



For the year January 1 - December 31, 2021 or other tax year beginning _____, 20____ ending _____, 20_____

(A) Non-Resident Owner's/Shareholder's Name, Street Address, City, State, and ZIP		(B) Social Security Number/FEIN	(C) Entity Type	(D) Percent Ownership	(E) Nonseparately Stated Income + Separately Stated Income + Guaranteed Payments	(F) Owner's/ Shareholder's Share of Tax Due (Col. E X 5%)	(G) Allocated Investment Credit (Schedule PTE-AJA, Line 20)	(H) Amount of Tax Due (Col F-Col G)	(I) NRC-Exempt
1	•	•	•	•	•	•	•	•	• <input type="checkbox"/>
2	•	•	•	•	•	•	•	•	• <input type="checkbox"/>
3	•	•	•	•	•	•	•	•	• <input type="checkbox"/>
4	•	•	•	•	•	•	•	•	• <input type="checkbox"/>
5	•	•	•	•	•	•	•	•	• <input type="checkbox"/>
6	•	•	•	•	•	•	•	•	• <input type="checkbox"/>
7	•	•	•	•	•	•	•	•	• <input type="checkbox"/>
8	•	•	•	•	•	•	•	•	• <input type="checkbox"/>
9	•	•	•	•	•	•	•	•	• <input type="checkbox"/>
10	•	•	•	•	•	•	•	•	• <input type="checkbox"/>
11	•	•	•	•	•	•	•	•	• <input type="checkbox"/>
12	Totals page 3 [columns (E) through (H)]								
13	Summary totals for additional pages [columns (E) through (H)].								
14	Totals [columns (E) through (G)] (lines 12 + 13)								
15	Add lines 12 and 13, column (H) and enter here and on page 1, line 1								

IF MORE THAN 11 NON-RESIDENT OWNERS/SHAREHOLDERS, ATTACH ADDITIONAL PAGES AND ENTER SUMMARY TOTALS ON LINE 13 ABOVE.

Form PTE-C, Page 3

ADOR



For the year January 1 - December 31, 2021 or other tax year beginning _____, 20____ ending _____, 20_____

(A) Non-Resident Owner's/Shareholder's Name, Street Address, City, State, and ZIP	(B) Social Security Number/FEIN	(C) Entity Type	(D) Percent Ownership	(E) Nonseparately Stated Income + Separately Stated Income + Guaranteed Payments	(F) Owner's/ Shareholder's Share of Tax Due (Col. E X 5%)	(G) Allocated Investment Credit (Schedule PTE-AJA, Line 20)	(H) Amount of Tax Due (Col F-Col G)	(I) NRC- Exempt
1 ●	●	●	●	●	●	●	●	● <input type="checkbox"/>
2 ●	●	●	●	●	●	●	●	● <input type="checkbox"/>
3 ●	●	●	●	●	●	●	●	● <input type="checkbox"/>
4 ●	●	●	●	●	●	●	●	● <input type="checkbox"/>
5 ●	●	●	●	●	●	●	●	● <input type="checkbox"/>
6 ●	●	●	●	●	●	●	●	● <input type="checkbox"/>
7 ●	●	●	●	●	●	●	●	● <input type="checkbox"/>
8 ●	●	●	●	●	●	●	●	● <input type="checkbox"/>
9 ●	●	●	●	●	●	●	●	● <input type="checkbox"/>
10 ●	●	●	●	●	●	●	●	● <input type="checkbox"/>
11 ●	●	●	●	●	●	●	●	● <input type="checkbox"/>
12 ●	●	●	●	●	●	●	●	● <input type="checkbox"/>
13 Add lines 1 through 12, columns (E) through (H) enter here and on Form PTE-C, page 3, line 13, columns (E) through (H)								