



Mississippi Fiduciary Income Tax Return (For Estates and Trusts) 2017

Amended

Tax Year Beginning _____
m m d d y y y y

Tax Year Ending _____
m m d d y y y y

Date entity created _____	Date of decedent's death _____	Entity FEIN _____	Decedent / Debtor SSN _____
Name of Estate or Trust _____ Name of Fiduciary _____ Title of Fiduciary _____ Mailing Address _____ City _____ State _____ Zip _____ County Code _____		Check All That Apply <input type="checkbox"/> Initial Return <input type="checkbox"/> Short Period Return <input type="checkbox"/> Final Return Date of confirmation _____ Date of closure _____	Type of Entity <input type="checkbox"/> Decedent Estate <input type="checkbox"/> Bankruptcy Estate-Ch. 7 <input type="checkbox"/> Bankruptcy Estate-Ch. 11 <input type="checkbox"/> Simple Trust <input type="checkbox"/> Complex Trust <input type="checkbox"/> Grantor Trust <input type="checkbox"/> Qualified Disability Trust <input type="checkbox"/> ESBT (S Portion Only) <input type="checkbox"/> Pooled Income Fund
		Number of Mississippi K-1 schedules attached _____	

MISSISSIPPI INCOME TAX

1 Mississippi taxable income (loss) (from page 2, line 25)	1	_____
2 Total income tax due (see instructions)	2	_____
3 Credit from tax paid to another state (from Form 80-160, line 13; attach other state return)	3	_____
4 Other credits (attach Form 80-401)	4	_____
5 Net income tax due (line 2 minus line 3 and line 4)	5	_____

PAYMENTS

6 Mississippi income tax withheld (complete Form 80-107)	6	_____
7 Estimated tax payments, extension payments and/or amount Paid on original return	7	_____
8 Refund received and/or amount carried forward from original return (amended return only)	8	_____
9 Total payments (line 6 plus line 7 minus line 8)	9	_____

REFUND OR BALANCE DUE

10 Enter amount of overpayment (if line 9 is more than line 5, subtract line 5 from line 9)	10	_____
11 Overpayment to be applied to next year estimate tax account	11	_____
12 Overpayment refund (line 10 minus line 11)	12	_____
13 Balance due (if line 5 is more than line 9, subtract line 9 from line 5)	13	_____
14 Interest and penalty (see instructions)	14	_____
15 Total due (line 13 plus line 14)	15	_____

This return may be discussed with the preparer Yes No

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of Fiduciary or Officer Representing Fiduciary	Date	Phone Number	FEIN of Fiduciary
Paid Preparer Signature	Date	Paid Preparer Phone Number	Paid Preparer PTIN
Paid Preparer Address	City	State	Zip Code

Mail REFUND To: Department of Revenue, P.O. Box 23058, Jackson, MS 39225-3058
Mail All Other Returns To: Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050
Duplex and Photocopies are NOT Acceptable



Mississippi
Fiduciary Net Taxable Income Schedule
2017

Entity FEIN _____

COMPUTATION OF TAXABLE INCOME

16 Federal adjusted total income (loss) from federal Form 1041 line 17 16 _____ .00

ADDITIONS

- 17 a State, local and foreign government taxes based on income 17a _____ .00
b Depletion in excess of cost basis 17b _____ .00
c Interest on obligations of other states or political subdivisions 17c _____ .00
d Expenses applicable to earning interest on U.S. Government obligations (see instructions) 17d _____ .00
e Itemized deductions claimed on federal Form 1041 (add if claimed standard deduction on line 20e) 17e _____ .00
f Mississippi source QSST income _____ 17f _____ .00
g Other additions (itemize each item) _____ 17g _____ .00
h _____ 17h _____ .00
i _____ 17i _____ .00

18 Total additions (add lines 17a through line 17i) 18 _____ .00

19 Total income (line 16 plus line 18) 19 _____ .00

DEDUCTIONS

- 20 a Interest on U.S. government obligations 20a _____ .00
b Wages reduced by federal employment tax credits 20b _____ .00
c Miss. Code Ann. § 27-7-9(f)(10) included in line 4, page 1, federal Form 1041 (see instructions) 20c _____ .00
d Expenses applicable to earning interest income on line 17c above (see instructions) 20d _____ .00
e Standard deduction (see line 17e above if standard deduction is claimed) 20e _____ .00
f Non-Mississippi income (net of expenses) (non-resident fiduciary returns only) 20f _____ .00
g Other deductions (itemize each item) _____ 20g _____ .00
h _____ 20h _____ .00
i _____ 20i _____ .00

21 Total deductions (add lines 20a through 20i) 21 _____ .00

TAXABLE INCOME

22 Adjusted net income (loss) for Mississippi purposes (line 19 minus line 21) 22 _____ .00

23 Amount allocated to beneficiaries (attach Schedule K, Form 81-131) 23 _____ .00

24 Exemption (see instructions) 24 _____ .00

25 Taxable income (loss) for Mississippi purposes (line 22 minus line 23 and line 24; enter here and on page 1, line 1) 25 _____ .00