

ALLOCATION OF WITHHOLDING PAYMENT TO NONRESIDENT PARTNERS



SCHNP_J 2024A 01 VID01

➤ Attach to Form N-20

Name as shown on tax return		Federal Employer I.D. No. (FEIN)	
1. Total number of nonresident partners		1	
2. Total amount distributed to all nonresident partners . Report this amount on Form N-20, line 18		2	
A	Nonresident Partner's Name	<input type="checkbox"/> FEIN <input type="checkbox"/> SSN	
	Amount of payment withheld to nonresident partner.....	A	
B	Nonresident Partner's Name	<input type="checkbox"/> FEIN <input type="checkbox"/> SSN	
	Amount of payment withheld to nonresident partner.....	B	
C	Nonresident Partner's Name	<input type="checkbox"/> FEIN <input type="checkbox"/> SSN	
	Amount of payment withheld to nonresident partner.....	C	
D	Nonresident Partner's Name	<input type="checkbox"/> FEIN <input type="checkbox"/> SSN	
	Amount of payment withheld to nonresident partner.....	D	
E	Nonresident Partner's Name	<input type="checkbox"/> FEIN <input type="checkbox"/> SSN	
	Amount of payment withheld to nonresident partner.....	E	
F	Nonresident Partner's Name	<input type="checkbox"/> FEIN <input type="checkbox"/> SSN	
	Amount of payment withheld to nonresident partner.....	F	
G	Nonresident Partner's Name	<input type="checkbox"/> FEIN <input type="checkbox"/> SSN	
	Amount of payment withheld to nonresident partner.....	G	
H	Nonresident Partner's Name	<input type="checkbox"/> FEIN <input type="checkbox"/> SSN	
	Amount of payment withheld to nonresident partner.....	H	
I	Nonresident Partner's Name	<input type="checkbox"/> FEIN <input type="checkbox"/> SSN	
	Amount of payment withheld to nonresident partner.....	I	
J	Nonresident Partner's Name	<input type="checkbox"/> FEIN <input type="checkbox"/> SSN	
	Amount of payment withheld to nonresident partner.....	J	



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ALLOCATION OF WITHHOLDING PAYMENT TO NONRESIDENT PARTNERS - continued

K	Nonresident Partner's Name	<input type="checkbox"/> FEIN	
		<input type="checkbox"/> SSN	
	Amount of payment withheld to nonresident partner.....	K	
L	Nonresident Partner's Name	<input type="checkbox"/> FEIN	
		<input type="checkbox"/> SSN	
	Amount of payment withheld to nonresident partner.....	L	
M	Nonresident Partner's Name	<input type="checkbox"/> FEIN	
		<input type="checkbox"/> SSN	
	Amount of payment withheld to nonresident partner.....	M	
N	Nonresident Partner's Name	<input type="checkbox"/> FEIN	
		<input type="checkbox"/> SSN	
	Amount of payment withheld to nonresident partner.....	N	
O	Nonresident Partner's Name	<input type="checkbox"/> FEIN	
		<input type="checkbox"/> SSN	
	Amount of payment withheld to nonresident partner.....	O	
P	Nonresident Partner's Name	<input type="checkbox"/> FEIN	
		<input type="checkbox"/> SSN	
	Amount of payment withheld to nonresident partner.....	P	
Q	Nonresident Partner's Name	<input type="checkbox"/> FEIN	
		<input type="checkbox"/> SSN	
	Amount of payment withheld to nonresident partner.....	Q	
R	Nonresident Partner's Name	<input type="checkbox"/> FEIN	
		<input type="checkbox"/> SSN	
	Amount of payment withheld to nonresident partner.....	R	
S	Nonresident Partner's Name	<input type="checkbox"/> FEIN	
		<input type="checkbox"/> SSN	
	Amount of payment withheld to nonresident partner.....	S	
T	Nonresident Partner's Name	<input type="checkbox"/> FEIN	
		<input type="checkbox"/> SSN	
	Amount of payment withheld to nonresident partner.....	T	
U	Nonresident Partner's Name	<input type="checkbox"/> FEIN	
		<input type="checkbox"/> SSN	
	Amount of payment withheld to nonresident partner.....	U	