



Enter name of partnership

FEIN

**Schedule KP Partner information**

**All partnerships must complete this schedule**

- Complete Columns 1 through 5 for EVERY partner
- Complete Column 6 if partner is a nonresident individual
- If applicable, complete Column 7 or Column 8 for a nonresident individual partner only

All Partners						
Partner	Column 1			Column 2	Column 3	Column 4
	Name and address of partner <i>If additional lines are needed, attach additional pages</i>			Social Security Number/FEIN	Type of entity (See pg. 7 of instr.)	Ownership %
<b>A</b>	Name _____					
	Address _____		State _____ Zip Code _____			
<b>B</b>	Name _____					
	Address _____		State _____ Zip Code _____			
<b>C</b>	Name _____					
	Address _____		State _____ Zip Code _____			
<b>D</b>	Name _____					
	Address _____		State _____ Zip Code _____			
<b>E</b>	Name _____					
	Address _____		State _____ Zip Code _____			
<b>F</b>	Name _____					
	Address _____		State _____ Zip Code _____			
<b>G</b>	Name _____					
	Address _____		State _____ Zip Code _____			

Partner	All Partners <i>Complete this column for ALL partners</i>	Nonresident Individual Partners Only <i>Important: Columns 6 through 8 are for nonresident individual partners only.</i>			
	Column 5	Column 6	Column 7		Column 8
	Federal distributive share of income (loss)	North Dakota distributive share of income (loss)	North Dakota income tax withheld (4.86%)	Form PWA	North Dakota composite income tax (4.86%)
<b>A</b>				<input type="radio"/>	
<b>B</b>				<input type="radio"/>	
<b>C</b>				<input type="radio"/>	
<b>D</b>				<input type="radio"/>	
<b>E</b>				<input type="radio"/>	
<b>F</b>				<input type="radio"/>	
<b>G</b>				<input type="radio"/>	
<b>1</b> Total for Column 5 . . . . . <b>1</b>					
<b>2</b> Total for Column 6 . . . . . <b>2</b>					
<b>3</b> Total for Column 7. Enter this amount on Form 58, page 1, line 1 . . . . . <b>3</b>					
<b>4</b> Total for Column 8. Enter this amount on Form 58, page 1, line 2 . . . . . <b>4</b>					