FORM **PTE-12**
EFO00241
09-15-11

Idaho Schedule For Nonelecting Owners

Pass-through entity (PTE) name	PTE EIN	PTE tax year ending	Date of payment
PTE address	City	State	ZIP Code

Contact name	Contact telephone	Contact e-mail

Owner's Name (one owner per line)	Social Security Number	Owner's Address	City	State	ZIP Code	Income Subject To Withholding	Income Tax Withheld
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

If you have more than one schedule, enter the total amount withheld on last page only.

Total Income Tax Withheld _____

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