

**PARTNERSHIP INCOME TAX RETURN**  
**NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER**



SFN 28703 (12-2023)

**2023 FORM 58**

**A Tax Year:**  **Calendar Year 2023** (Jan. 1 - Dec. 31, 2023)  
 **Fiscal Year** Beginning MM/DD/2023 and ending MM/DD/YYYY

**B Partnership's Name (legal)**  
XX

**C Federal EIN\***  
999999999

Doing Business As Name (if different from legal name)  
XX

**D Business Code No.** (see instructions)  
999999

Mailing Address  
XX

Apt. or Suite No.  
XXXXXXXXXX  
**E Date Business Started**  
MM/DD/YYYY

City  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

State  
XX

Zip Code  
99999-9999

**F Check all that apply:**

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

- 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) 9999999999999999  
**2** Composite income tax for electing nonresident partners (from page 5, Schedule KP, line 4) 9999999999999999  
**3** Total taxes due. Add lines 1 and 2 9999999999999999  
**Tax Paid**  
**4** North Dakota income tax withheld shown on a Form 1099 and/or North Dakota Schedule K-1 received by partnership (Attach Form 1099 and/or North Dakota Schedule K-1) 9999999999999999  
**5** Estimated tax paid on 2023 Forms 58-ES and 58-EXT plus any overpayment applied from 2022 return (If an amended return, enter total taxes due from line 3 of previously filed return) 9999999999999999  
**6** Total payments. Add lines 4 and 5 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. 9999999999999999  
**8** Amount of line 7 to be applied to 2024 estimated tax 9999999999999999  
**9 Refund.** Subtract line 8 from line 7. If result is less than \$5.00, enter 0 **REFUND** 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 9999999999999999  
**11** Penalty 9999999999999999 Interest 9999999999999999 Enter total penalty and interest. **11** 9999999999999999  
**12 Balance due.** Add lines 10 and 11 **BALANCE DUE** 9999999999999999

► **Attach copy of 2023 Form 1065 (including Schedule K-1s) and copy of North Dakota Schedule K-1s.**

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. <b>This Space Is For Tax Department Use Only</b>
Print Name Of General Partner	Telephone Number	
Paid Preparer Signature	Date	
Print Name Of Paid Preparer	PTIN	

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

**NACTP PART**

**PARTNERSHIP INCOME TAX RETURN**  
**NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER**

SFN 28703 (12-2023)



**2023 FORM 58**

<b>A</b> Tax Year: <input type="checkbox"/> Calendar Year <b>2023</b> (Jan. 1 - Dec. 31, 2023)		<b>Fiscal Year</b> Beginning _____ and ending _____	
<b>B</b> Partnership's Name (legal) _____		<b>C</b> Federal EIN* _____	
Doing Business As Name (if different from legal name) _____		<b>D</b> Business Code No. (see instructions) _____	
Mailing Address _____		<b>E</b> Date Business Started _____	
City _____ State _____ Zip Code _____		<b>F</b> Check all that apply:	
<b>G</b> 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.**

<b>1</b> Income tax withheld from nonresident partners (from page 5, Schedule KP, line 3) _____	<b>1</b> _____
<b>2</b> Composite income tax for electing nonresident partners (from page 5, Schedule KP, line 4) _____	<b>2</b> _____
<b>3</b> Total taxes due. Add lines 1 and 2 _____	<b>3</b> _____
<b>Tax Paid</b>	
<b>4</b> North Dakota income tax withheld shown on a Form 1099 and/or North Dakota Schedule K-1 received by partnership (Attach Form 1099 and/or North Dakota Schedule K-1) _____	<b>4</b> _____
<b>5</b> Estimated tax paid on 2023 Forms 58-ES and 58-EXT plus any overpayment applied from 2022 return (If an amended return, enter total taxes due from line 3 of previously filed return) _____	<b>5</b> _____
<b>6</b> Total payments. Add lines 4 and 5 _____	<b>6</b> _____
<b>7 Overpayment.</b> 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 _____	<b>7</b> _____
<b>8</b> Amount of line 7 to be applied to 2024 estimated tax _____	<b>8</b> _____
<b>9 Refund.</b> Subtract line 8 from line 7. If result is less than \$5.00, enter 0 _____	<b>REFUND 9</b> _____
<b>10 Tax due.</b> If line 6 is less than line 3, subtract line 6 from line 3. If result is less than \$5.00, enter 0 _____	<b>10</b> _____
<b>11</b> Penalty ▶ _____ Interest ▶ _____ Enter total penalty and interest _____	<b>11</b> _____
<b>12 Balance due.</b> Add lines 10 and 11 _____	<b>BALANCE DUE 12</b> _____

▶ **Attach copy of 2023 Form 1065 (including Schedule K-1s) and copy of North Dakota Schedule K-1s.**

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.  <b>This Space Is For Tax Department Use Only</b> <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
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### 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
<b>Property factor</b> 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 (Attach schedule) .....	5 _____	_____	
6. Rented property (Annual rental x 8) .....	6 _____	_____	
7. Total property. Add lines 1 through 6 .....	▶ 7 _____	▶ _____	▶ _____
<b>Payroll factor</b>			
8. Wages, salaries, commissions and other compensation of employees reported on Federal Form 1065 (If the amount reported in Column 2 does not agree with the total compensation reported for North Dakota unemployment insurance purposes, attach an explanation.) .....	▶ 8 _____	▶ _____	▶ _____
<b>Sales factor</b>			
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. <b>Apportionment factor</b> - 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, 12a, 13, 15a, 20, 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. a. Employer internship program tax credit (Attach documentation) ..... **12a** \_\_\_\_\_
  - b. Number of eligible interns hired in 2023 ..... **12b** \_\_\_\_\_
  - c. Total compensation paid to eligible interns in 2023 ..... **12c** \_\_\_\_\_
- 13. Research expense tax credit (Attach documentation) ..... **13** \_\_\_\_\_
- 14. a. Endowment fund tax credit from Schedule QEC, line 7 (Attach Schedule QEC) ..... **14a** \_\_\_\_\_
  - b. Contribution amount from Schedule QEC, line 4 ..... **14b** \_\_\_\_\_
  - c. Endowment fund tax credit from ND Schedule K-1 (Attach ND Schedule K-1) ..... **14c** \_\_\_\_\_
  - d. Contribution amount from ND Schedule K-1 ..... **14d** \_\_\_\_\_
- 15. a. Workforce recruitment tax credit (Attach documentation) ..... **15a** \_\_\_\_\_
  - b. Number of eligible employees whose 12th month of employment ended in 2022 ..... **15b** \_\_\_\_\_
  - c. Total compensation paid for first 12 months of employment to eligible employees included on line 15b ..... **15c** \_\_\_\_\_

Enter Name Of Partnership	Federal Employer Identification Number
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**Schedule K continued . . .**

- 16. Credit for wages paid to a mobilized employee (Attach Schedule ME or ND Schedule K-1) ----- **16** \_\_\_\_\_
- 17. Nonprofit private primary school tax credit (Attach documentation) ----- **17** \_\_\_\_\_
- 18. Nonprofit private high school tax credit (Attach documentation) ----- **18** \_\_\_\_\_
- 19. Nonprofit private college tax credit (Attach documentation) ----- **19** \_\_\_\_\_
- 20. 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) ----- **20** \_\_\_\_\_
- 21. Automation tax credit ----- **21** \_\_\_\_\_
- 22. Developmentally disabled/mentally ill employee tax credit ----- **22** \_\_\_\_\_
- 23. Maternity home, child placing agency, or pregnancy help center (Attach Schedule MCP) ----- **23** \_\_\_\_\_
- 24. a. Apprentice tax credit (Attach documentation) ----- **24a** \_\_\_\_\_
  - b. Number of eligible apprentices employed in 2023 ----- **24b** \_\_\_\_\_
  - c. Total compensation paid to eligible apprentices in 2023 ----- **24c** \_\_\_\_\_

**Other items**

**Line 25 only applies to a professional service partnership**

- 25. a. Guaranteed payments from Federal Form 1065, Schedule K ----- **25a** \_\_\_\_\_
- b. Portion of line 25a paid for services performed everywhere by all partners **25b** \_\_\_\_\_
- c. Portion of line 25b paid to nonresident individual partners for services performed in North Dakota ----- **25c** \_\_\_\_\_

**Line 26 only applies to a multistate partnership**

- 26. a. Total allocable income from all sources (net of related expenses) ----- **26a** \_\_\_\_\_
- b. Portion of line 26a that is allocable to North Dakota ----- **26b** \_\_\_\_\_

**Line 27 applies to all partnerships**

- 27. For disposition(s) of I.R.C. Section 179 property, enter the North Dakota apportioned amounts:
  - a. Gross sales price or amount realized ----- **27a** \_\_\_\_\_
  - b. Cost or other basis plus expense of sale ----- **27b** \_\_\_\_\_
  - c. Depreciation allowed or allowable (excluding I.R.C. Section 179 deduction) ----- **27c** \_\_\_\_\_
  - d. I.R.C. Section 179 deduction related to property that was passed through to partners ----- **27d** \_\_\_\_\_

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				
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 <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

Partner	All Partners Complete Column 5 for ALL partners	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 (2.50%)	Form PWA or Form PWE <i>(Attach copy)</i>
<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 <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				