| I tax Yent: Calendar Year 2024 (Jan.1 - Doc 31, 2024) I tax Yent: Facesal Year Bigimming: M//DD/2024 and ending MM/DD/2024 Possible I tax Yent: I facesal Year Bigimming: M//DD/2024 and ending MM/DD/2024 Possible I tax Yent: I facesal Year Bigimming: M//DD/2024 and ending MM/DD/2024 Possible I tax Yent: I facesal Year Possible Possible Possible Possible I tax Year: I facesal Year Possible Possible <th>SFN 28703 (12-2024)</th> <th></th> <th>2024 FORM 58</th> | SFN 28703 (12-2024) | | 2024 FORM 58 |
|--|---|----------------------------------|--|
| Image: Strate State Beginning MM / DD / 2.02.4 and ending MM / DD / YYYY Pseudor ERF B Termently the min (login) Pseudor ERF 999999999 Mainter Control on again name Pseudor ERF 99999999 Mainter Control on again name Pseudor ERF 99999999 Mainter Control on again name Pseudor ERF 999999 Mainter Control on again name Pseudor ERF 999999 Mainter Control on again name Pseudor ERF Pseudor ERF City XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | 024) | |
| B Convert Average Aver | X Fiscal Year Beginning MM/DD/2 | | |
| Die Budiese An Name (If affreent fom legal name) Die Budiese Code Mo. (see instructione) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | B Partnership's Name (legal) | **** | |
| Heining Address Ad. or Suite No. E Data for Suite No. City State 2010 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | Doing Business As Name (if different from legal name) | | |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | ***** | ***** | xxxx 999999 |
| Or State 20 Code 99999-9999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | Mailing Address | Apt. or Suite | |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | | |
| G TOTAL number of partners. ● 9999 Enter number of. Partnership partners. ● 9999 Norresident individual ● 9999 Opportunition partners. ● 9999 Norresident individual ● 9999 Other types of partners. ● 9999 Norresident individual ● 9999 Other types of partners. ● 9999 Norresident individual ● 9999 Other types of partners. ● 9999 Other types of partners. ● 9999 Other types of partners. ● 9999 I this a "professional service partnership" as defined under N.D.C.C. Section 77.38-08.1(3(a)? ☑ Yes ☑ No ☑ Yes ☑ No I types of partnership a partner (or member) in another partnership or limited liability company? ☑ Yes ☑ No ☑ Yes ☑ No I types completing form SB, complete North Dakota Schedule K-1 (form SB) for the partners. ☑ 999999999999999999999999999999999999 | | P | 11 0 |
| Enter number of: Resident individual 9999 partners. 9999 Nonesident individual 9999 partners. 9999 Other types of partners. 9999 Is this a publicity traded partnership as defined under IAC. Section 7704(b)? Yes & No J s this partnership a partner (or member) in another partnership or limited lability company? If "Yes", attach a statement ising the name(a) and learal employer identification number(s) of the other entry (endities). Yes & No J statis patters. 9099999999999999 9099999999999999999999999999999999999 | | | |
| partners. > 9999 Partnership partners. > 9999 Corporation partners. > 9999 partners. > 9999 Other types of partners. > 9999 Other types of partners. > 9999 (1) Is this a "professional service partnership" as defined under N.D.C.C. Section 57.38-08.1(3)(a)? (2) If "Yes", check applicable box: (2) Accounting (2) Law (2) Medicine (2) Other: (2) Yes (2) No (2) If "Yes", check applicable box: (2) Accounting (2) Law (2) Medicine (2) Other: (2) Yes (2) No (3) Is this partnership a defined under I.R.C. Section 77.04(6)? (2) Yes (2) No (2) Yes (2) No (2) Yes (2) No (3) Is this partnership a defined under I.R.C. Section 77.04(6)? (2) Yes (2) No (2) Yes (2) No (4) Is this partnership a defined under I.R.C. Section 77.04(6)? (2) Yes (2) No (2) Yes (2) No (4) Before completing line 1 through 12 on this page; complete Schedule K-CT, Schedule KP, and Schedule KP, line 3) (2) 999999999999999 (2) Orgonsite income tax withheld from nonresident partners (from page 5, Schedule KP, line 4) (4) 999999999999999999999999999999999999 | • | | |
| Nonresident individual partners. 9999 Other types of partners. 9999 Composite return Amended return Amended return Extension H (1) Is this a "professional service partnership" as defined under ND.C.C. Section 57-38-08. [3](a)? Yes Ø No. (2) If "Yes", check applicable box: Ø Accounting Ø Law Ø Medicine Ø Other: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | | |
| Partners 9999 Other types of partners 9999 Amended return Extension H (1) Is this a "professional service partnership" as defined under N.D.C.C. Section 57:38-08.1(3)(a)? Yes E No (2) If "Yes", check apticable box: Accounting Law Medicine Other: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | 11 ====== | |
| Particle Particle Particle Performance It (1) Is this a "professional service partnership" as defined under N.D.C.C. Section 57-38-08.1(3)(a)? Yes D No (2) If "Yes", check applicable box: D Accounting Law D Medicine Other: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | | |
| (2) If "Yes", check applicable box: Accounting □ Law □ Medicine ○ Other: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | | |
| (2) If "Yes", check applicable box: Accounting □ Law □ Medicine ○ Other: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | | |
| I Is this a publicly traded partnership as defined under 1.R.C. Section 7704(b)? M Yes M No J Is this partnership a partner (or member) in another partnership or limited liability company? If "Yes", attach a statement listing the name(s) and federal employer identification number(s) of the other entity (entities). M Yes M No Hefore completing lines 1 through 12 on this page, complete Schedule FACT, Schedule K, and Schedule KP. M Yes M No Hefore completing form 58, complete North Dakota Schedule KP. line 3). 1 999999999999999999999999999999999999 | | | |
| J Is this partnership a partner (or member) in another partnership or limited liability company? If "Yes", attach a statement listing the name(s) and federal employer identification number(s) of the other entity (nettics). Yes X No PBefore completing lines 1 through 12 on this page, complete Schedule FACT, Schedule K, and Schedule KP. Page 2 99999999999999999999999999999999999 | | | |
| attach a statement listing the name(s) and federal employer identification number(s) of the other entity (entities). Yes ≥ No > Before completing lines 1 through 12 on this page, complete Schedule KACT, Schedule K, and Schedule KP. > After completing Form 58, complete North Dakota Schedule K-1 (Form 58) for the partners. 1 Income tax withheld from nonresident partners (from page 5, Schedule KP, line 3). > 1 9999999999999999999999999999999999 | | | y? If "Yes". |
| ▶ After completing Form 58, complete North Dakota Schedule K-1 (Form 58) for the partners. 1 Income tax withheld from nonresident partners (from page 5. Schedule KP, line 3). ▶ 1 999999999999999 2 Composite income tax for electing nonresident partners (from page 5. Schedule KP, line 4). > 2 999999999999999 3 Total taxes due. Add lines 1 and 2. 3 99999999999999999 Tax Paid 4 A North Dakota income tax withheld shown on a Form 1099 and/or North Dakota Schedule K-1 4 999999999999999999999999999999999999 | attach a statement listing the name(s) and federal employer identification | on number(s) of the other entity | (entities)X Yes X No |
| 1 Income tax withheld from nonresident partners (from page 5. Schedule KP, line 3). ▶1 9999999999999 2 Composite income tax for electing nonresident partners (from page 5. Schedule KP, line 4). ▶2 99999999999999 3 Total taxes due. Add lines 1 and 2. 3 Tax Paid 3 9999999999999999 4 North Dakota income tax withheld shown on a Form 1099 and/or North Dakota Schedule K-11 4 9999999999999999 5 Estimated tax paid on 2024 Form 58-ES and 58-EXT plus any overpayment applied from 2023 return 5 9999999999999999 6 Total payments. Add lines 4 and 5 6 99999999999999999 7 Overpayment. If line 6 is more than line 3, subtract line 3 from line 6 and enter result; otherwise, go to line 10. If result is less than 55.00, enter 0 >7 999999999999999999999999999999999999 | | | |
| Composite income tax for electing nonresident partners (from page 5, Schedule KP, line 4) | After completing Form 58, complete North Dakota | Schedule K-1 (Form 5 | b) for the partners. |
| 2 Configuration can be creating inducts of parties of parteare parties of parties of | 1 Income tax withheld from nonresident partners (<i>from page 5, Sa</i> | hedule KP, line 3) | |
| Tax Paid 4 North Dakota income tax withheld shown on a Form 1099 and/or North Dakota Schedule K-1 received by partnership (<i>Attach Form 1099 and/or North Dakota Schedule K-1</i>) 4 999999999999999999999999999999999999 | | age 5, Schedule KP, line 4) | |
| 4 North Dakota income tax withheld shown on a Form 1099 and/or North Dakota Schedule K-1 4 999999999999999999999999999999999999 | | | 3 3 3 3 3 3 3 3 3 3 |
| 5 Estimated tax paid on 2024 Forms 58-ES and 58-EXT plus any overpayment applied from 2023 return (If an amended return, enter total taxes due from line 3 of previously filed return) ▶ 5 999999999999999999999999999999999999 | | or North Dakota Schedule H | K-1 |
| It fan amended return, enter total taxes due from line 3 of previously filed return) 6 999999999999999999999999999999999999 | | | |
| 6 Total payments. Add lines 4 and 5 6 999999999999999999999999999999999999 | | | 2023 return 5 99999999999999999999999999999999999 |
| 7 Overpayment. If line 6 is more than line 3, subtract line 3 from line 6 and enter result; otherwise, go to line 10. If result is less than \$5.00, enter 0 >7 999999999999999999999999999999999999 | | | 699999999999999999999999999999999999999 |
| 8 Amount of line 7 to be applied to 2025 estimated tax ▶8 999999999999999999999999999999999999 | | rom line 6 and enter result; | otherwise, |
| 9 Refund. Subtract line 8 from line 7. If result is less than \$5.00, enter 0 REFUND ▶9 999999999999999999999999999999999999 | | | |
| 10 Tax due. If line 6 is less than line 3, subtract line 6 from line 3. If result is less than \$5.00, enter 0 ▶10 999999999999999999999999999999999999 | | 0 | |
| 11 Penalty 99999999999 Interest 99999999999 Enter total penalty and interest. 11 999999999999999999999999999999999999 | P Refund. Subtract line 8 from line 7. If result is less than \$5.0 | | |
| 12 Balance due. Add lines 10 and 11 BALANCE DUE 12 999999999999999999999999999999999999 | | | |
| Attach copy of 2024 Form 1065 (including Schedule K-1s) and copy of North Dakota Schedule K-1s. I declare that this return is correct and complete to the best of my knowledge and belief. *Privacy Act Notice - See inside front cover of booklet. Signature Of General Partner Date I authorize the ND Office of State Tax Commissioner to discuss this return with the paid preparer. Print Name Of General Partner Telephone Number This Space Is For Tax Department Use Only Paid Preparer Signature Date Date This Space Is For Tax Department Use Only | | <u>9999999</u> Enter total | |
| I declare that this return is correct and complete to the best of my knowledge and belief. *Privacy Act Notice - See inside front cover of booklet. Signature Of General Partner Date I authorize the ND Office of State Tax Commissioner to discuss this return with the paid preparer. Print Name Of General Partner Telephone Number This Space Is For Tax Department Use Only Paid Preparer Signature Date Date This Space Is For Tax Department Use Only | 12 Balance due. Add lines 10 and 11 | | BALANCE DUE 12 999999999999999999999 |
| Signature Of General Partner Date I authorize the ND Office of State Tax Commissioner to discuss this return with the paid preparer. Print Name Of General Partner Telephone Number This Space Is For Tax Department Use Only Paid Preparer Signature Date | Attach copy of 2024 Form 1065 (including Sche | dule K-1s) and copy o | f North Dakota Schedule K-1s. |
| Print Name Of General Partner Telephone Number This Space Is For Tax Department Use Only Paid Preparer Signature Date | | ge and belief. | |
| Print Name Of General Partner Telephone Number This Space Is For Tax Department Use Only Paid Preparer Signature Date | Signature Or General Partner Date | τ. | |
| | Print Name Of General Partner Teleph | one Number | |
| | | | |
| Print Name Of Paid Preparer PTIN Telephone Number | Paid Preparer Signature Date | | |
| | | one Number | |
| | Print Name Of Paid Preparer IPTIN ITelent | | |

PARTNERSHIP INCOME TAX RETURN

NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER

SFN 28703 (12-2024)



| Α | Tax Year: | Calendar Yea Fiscal Year | ar 2024 (Jan. 1 Beginning | | nd ending | | |
|--------|---|---|---|---|---|--------------------|--|
| В | Partnership's Name | | Deginning | u | | С | Federal EIN* |
| | Doing Business As | Name (if different fron | D | Business Code No. (see instructions) | | | |
| | Mailing Address | | | | Apt. or S | uite No. | Date Business Started |
| | City | | | State | Zip Code | F | Check all that apply: |
| G | Enter num Residen partners Nonresio | - | | Corporation p | artners | | Initial return Final return Farming/Ranching Filed by an LLC Composite return Amended return Extension |
| I J | (2) If "Yes", che Is this a publicly Is this partnersh attach a statement ▶Before comp | eck applicable box: y traded partnership ip a partner (or men listing the name(s) a leting lines 1 th | Accounting as defined under mber) in another p nd federal employer arough 12 on t | ing Law I.R.C. Section 770 partnership or limit r identification numbe | Medicine 4(b)? ed liability comp er(s) of the other e lete Schedul | Other: | ule K, and Schedule KP. |
| 1 | Income tax with | held from nonresid | lent partners (fron | n page 5, Schedule | KP, line 3) | | ▶1 |
| 2 | Composite inco | me tax for electing | nonresident partn | ers (from page 5, S | chedule KP, line | e 4) | ▶2 |
| 3 | Total taxes due. | Add lines I and 2 | | | | | 3 |
| 4 | | | | n 1099 and/or North North Dakota Sche | | | 4 |
| 5 | | | | CT plus any overpay the 3 of previously fi | | om 2023 return _ | ▶ 5 |
| 6 | Total payments. | Add lines 4 and 5 | | | | | 6 |
| 7 | | | | ract line 3 from line | | | ▶7 |
| | Amount of line | 7 to be applied to 2 | 2025 estimated tax | K | | | ▶8 |
| 9 | Refund. Subt | ract line 8 from line | e 7. If result is lea | ss than \$5.00, enter | 0 | RE | FUND ▶9 |
| 1: | 1 Penalty 🕨 | | Interest | ▶ | Enter to | otal penalty and i | ▶10 nterest11 E DUE12 |
| _ | | | - | _ | | y of North Dal | kota Schedule K-1s. |
| _ | <i>leclare that this ret</i> Inature Of General P | | nplete to the best of | f my knowledge and b | elief. | | <i>Votice - See inside front cover of booklet.</i> |
| Sig | | | | | | | the ND Office of State Tax Commissioner to s return with the paid preparer. |
| Pri | nt Name Of General | Partner | | Telephone Num | ber | | ace Is For Tax Department Use Only |
| Pai | d Preparer Signature | 2 | | Date | | • | |

Telephone Number

PTIN

Print Name Of Paid Preparer



Schedule FACT Calculation of North Dakota apportionment factor

IMPORTANT: All partnerships must complete the applicable portions of this schedule. See Schedule FACT instructions in Form 58 booklet.

| Ave pers | Operty factor rage value at original cost of real and tangible conal property used in the business. Exclude struction in progress. | Column 1 Total | | Column 2 rth Dakota | Column 3 Factor (Col. 2 ÷ Col. 1) Result must be carried to six decimal places |
|-------------|--|---------------------------|-------------|------------------------|---|
| 1. | Inventories | 1 | | | |
| 2. | Buildings and other fixed depreciable | 2 | | | |
| 3. | Depletable | 3 | _ | | |
| 4. | Land | 4 | | | |
| 5. | Other assets (<i>Attach schedule</i>) | 5 | | | |
| 6. | Rented property (Annual rental x 8) | 6 | | | |
| 7. | Total property. Add lines 1 through 6 | . 7 | _▶ | | ▶ |
| Pay | yroll factor | | | | |
| 8. | Wages, salaries, commissions and other compensations of employees reported on Federal Form 1065 (<i>If the amount reported in Column 2 does not agree with the total compensation reported for North Dakota unemployment insurance purposes, attach an explanation.</i>) | he | _▶ | | ▶ |
| Sal | es factor | | | | |
| 9. | Gross receipts or sales, less returns and allowances | 9 | _ | | |
| 10. | Sales delivered, shipped, or assignable to North Da | kota destinations | 10 | | |
| 11. | Sales shipped from North Dakota to the U.S. Gover in a state or foreign country where the partnership requirement | does not have a filing | 11 | | |
| 12. | Total sales. Add lines 9 through 11 | 12 | _► | | ▶ |
| 13. | Sum of factors. Add lines 7, 8, and 12 in Column 3 | | | | 13 |
| 14. | Apportionment factor - Divide line 13 by 3.0; how divide line 13 by the number of factors (on lines 7, 8 zero in Column 1 | 3, and 12) showing an amo | ount greate | r than | 14 |

Partnership's Name (legal)

Schedule K

Total North Dakota adjustments, credits, and other items distributable to partners (All partnerships must complete this schedule)

Federal Employer Identification Number

| Important! All taxpayers must read this section. If the partnership is claiming a deducti 7b, 7c, 8, 9, 10, 11, 12a, 13, 15a, 20, or 21 of this schedule, this section must be completed. See " instructions for details. | |
|--|---------------------------|
| Does the partnership or any of its partners responsible for state tax matters hold a 50 percent o more ownership interest in real property located in North Dakota? | |
| If yes, enter below the name of each North Dakota county in which the partnership or any partner tax matters hold a 50% or more interest in real property: | ers responsible for state |
| Attach to Form 58 the completed Property Tax Clearance Record(s) obtained from each co North Dakota addition adjustments | ounty identified above. |
| Federally-exempt income from non-North Dakota state and local bonds and foreign securities | 1 |
| State and local income taxes deducted on federal partnership return in calculating its ordinary income (<i>loss</i>) | _ |
| North Dakota subtraction adjustments | |
| Interest from U.S. obligations | 3 |
| . Renaissance zone business or investment income exemption: (Attach Schedule RZ) | 4 |
| • New or expanding business income exemption (Attach documentation) | |
| Gain from eminent domain sale (Attach documentation) | 6 |
| North Dakota tax credits | |
| Renaissance zone tax credits: (Attach Schedule RZ) | |
| a. Historic property preservation or renovation tax credit | 7a |
| b. Renaissance fund organization investment tax credit | 7b |
| c. Nonparticipating property owner tax credit | 7c |
| Seed capital investment tax credit (Attach documentation) | 8 |
| • Agricultural commodity processing facility investment tax credit (Attach documentation) | 9 |
| Biodiesel/green diesel fuel blending tax credit (Attach documentation) | 10 |
| Biodiesel/green diesel fuel sales equipment tax credit (Attach documentation) | 11 |
| a. Employer internship program tax credit (Attach documentation) | 12a |
| b. Number of eligible interns hired in 202412b | |
| c. Total compensation paid to eligible interns in 2024 | |
| Research expense tax credit (<i>Attach documentation</i>) | 13 |
| a. Endowment fund tax credit from Schedule QEC, line 7 (<i>Attach Schedule QEC</i>) | |
| b. Contribution amount from Schedule QEC, line 4 14b | |
| c. Endowment fund tax credit from ND Schedule K-1 (<i>Attach ND Schedule K-1</i>) | |
| d. Contribution amount from ND Schedule K-1 14d | |
| . a. Workforce recruitment tax credit (<i>Attach documentation</i>) | |
| b. Number of eligible employees whose 12th month of employment ended in 2023 15b | |
| c. Total compensation paid for first 12 months of employment to eligible employees included on line 15b 15c | |

2024 Form 58 SFN 28703 (12-2024), Page 4

| Federal Employer Identification Number |
|--|
| |

Schedule K continued . . .

| 16. Credit for wages paid to a mobilized employee (Attach Schedule ME or ND Schedule K-1) | 16 |
|--|-----|
| 17. Nonprofit private primary school tax credit (Attach documentation) | 17 |
| 18. Nonprofit private high school tax credit (<i>Attach documentation</i>) | 18 |
| 19. Nonprofit private college tax credit (<i>Attach documentation</i>) | 19 |
| 20. Angel investor investment tax credit - only for credits attributable to investments made in qualified businesses by angel funds organized and certified after June 30, 2017 (<i>Attach documentation</i>) | 20 |
| 21. Automation tax credit (Attach Approval Letter) | 21 |
| 22. Developmentally disabled/mentally ill employee tax credit | 22 |
| 23. Maternity home, child placing agency, or pregnancy help center (Attach Schedule MCP) | 23 |
| 24. a. Apprentice tax credit (Attach documentation) | 24a |
| b. Number of eligible apprentices employed in 2024 24b | |
| c. Total compensation paid to eligible apprentices in 2024 24c | |
| Other items Line 25 only applies to a professional service partnership | |
| 25. a. Guaranteed payments from Federal Form 1065, Schedule K 25a | |
| b. Portion of line 25a paid for services performed everywhere by all partners 25b | |
| c. Portion of line 25b paid to nonresident individual partners for services performed in North Dakota | 25c |
| Line 26 only applies to a multistate partnership | |
| 26. a. Total allocable income from all sources (<i>net of related expenses</i>) 26a | |
| b. Portion of line 26a that is allocable to North Dakota 26b | |
| Line 27 applies to all partnerships | |
| 27. For disposition(s) of I.R.C. Section 179 property, enter the North Dakota apportioned amounts: | |
| a. Gross sales price or amount realized | 27a |
| b. Cost or other basis plus expense of sale | 27b |
| c. Depreciation allowed or allowable (excluding I.R.C. Section 179 deduction) | 27c |
| d. I.R.C. Section 179 deduction related to property that was passed through to partners | 27d |

Partnership's Name (legal)

Federal Employer Identification Number

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.

| | | ners | | | | |
|---------|-----------------------------|--|----------|--------------------------------|--------------------------------------|----------------|
| | Column 1 | Column 2 | Column 3 | Column 4 | | |
| Partner | Name and address of partner | If additional lines are attach additional pag | | Social Security Number/FEIN | Type of entity (See instructions) | Ownership % |
| | Name | | | | | |
| Α | Address | State Zip Coo | | | | |
| | Name | | | | | |
| В | Address | State Zip Co | ode | | | |
| | Name | | | | | |
| C | Address | State Zip Coo | de | | | |
| | Name | • | | | | |
| D | Address | State Zip Co | ode | | | |
| | Name | | | | | |
| E | Address | State Zip Co | de | | | |
| - | Name | | | | | |
| F | Address | State Zip Coo | de | | | |
| | Name | | | | | |
| G | Address | State Zip Coo | de | | | |

| | | Nonresident Partners and Tax-Exempt Organization Partners Important: See instructions for which partners to include in Columns 6, 7, and 8 | | | | | |
|--|---|--|--|--|------------------|--|--|
| | All Partners Complete Column 5 for ALL partners | Nonresident Partners/Tax-Exempt Organization Partners | Nonre | ers Only | | | |
| | Column 5 | Column 6 | Colum | n 7 | Column 8 | | |
| Partner | Federal distributive share of income (loss) | North Dakota distributive share of income (loss) | North Dakota income tax withheld (2.50%) | Form PWA or Form PWE (Attach copy) | composite income | | |
| Α | | | | 0 | | | |
| В | | | | 0 | | | |
| с | | | | 0 | | | |
| D | | | | 0 | | | |
| E | | | | 0 | | | |
| F | | | | 0 | | | |
| G | | | | 0 | | | |
| 1. Total for Column 5 – – 1 | | NA | NA | | | | |
| 2. Total for Column 6 | 2 | | | NA | NA | | |
| 3. Total for Column 7. Enter | r this amount on Form 58, | , page 1, line 1 3 | | | | | |
| 4. Total for Column 8. Enter | r this amount on Form 58, | , page 1, line 2 | | 4 | | | |