Enter name of corporation

FEIN

Schedule KS Shareholder information

All corporations must complete this schedule

- Complete Columns 1 through 5 for EVERY shareholder
- Complete Column 6 if shareholder is a nonresident individual or tax-exempt organization
- If applicable, complete Column 7 or Column 8 for a nonresident individual shareholder only

	All Shareholders			
	Column 1	Column 2	Column 3	Column 4
Share-holder	Name and address of shareholder *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 Shareholders *Complete this column for ALL shareholders*	Nonresident Individuals and Tax Exempt Organizations	Nonresident Individual Shareholders Only		
	Column 5	Column 6	Column 7		Column 8
Shareholder	Federal distributive share of income (loss)	North Dakota distributive share of income (loss)	North Dakota income tax withheld (3.22%)	Form PWA (attach copy)	North Dakota composite income tax (3.22%)
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 60, page 1, line 2 . . . . . **3**

4 Total for **Column 8**. Enter this amount on Form 60, page 1, line 3 . . . . . **4**