

Unified Nonresident Income Tax Return  
 List of Participants



Name of Pass-Through Entity	FEIN
-----------------------------	------

Identify the Participants

	SSN	Name / Address	Allocation %	Guaranteed Payment Amount
1.	_____	_____ _____	. _____	_____ •
2.	_____	_____ _____	. _____	_____ •
3.	_____	_____ _____	. _____	_____ •
4.	_____	_____ _____	. _____	_____ •
5.	_____	_____ _____	. _____	_____ •
6.	_____	_____ _____	. _____	_____ •
7.	_____	_____ _____	. _____	_____ •
8.	_____	_____ _____	. _____	_____ •
9.	_____	_____ _____	. _____	_____ •
10.	_____	_____ _____	. _____	_____ •

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.