



Instructions for Form PT-WHREM

1. Count the number of PT-WH forms you are sending to the Department of Revenue with the Form PT-WHREM. Put the total number in the boxes on line 1 of the PT-WHREM Transmittal Document.
2. Add up the total nonresident share of Montana source income reported in box 1 of all form PT-WH's. Enter that amount in the boxes on line 2 of the PT-WHREM Transmittal Document.
3. Add up the total Montana income tax withheld as reported in box 2 of all form PT-WH's. Enter that amount in the boxes on line 3 of the PT-WHREM Transmittal Document.
4. Sign the document and submit the PT-WHREM, and PT-WH's with the organization's CLT4-S information return or PR-1 information return.

PT-WHREM

**Nonresident Individual Income Tax Estimated Payments
Transmittal Document (see instructions)**

File with organization's S-Corporation or Partnership return

Federal Employer ID# _____

1. Number of PT-WH forms attached	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Total nonresident shares of Montana source income reported on all PT-WH forms	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cents
3. Total of Montana income tax withheld as reported on all PT-WH forms	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cents

Declaration

I, the undersigned officer of the corporation or partner of the partnership for which this transmittal document is made, hereby declare that this document, including all accompanying form PT-WH's; is to the best of my knowledge and belief a true, correct and complete return, made in good faith for the income period stated, pursuant to the Montana statutes and regulations.

Signature of Officer	Date	Signature of Preparer	Date
Title	Phone	Address	Zip Code
		Phone	