



Enter Name Of Partnership	Federal Employer Identification Number
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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						
Partner	Column 1			Column 2	Column 3	Column 4
	Name and address of partner <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 _____					

Nonresident Partners and Tax-Exempt Organization Partners
Important: See instructions for which partners to include in Columns 6, 7, and 8

Partner	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
	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				○
B				○
C				○
D				○
E				○
F				○
G				○
1. Total for Column 5 -- 1		NA	NA	NA
2. Total for Column 6 ----- 2			NA	NA
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				