



Enter Name Of Partnership	Federal Employer Identification Number
---------------------------	--

**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 %
<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 _____			

**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	
	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>
<b>Partner</b>				
<b>A</b>				○
<b>B</b>				○
<b>C</b>				○
<b>D</b>				○
<b>E</b>				○
<b>F</b>				○
<b>G</b>				○
<b>1.</b> Total for <b>Column 5</b> -- 1		<b>NA</b>	<b>NA</b>	<b>NA</b>
<b>2.</b> Total for <b>Column 6</b> ----- 2			<b>NA</b>	<b>NA</b>
<b>3.</b> Total for <b>Column 7</b> . Enter this amount on Form 58, page 1, line 1 ----- 3				
<b>4.</b> Total for <b>Column 8</b> . Enter this amount on Form 58, page 1, line 2 ----- 4				