last)</li> <li>XXXXXXX</li> <li>5. Withholding remposite tax</li> <li>99, 999</li> <li>EIN</li> <li>99</li> <li>10ddle, Last)</li> </ul>	aquired X 11. Owner shar NFOR XXXXXXX equired		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 9 9 , 9 9 9 12. Owner share XXXXXXX 3c. State XX 8. Owner share	3d. ZIP/Postal 999999 of withholding tax 999,999 of entity-level tax 99,9999, XXXXXXXX 3d. ZIP/Postal 999999 of withholding tax	3e. Mark if outside of the US/ Country Code X XX 9. Owner Percentage 999, 9999% 999, 999% XXXXXXXXXX 3e. Mark if outside of the US/ Country Code X XX 9. Owner Percentage
	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 XXXXXXXXX	<ul> <li>99</li> <li>iddle, Last)</li> <li>XXXXXXX</li> <li>Withholding remposite tax</li> <li>9,999</li> <li>IN</li> <li>99</li> <li>Iiddle, Last)</li> </ul>	11. Owner shar		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 9 9 , 9 9 9 12. Owner share XXXXXXX 3c. State XX 8. Owner share	3d. ZIP/Postal 999999 of withholding tax 999,999 of entity-level tax 99,9999, XXXXXXXX 3d. ZIP/Postal 999999 of withholding tax	3e. Mark if outside of the US/ Country Code XXX 9. Owner Percentage 999. 9999% 999, 9999% XXXXXXXXXX 3e. Mark if outside of the US/ Country Code XXXX
	99-999-99 2 Owner Name (First, M XXXXXXXXX 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 ddle, Last) XXXXXXX 5. Withholding re mposite tax 99,999 EIN 999 tiddle, Last) XXXXXXX 5. Withholding re mposite tax	aquired X 11. Owner share NFOR XXXXXXX equired X		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 tax 999,999 of entity-level tax 99,9999, XXXXXXXX 3d. ZIP/Postal 999999 of withholding tax	3e. Mark if outside of the US/ Country Code X X 9. Owner Percentage 999, 9999% 999, 9999% XXXXXXXXXX 3e. Mark if outside of the US/ Country Code X 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.

Page: <u>999</u> of <u>999</u>

Reproducing from a photocopy reduces the readability of the barcode on scanning equipment and can cause processing delays.

### 2024 PTE-D Supplemental Detail of Owner Withholding, Composite Tax <u>and Entity-Level Tax</u>

2024 PTE-D Supplemental BARCODE SHOULD READ \*247499999\* 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.

				1b. ID Provided	3a. Owner Address (Number Street)				
	99-999-99	999		⊠ SSN/ITIN ⊠ FEIN	*****				
	2 Owner Name (First, M	liddle, Last)			3b. City	3c. State	3d. ZIP/Postal	3e. Mark if outside of the US/ Country Code	
1	XXXXXXXXX	XXXXXX	XXXXXXX	XXXXXXXX	*****	XX	99999	X XX	
I	4. Residency Status 5. Withholding required X X		•	6. Reason Code 9 9	7. Owner share of allocable net income 99, 999, 999, 999, 999	8. Owner share of withholding tax 9. Owner Percentage 99, 999, 999, 999, 999, 999, 999, 999			
	10. Amount of owner composite tax 99, 999, 999, 999, 999				subject to entity-level tax 9,999,999,999,999	12. Owner shar	e of entity-level tax 99,999,	999,999	
	1a. Owner SSN/ITIN/FE	EIN		1b. ID Provided	3a. Owner Address (Number Street)				
	99-999-99	999		⊠ SSN/ITIN ⊠ FEIN	*****	XXXXXXX	XXXXXXXX	XXXXXXXXX	
	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	xxxxxx	xxxxxx	xxxxxxxx	xxxxxxxxxxxxxxxxx	XX	99999		
	4. Residency Status X	5. Withholding n	equired X	6. Reason Code 9 9	7. Owner share of allocable net income 99, 999, 999, 999, 999		of withholding tax	9. Owner Percentage 999. 9999%	
	10. Amount of owner composite tax 11. Owner share of allocable net income				subject to entity-level tax 12. Owner share of entity-level tax				
	99,999,999,999				99,999,999,999 99,999,999,999				
	1a. Owner SSN/ITIN/FEIN 1b. ID Provided X SSN/ITIN				3a. Owner Address (Number Street)				
	1a. Owner SSN/ITIN/FE	EIN			3a. Owner Address (Number Street)	P			
	1a. Owner SSN/ITIN/FE			1b. ID Provided ՃSSN/ITIN ՃFEIN	3a. Owner Address (Number Street)	XXXXXXX	xxxxxxxx	XXXXXXXXX	
		999		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 /iddle, Last)	XXXXXXX	Ă SSN/ITIN Ă FEIN	*****	1		3e. Mark if outside of	
3	99 – 999 – 99 2 Owner Name (First, M	) 9 9 /iddle, Last)		Ă SSN/ITIN Ă FEIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share	3d. ZIP/Postal 999999 of w <mark>ithholding ta</mark> x	3e. Mark if outside of the US/ Country Code	
3	99-999-99 2 Owner Name (First, M XXXXXXXXXX 4. Residency Status	999 Aiddle, Last)	equired X	ă SSN/ITIN ă FEIN ⟨XXXXXXXX 6. Reason Code	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 99, 999	3d. ZIP/Postal 999999 of w <mark>ithholding ta</mark> x	3e. Mark if outside of the US/ Country Code X XX 9. Owner Percentage	
3	99-999-99 2 Owner Name (First, M XXXXXXXXXX 4. Residency Status X	9 9 9 fiddle, Last) XXXXXXX 5. Withholding r mposite tax	equired X	<sup>A</sup> SSN/ITIN <sup>A</sup> FEIN <sup>A</sup> FEIN <sup>A</sup> SSN/ITIN <sup>A</sup> FEIN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 99, 999	3d. ZIP/Postal 999999 of withholding tax 999,999,999	3e. Mark if outside of the US/ Country Code <u>X</u> <u>XX</u> 9. Owner Percentage 999.9999%	
3	99-999-99 2 Owner Name (First, M XXXXXXXXXX 4. Residency Status X 10. Amount of owner co	<ul> <li>999</li> <li>fiddle, Last)</li> <li>XXXXXXX</li> <li>5. Withholding r</li> <li>mposite tax</li> <li>99,999</li> </ul>	equired X		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3c. State XX 8. Owner share 99, 999	3d. ZIP/Postal 999999 of withholding tax , 999, 999 e of entity-level tax	3e. Mark if outside of the US/ Country Code <u>X</u> <u>XX</u> 9. Owner Percentage 999.9999%	
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If you need more space, print additional *PTE-D Supplemental* forms as needed.

Page: <u>999</u> of <u>999</u>

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