



Enter name of partnership	Federal Employer Identification Number
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Schedule KP Partner information

All partnerships must complete this schedule. Complete Columns 1 through 5 for all partners. Complete Column 6 for a nonresident partner and a tax-exempt organization partner. If applicable, complete Column 7 or Column 8 for a nonresident partner only. See instructions for the definition of a "nonresident partner," which includes entities other than individuals.

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

Nonresident Partners and Tax-Exempt Organization Partners
 Important: See instructions for which partners to include in Columns 6, 7, and 8

	All Partners <i>Complete Column 5 for ALL partners</i>	Nonresident Partners/Tax Exempt Organization Partners	Nonresident Partners Only	
Partner	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 (2.90%)	Form PWA or Form PWE <i>(Attach copy)</i>
				North Dakota composite income tax (2.90%)
A				<input type="radio"/>
B				<input type="radio"/>
C				<input type="radio"/>
D				<input type="radio"/>
E				<input type="radio"/>
F				<input type="radio"/>
G				<input type="radio"/>
1 Total for Column 5 1				
2 Total for Column 6 2				
3 Total for Column 7 . Enter this amount on Form 58, page 1, line 1 3				
4 Total for Column 8 . Enter this amount on Form 58, page 1, line 2 4				