

NONRESIDENT OWNER INFORMATION			
Name of nonresident owner		Social Security Number	
Street or mailing address			
City	State	ZIP Code	Telephone number
Agreement to file			
<p>I agree to timely file all required Idaho income tax return(s) and to make timely payments of all taxes imposed by the state of Idaho with respect to my share of the Idaho income of the pass-through entity (PTE) named below. I agree that I am subject to the jurisdiction of the state of Idaho for purposes of the collection of unpaid income tax, together with related penalties and interest. This form is not valid without the approval of the PTE as indicated by the signature below.</p>			
Signature			
Taxpayer's signature		Date	

PASS-THROUGH ENTITY INFORMATION			
Name of pass-through entity (PTE)		Federal EIN	
Street or mailing address			
City	State	ZIP Code	Telephone number
Pass-through Entity Acknowledgment and Approval			
<p>By signing below, the above named pass-through entity acknowledges that Idaho Code section 63-3022L(4) authorizes the Idaho State Tax Commission to assess and collect any tax due when a nonresident owner fails to abide by the terms of this agreement.</p>			
Authorized agent's name (Please print)		Title	
Authorized agent's signature		Date	