



Enter name of corporation	FEIN
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**Schedule KS Shareholder information**

**All corporations must complete this schedule.** Complete Columns 1 through 5 for all shareholders. Complete Column 6 for a nonresident shareholder. If applicable, complete Column 7 or Column 8 for a nonresident shareholder. See instructions for the definition of a "nonresident shareholder," which includes entities other than individuals.

	<b>All Shareholders</b>			
	<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>	<b>Column 4</b>
<b>Shareholder</b>	Name and address of shareholder <i>If additional lines are needed, attach additional pages</i>	Social Security Number/FEIN	Type of entity <i>(See pg. 8 of instr.)</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 _____			

	<b>All Shareholders</b> <i>Complete Column 5 for ALL shareholders</i>	<b>Nonresident Shareholders Only</b> <b>Important: Columns 6 through 8 are for a NONRESIDENT SHAREHOLDER only.</b> <b>See instructions for which shareholders to include in Columns 6, 7, and 8.</b>		
	<b>Shareholder</b>	<b>Column 5</b> Federal distributive share of income (loss)	<b>Column 6</b> North Dakota distributive share of income (loss)	<b>Column 7</b> North Dakota income tax withheld (2.90%) 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> . . . <b>1</b>				
<b>2</b> Total for <b>Column 6</b> . . . . . <b>2</b>				
<b>3</b> Total for <b>Column 7</b> . Enter this amount on Form 60, page 1, line 2 . . . . . <b>3</b>				
<b>4</b> Total for <b>Column 8</b> . Enter this amount on Form 60, page 1, line 3 . . . . . <b>4</b>				