

Unified Nonresident Income Tax Return
 (Composite 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.