

Unified Nonresident Income Tax Return
List of Participants



Name of Pass-Through Entity	FEIN
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Identify the Participants

SSN	Name / Address	Allocation %	Guaranteed Payment Amount
1. _____	_____ _____ _____	<input type="text" value="."/>	_____
2. _____	_____ _____ _____	<input type="text" value="."/>	_____
3. _____	_____ _____ _____	<input type="text" value="."/>	_____
4. _____	_____ _____ _____	<input type="text" value="."/>	_____
5. _____	_____ _____ _____	<input type="text" value="."/>	_____
6. _____	_____ _____ _____	<input type="text" value="."/>	_____
7. _____	_____ _____ _____	<input type="text" value="."/>	_____
8. _____	_____ _____ _____	<input type="text" value="."/>	_____
9. _____	_____ _____ _____	<input type="text" value="."/>	_____
10. _____	_____ _____ _____	<input type="text" value="."/>	_____

Va. Dept. Of Taxation 6201039 Sch L (Rev11/12)

Substitute versions of this form that are produced using computer software must provide the same information in the same four column format as shown on the official version of this form. Minimum font size is 10 point.