

PARTNERSHIP INCOME TAX RETURN
NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER
SFN 28703 (12-2021)



2021 FORM 58

A Tax Year: **Calendar Year 2021** (Jan. 1 - Dec. 31, 2021)
 Fiscal Year Beginning **MM/DD/2021** and ending **MM/DD/YYYY**

B Partnership's Name (legal)
XX
Doing Business As Name (if different from legal name)
XX
Mailing Address
XX
Apt. or Suite No. XXXXXXXXXXXX
City State Zip Code
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XX 99999-9999

C Federal EIN*
9999999999999999
D Business Code No. (see instructions)
999999
E Date Business Started
MM/DD/YYYY

G TOTAL number of partners ----- **9999**
Enter number of:
Resident individual partners ----- **9999** Partnership partners ----- **9999**
Nonresident individual partners ----- **9999** Corporation partners ----- **9999**
Other types of partners ----- **9999**

F Check all that apply:
 Initial return
 Final return
 Farming/Ranching
 Filed by an LLC
 Composite return
 Amended return
 Extension

H (1) Is this a "professional service partnership" as defined under N.D.C.C. Section 57-38-08.1(3)(a)? Yes No
(2) If "Yes", check applicable box: Accounting Law Medicine Other: XXXXXXXXXXXXXXXXXXXX

I Is this a publicly traded partnership as defined under I.R.C. Section 7704(b)? Yes No

J Is this partnership a partner (or member) in another partnership or limited liability company? If "Yes", attach a statement listing the name(s) and federal employer identification number(s) of the other entity (entities). Yes No

► **Before completing lines 1 through 12 on this page, complete Schedule FACT, Schedule K, and Schedule KP.**
► **After completing Form 58, complete North Dakota Schedule K-1 (Form 58) for the partners.**

1 Income tax withheld from nonresident partners (from page 5, Schedule KP, line 3) ----- **1 9999999999999999**
2 Composite income tax for electing nonresident partners (from page 5, Schedule KP, line 4) ----- **2 9999999999999999**
3 Total taxes due. Add lines 1 and 2 ----- **3 9999999999999999**
Tax Paid
4 North Dakota income tax withheld (Attach Form 1099 and North Dakota Schedule K-1) ----- **4 9999999999999999**
5 Estimated tax paid on 2021 Forms 58-ES and 58-EXT plus any overpayment applied from 2020 return (If an amended return, enter total taxes due from line 3 of previously filed return) ----- **5 9999999999999999**
6 Total payments. Add lines 4 and 5 ----- **6 9999999999999999**
7 Overpayment. If line 6 is more than line 3, subtract line 3 from line 6 and enter result; otherwise, go to line 10. If result is less than \$5.00, enter 0 ----- **7 9999999999999999**
8 Amount of line 7 to be applied to 2021 estimated tax ----- **8 9999999999999999**
9 Refund. Subtract line 8 from line 7. If result is less than \$5.00, enter 0 ----- **REFUND 9 9999999999999999**
10 Tax due. If line 6 is less than line 3, subtract line 6 from line 3. If result is less than \$5.00, enter 0 ----- **10 9999999999999999**
11 Penalty **9999999999999999** Interest **9999999999999999** Enter total penalty and interest ----- **11 9999999999999999**
12 Balance due. Add lines 10 and 11 ----- **BALANCE DUE 12 9999999999999999**

► **Attach a complete copy of the 2021 Form 1065 or 1065-B (including Federal Schedule K-1s)**
► **Attach a copy of all North Dakota Schedule K-1s (Form 58)**

I declare that this return is correct and complete to the best of my knowledge and belief. *Privacy Act Notice - See inside front cover of booklet.

Signature Of General Partner	Date	<input checked="" type="checkbox"/> I authorize the ND Office of State Tax Commissioner to discuss this return with the paid preparer. This Space Is For Tax Department Use Only
Print Name Of General Partner	Telephone Number	
Paid Preparer Signature	Date	
Print Name Of Paid Preparer	PTIN Telephone Number	

► **Mail to: State Tax Commissioner, 600 E Boulevard Ave Dept 127, Bismarck, ND 58505-0599**



PARTNERSHIP INCOME TAX RETURN
NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER



SFN 28703 (12-2021)

2021 FORM 58

A Tax Year:	<input type="checkbox"/> Calendar Year 2021 (Jan. 1 - Dec. 31, 2021)	<input type="checkbox"/> Fiscal Year	Beginning	and ending	
B Partnership's Name (legal)					C Federal EIN*
Doing Business As Name (if different from legal name)					D Business Code No. (see instructions)
Mailing Address				Apt. or Suite No.	E Date Business Started
City	State	Zip Code		F Check all that apply:	
G TOTAL number of partners _____					<input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Farming/Ranching <input type="checkbox"/> Filed by an LLC <input type="checkbox"/> Composite return <input type="checkbox"/> Amended return <input type="checkbox"/> Extension
Enter number of:					
Resident individual partners _____		Partnership partners _____			
Nonresident individual partners _____		Corporation partners _____			
		Other types of partners _____			

H (1) Is this a "professional service partnership" as defined under N.D.C.C. Section 57-38-08.1(3)(a)? Yes No
 (2) If "Yes", check applicable box: Accounting Law Medicine Other: _____

I Is this a publicly traded partnership as defined under I.R.C. Section 7704(b)? Yes No

J Is this partnership a partner (or member) in another partnership or limited liability company? If "Yes", attach a statement listing the name(s) and federal employer identification number(s) of the other entity (entities) Yes No

▶ **Before completing lines 1 through 12 on this page, complete Schedule FACT, Schedule K, and Schedule KP.**
 ▶ **After completing Form 58, complete North Dakota Schedule K-1 (Form 58) for the partners.**

1 Income tax withheld from nonresident partners (from page 5, Schedule KP, line 3) _____	▶	1 _____
2 Composite income tax for electing nonresident partners (from page 5, Schedule KP, line 4) _____	▶	2 _____
3 Total taxes due. Add lines 1 and 2 _____		3 _____
Tax Paid		
4 North Dakota income tax withheld (Attach Form 1099 and North Dakota Schedule K-1) _____		4 _____
5 Estimated tax paid on 2021 Forms 58-ES and 58-EXT plus any overpayment applied from 2020 return (If an amended return, enter total taxes due from line 3 of previously filed return) _____	▶	5 _____
6 Total payments. Add lines 4 and 5 _____		6 _____
7 Overpayment. If line 6 is more than line 3, subtract line 3 from line 6 and enter result; otherwise, go to line 10. If result is less than \$5.00, enter 0 _____	▶	7 _____
8 Amount of line 7 to be applied to 2021 estimated tax _____	▶	8 _____
9 Refund. Subtract line 8 from line 7. If result is less than \$5.00, enter 0 _____	▶	9 REFUND _____
10 Tax due. If line 6 is less than line 3, subtract line 6 from line 3. If result is less than \$5.00, enter 0 _____	▶	10 _____
11 Penalty <input type="checkbox"/> _____ Interest <input type="checkbox"/> _____ Enter total penalty and interest _____		11 _____
12 Balance due. Add lines 10 and 11 _____		12 BALANCE DUE _____

▶ **Attach a complete copy of the 2021 Form 1065 or 1065-B (including Federal Schedule K-1s)**
 ▶ **Attach a copy of all North Dakota Schedule K-1s (Form 58)**

I declare that this return is correct and complete to the best of my knowledge and belief.			*Privacy Act Notice - See inside front cover of booklet.		
Signature Of General Partner	Date		I authorize the ND Office of State Tax Commissioner to discuss this return with the paid preparer. This Space Is For Tax Department Use Only <input type="checkbox"/>		
Print Name Of General Partner	Telephone Number				
Paid Preparer Signature	Date				
Print Name Of Paid Preparer	PTIN	Telephone Number			

▶ **Mail to: State Tax Commissioner, 600 E Boulevard Ave Dept 127, Bismarck, ND 58505-0599**

PART

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

Schedule FACT Calculation of North Dakota apportionment factor

IMPORTANT: All partnerships must complete the applicable portions of this schedule. See Schedule FACT instructions in Form 58 booklet.

	Column 1 Total	Column 2 North Dakota	Column 3 Factor (Col. 2 ÷ Col. 1) Result must be carried to six decimal places
Property factor Average value at original cost of real and tangible personal property used in the business. Exclude construction in progress.			
1. Inventories	1 _____	_____	
2. Buildings and other fixed depreciable	2 _____	_____	
3. Depletable	3 _____	_____	
4. Land	4 _____	_____	
5. Other assets (<i>Attach schedule</i>)	5 _____	_____	
6. Rented property (<i>Annual rental x 8</i>)	6 _____	_____	
7. Total property. Add lines 1 through 6	7 _____ ▶	_____ ▶	_____ ▶
 Payroll factor			
8. Wages, salaries, commissions and other compensation of employees reported on Federal Form 1065 (<i>If the amount reported in Column 2 does not agree with the total compensation reported for North Dakota unemployment insurance purposes, attach an explanation.</i>)	8 _____ ▶	_____ ▶	_____ ▶
 Sales factor			
9. Gross receipts or sales, less returns and allowances 9 _____			
10. Sales delivered, shipped, or assignable to North Dakota destinations	10 _____		
11. Sales shipped from North Dakota to the U.S. Government, or to purchasers in a state or foreign country where the partnership does not have a filing requirement	11 _____		
12. Total sales. Add lines 9 through 11	12 _____ ▶	_____ ▶	_____ ▶
13. Sum of factors. Add lines 7, 8, and 12 in Column 3			13 _____
14. Apportionment factor - Divide line 13 by 3.0; however, if line 7, 8, or 12 of Column 1 is zero, divide line 13 by the number of factors (on lines 7, 8, and 12) showing an amount greater than zero in Column 1			14 _____ ▶

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

Schedule K Total North Dakota adjustments, credits, and other items distributable to partners (All partnerships must complete this schedule)

Important! All taxpayers must read this section. If the partnership is claiming a deduction or credit on line 4, 5, 7a, 7b, 7c, 8, 9, 10, 11, 13a, 14, 16a or 21 of this schedule, this section must be completed. See "Property tax clearance" in instructions for details.

- ▶ Does the partnership or any of its partners responsible for state tax matters hold a 50 percent or more ownership interest in real property located in North Dakota? Yes No
- If yes, enter below the name of each North Dakota county in which the partnership or any partners responsible for state tax matters hold a 50% or more interest in real property:

Attach to Form 58 the completed Property Tax Clearance Record(s) obtained from each county identified above.

North Dakota addition adjustments

- 1. Federally-exempt income from non-North Dakota state and local bonds and foreign securities **1** _____
- 2. State and local income taxes deducted on federal partnership return in calculating its ordinary income (loss) **2** _____

North Dakota subtraction adjustments

- 3. Interest from U.S. obligations **3** _____
- 4. Renaissance zone business or investment income exemption: *(Attach Schedule RZ)* **4** _____
- 5. New or expanding business income exemption *(Attach documentation)* **5** _____
- 6. Gain from eminent domain sale *(Attach documentation)* **6** _____

North Dakota tax credits

- 7. Renaissance zone tax credits: *(Attach Schedule RZ)*
 - a. Historic property preservation or renovation tax credit **7a** _____
 - b. Renaissance fund organization investment tax credit **7b** _____
 - c. Nonparticipating property owner tax credit **7c** _____
- 8. Seed capital investment tax credit *(Attach documentation)* **8** _____
- 9. Agricultural commodity processing facility investment tax credit *(Attach documentation)* **9** _____
- 10. Biodiesel/green diesel fuel blending tax credit *(Attach documentation)* **10** _____
- 11. Biodiesel/green diesel fuel sales equipment tax credit *(Attach documentation)* **11** _____
- 12. Wind energy device tax credit - *only for wind devices for which the installation commenced before January 1, 2015, and was completed before January 1, 2017* **12** _____
- 13. a. Employer internship program tax credit *(Attach documentation)* **13a** _____
 - b. Number of eligible interns hired in 2021 **13b** _____
 - c. Total compensation paid to eligible interns in 2021 **13c** _____
- 14. Research expense tax credit *(Attach documentation)* **14** _____
- 15. a. Endowment fund tax credit from Schedule QEC, line 7 *(Attach Schedule QEC)* **15a** _____
 - b. Contribution amount from Schedule QEC, line 4 **15b** _____
 - c. Endowment fund tax credit from ND Schedule K-1 *(Attach ND Schedule K-1)* **15c** _____
 - d. Contribution amount from ND Schedule K-1 **15d** _____

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

Schedule K *continued* . . .

- 16. a.** Workforce recruitment tax credit (*Attach documentation*) ----- **16a** _____
- b.** Number of eligible employees whose 12th month of employment ended
in 2020 ----- **16b** _____
- c.** Total compensation paid for first 12 months of employment to eligible
employees included on line 16b ----- **16c** _____
- 17.** Credit for wages paid to a mobilized employee (*Attach Schedule ME or ND Schedule K-1*) ----- **17** _____
- 18.** Nonprofit private primary school tax credit (*Attach documentation*) ----- **18** _____
- 19.** Nonprofit private high school tax credit (*Attach documentation*) ----- **19** _____
- 20.** Nonprofit private college tax credit (*Attach documentation*) ----- **20** _____
- 21.** Angel investor investment tax credit - *only for credits attributable to investments made in qualified
businesses by angel funds organized and certified after June 30, 2017 (Attach documentation)* ----- **21** _____
- 22.** Automation tax credit - *only for credits attributable to purchases made after December 31, 2018* ----- **22** _____
- 23.** Developmentally disabled/mentally ill employee tax credit ----- **23** _____

Other items

Line 24 only applies to a professional service partnership

- 24. a.** Guaranteed payments from Federal Form 1065, Schedule K ----- **24a** _____
- b.** Portion of line 24a paid for services performed everywhere by all partners **24b** _____
- c.** Portion of line 24b paid to nonresident individual partners for services performed in
North Dakota ----- **24c** _____

Line 25 only applies to a multistate partnership

- 25. a.** Total allocable income from all sources (net of related expenses) ----- **25a** _____
- b.** Portion of line 25a that is allocable to North Dakota ----- **25b** _____

Line 26 applies to all partnerships

- 26.** For disposition(s) of I.R.C. Section 179 property, enter the North Dakota apportioned amounts:
 - a.** Gross sales price or amount realized ----- **26a** _____
 - b.** Cost or other basis plus expense of sale ----- **26b** _____
 - c.** Depreciation allowed or allowable (excluding I.R.C. Section 179 deduction) ----- **26c** _____
 - d.** I.R.C. Section 179 deduction related to property that was passed through to partners ----- **26d** _____

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 %
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 Complete Column 5 for ALL partners	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	NA		NA	
2. Total for Column 6 ----- 2		NA	NA	NA
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				