

**Unified Nonresident
 Individual Income Tax Return
 (Composite 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.	_____	_____ _____	. _____	_____
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 4-column format as shown on the official version of this form. Minimum font size is 10 point.