2017 Schedule VK-1 Consolidated

PTE's Name _____

PTE's FEIN _____

Check Box if Owner Amended Return and/or is Participating in an Individual Unified Nonresident Return Name, Address, City, State, Zip Code	FEIN or SSN (No Dashes)	Date Acquired Interest In The PTE (MM/DD/YYYY)	Owner's Entity Type	Owner's Part. Type	Owner's Part. % (Enter Decimal Point)	Amount Withheld by PTE for Owner	Owner Entity WH Exemp. Code
		Line a.	Line b.	Line c.	Line d.	Line e.	Line f.
Amended Return __ Nonresident Return							
Amended Return __ Nonresident Return							
Amended Return __ Nonresident Return							
Amended Return __ Nonresident Return							
Amended Return __ Nonresident Return							
Amended Return __ Nonresident Return							
Amended Return __ Nonresident Return							
Amended Return __ Nonresident Return							
Amended Return __ Nonresident Return							

PTE's FEIN _____ PTE's Name _____

FEIN or SSN (No Dashes)	Total Taxable Income Amounts	Total Deductions	Tax-Exempt Interest Income	Income Allocated to Virginia	Income Allocated Outside of Virginia	Apportionable Income	Virginia Apport. % (Enter Decimal Point)	Total Add.	Total Sub.	Total Refund. Credits
	Line 1.	Line 2.	Line 3.	Line 4.	Line 5.	Line 6.	Line 7.	Line 13.	Line 18.	Line 46.