Enter name of partnership | FEIN

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 *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			

		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		
	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 (2.90%)	Form PWA or Form PWE *(Attach copy)*	North Dakota composite income tax (2.90%)
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**