Form 80-401-24-8-1-000 (Rev. 09/24)

Mississippi
Tax Credit Summary Schedule
2024

(* Carryover Not Available)

SSN _____

FEIN _____

TAX CREDIT CODES			
CODE	**CREDIT**	**CODE**	**CREDIT**
*02	Premium Retaliatory	26	Historic Structure Rehabilitation (Attach Statement)
*03	Finance Company Privilege	*27	Long Term Care
05	Jobs Tax	28	New Markets
06	National or Regional Headquarters	29	Biomass Energy Investment
07	Research and Development Skills	30	Wildlife Land Use
08	Employer Child / Dependent Care	31	Prekindergarten Credit
09	Basic Skills Training or Retraining	32	Headquarters Relocation Credit
10	Reforestation	34	Qualifying Charitable Contribution Credit Approved by DOR
*11	Gambling License Fee	35	Qualifying Foster Care Charitable Credit Approved by DOR
*12	Financial Institution Jobs	36	Business Contributions to Eligible Charitable Organizations
13	Mississippi Revenue Bond Service	37	Endowment Fund Charitable Credit
14	Ad Valorem Inventory	38	Inland Water Transportation
15	Export Port Charges	39	Pregnancy Resource Charitable Contribution Credit
16	Insurance Guaranty	40	Railroad Infrastructure Tax Credit
17	Import Credit	*41	Blood Donation
18	Land Donation	42	Transitional Home Charitable Contribution Credit
19	Broadband Technology	43	Low-Income Health Care Services Charitable Contribution Credit
21	Brownfield Credit	*44	Dependent Care Credit
22	Airport Cargo Charges	45	Food Bank Charitable Contribution Credit
23	Manufacturing Investment Tax Credit	*50	Bank Share
24	Alternative Energy Jobs	60	Mississippi Flexible Tax Incentive Act (MFLEX)
25	Child Adoption		

INCOME TAX CREDITS						
A	**B**	**C**	**D**	**E**	**F**	**G**
CODE	CREDIT EARNED THIS YEAR	CREDIT RECEIVED FROM PASS-THROUGH ENTITY	CREDIT CARRYOVER FROM PRIOR YEAR	CREDIT USED THIS YEAR	CREDIT EXPIRED OR ALLOCATED THIS YEAR	CREDIT CARRYOVER AVAILABLE FOR NEXT YEAR (B+C+D-E-F)
___	___	___	___	___	___	___
___	___	___	___	___	___	___
___	___	___	___	___	___	___
___	___	___	___	___	___	___

1   Total income tax credit used this year (total column E; enter on Form 80-105, line 19
    or Form 80-205, line 21 or Form 81-110, line 4)   1 _____.00

2   Total income tax credit available for next year (total column G)   2 _____.00

3   If code 25 is selected, enter adoptee SSN(s) here   _____

        _____

4   If code 34, 35, 36, 39, 42, 43, or 45 is selected, enter name of charitable   _____
    organization (attach statement if needed)

        _____

Duplex and Photocopies NOT Acceptable