

Unified Nonresident  
Individual 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. _____	_____ _____	<div>_____.</div>	_____
2. _____	_____ _____	<div>_____.</div>	_____
3. _____	_____ _____	<div>_____.</div>	_____
4. _____	_____ _____	<div>_____.</div>	_____
5. _____	_____ _____	<div>_____.</div>	_____
6. _____	_____ _____	<div>_____.</div>	_____
7. _____	_____ _____	<div>_____.</div>	_____
8. _____	_____ _____	<div>_____.</div>	_____
9. _____	_____ _____	<div>_____.</div>	_____
10. _____	_____ _____	<div>_____.</div>	_____

Substitute versions of this form that are produced using computer software must provide the same information in the same 4-column format as shown on the official version of this form. Minimum font size is 10 point.