



Enter Name Of Corporation	Federal Employer Identification Number
---------------------------	--

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.

All Shareholders				
	Column 1	Column 2	Column 3	Column 4
Partner	Name and address of shareholder <i>If additional lines are needed, attach additional pages</i>	Social Security Number/FEIN	Type of entity <i>(See instructions)</i>	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 <i>Complete Column 5 for ALL shareholders</i>	Nonresident Shareholders Only Important: Columns 6 through 8 are for a NONRESIDENT SHAREHOLDER only. See instructions for which shareholders to include in Columns 6, 7, and 8.		
	Column 5	Column 6	Column 7	Column 8
	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 <i>(Attach copy)</i>
A			<input type="radio"/>	
B			<input type="radio"/>	
C			<input type="radio"/>	
D			<input type="radio"/>	
E			<input type="radio"/>	
F			<input type="radio"/>	
G			<input type="radio"/>	
1 Total for Column 5 --- 1	NA	NA	NA	NA
2 Total for Column 6 ----- 2			NA	NA
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				