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			
	Column 1	Column 2	Column 3	Column 4
Partner	Name and address of partner — *If additional lines are needed, attach additional pages*	Social Security Number/FEIN	Type of entity *(See pg. 8 of instr.)*	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			

	All Partners *Complete this column for ALL partners*	Nonresident Individual Partners Only *Important: Columns 6 through 8 are for nonresident individual partners only.*			
	Column 5	Column 6	Column 7		Column 8
Partner	Federal distributive share of income (loss)	North Dakota distributive share of income (loss)	North Dakota income tax withheld (3.99%)	Form PWA	North Dakota composite income tax (3.99%)
A				○	
B				○	
C				○	
D				○	
E				○	
F				○	
G				○	

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