FORM **PTE-12**
EFO00241
07-24-14

# Idaho Schedule For Pass-Through Owners

**(Required with Forms 41S, 65 or 66)**

| Pass-through entity (PTE) name | PTE EIN | PTE tax year ending | Date of payment |
|---|---|---|---|
| | | | |

| Contact name | Contact telephone | Contact email |
|---|---|---|
| | | |

| Owner's Name (one owner per line) | EIN or Social Security Number | Owner's Address City, State, ZIP Code | (a) Filing Code | Other (b) Idaho Distributable Income | Withholding (c) Idaho Distributable Income | Withholding (d) Income Tax Withheld By Entity | Composite (e) Idaho Distributable Income | Composite (f) Income Tax Paid By Entity |
|---|---|---|---|---|---|---|---|---|
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| | | **Total Columns (b), (c), (d), (e), and (f) ➔** | | | | | | |

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