

# Form PTE Virginia Pass-Through Credit Allocation

- Use this form to allocate a tax credit to the taxpayers listed in Section II.
- The information in Section II may be submitted as an attachment provided that the attachment lists only the required information.
- Any pass-through listed in Section II must complete a separate Form PTE.
- Allocations must be shown in whole dollars and the total allocations listed in Section II **must equal** the amount shown in Section I, G.
- To avoid delays at the time of annual return processing, Form PTE should be filed within **90 days of certification**, but at least **90 days prior** to the participants (listed in Section II) filing their Income Tax Returns.
- Please ensure that the information provided on this form is accurate. Documentation will be required for any changes.



Mail Form to:

**Virginia Department of Taxation  
Tax Credit Administration Unit  
PO Box 715  
Richmond, VA 23218-0715**

Or

Fax to: **804-786-2800**

For Assistance, Call **804-786-2805**

**You must attach a copy of your certificate. A separate Form PTE must be completed for each certificate.**

Section I - Credit Information				
A) Pass-Through Entity FEIN		B) Pass-Through (Entity Filing Form) Name		C) If Subsidiary, Enter Parent FEIN
D) Type of Filer <input type="checkbox"/> Fiscal <input type="checkbox"/> Calendar	E) Form Type <input type="checkbox"/> Original <input type="checkbox"/> Amended	F) Tax Year	G) Amount Granted/Allocated  <b>.00</b>	H) Certificate Number, If Applicable
I.) Credit Type - Check One				
<input type="checkbox"/> (AG) Agricultural Best Management	<input type="checkbox"/> (EZ) Enterprise Zone (nonrefundable)	<input type="checkbox"/> (MB) Major Business	<input type="checkbox"/> (RM) Recyclable Materials	
<input type="checkbox"/> (BF) Biodiesel Fuels	<input type="checkbox"/> (HR) Historic Rehabilitation	<input type="checkbox"/> (NA) Neighborhood Assistance	<input type="checkbox"/> (RR) Rent Reduction	
<input type="checkbox"/> (ED) Qualified Business	<input type="checkbox"/> (LH) Low Income Housing	<input type="checkbox"/> (RB) Riparian Buffer	<input type="checkbox"/> (OT) Other _____	
Section II - Credit Allocation				
Taxpayer Information				
1	SSN/FEIN	Name		Amount  <b>00</b>
	Street Address or P. O. Box		City, State ZIP	
2	SSN/FEIN	Name		Amount  <b>00</b>
	Street Address or P. O. Box		City, State ZIP	
3	SSN/FEIN	Name		Amount  <b>00</b>
	Street Address or P. O. Box		City, State ZIP	
4	SSN/FEIN	Name		Amount  <b>00</b>
	Street Address or P. O. Box		City, State ZIP	
5	SSN/FEIN	Name		Amount  <b>00</b>
	Street Address or P. O. Box		City, State ZIP	
6	SSN/FEIN	Name		Amount  <b>00</b>
	Street Address or P. O. Box		City, State ZIP	
<b>Total</b>				<b>00</b>
<b>Must equal the amount shown in Section I, G.</b>				
Section III - Authorized Signature				
Authorized Signature		Title		Date
Print Name		Telephone Number		FAX Number