

# Mississippi Schedule K 2015

FEIN 999999999

Partnership / LLC / LLP (Federal 1065)

S Corporation (Federal 1120-S)

COLUMN A		COLUMN B		COLUMN C		COLUMN D
OWNER / PARTNER NAME ID TYPE	OWNERSHIP % (ENTER 25% AS 25.0000) STATE OF RESIDENCE (CHECK BOX IF COMPOSITE)	A MISSISSIPPI TAXABLE INCOME (LOSS) B CREDIT CODE	C CREDIT AMOUNT	NON-MISSISSIPPI TAXABLE INCOME (LOSS)		
1 NAME X9X9X9X9X9X9X9X9X	999.9999	a	999999999999			
FEIN X 9999999999	STATE XX	b 99 c	999999999999			
SSN X 9999999999	X COMPOSITE	b 99 c	999999999999	999999999999		
23 NAME X9X9X9X9X9X9X9X9X	99.9999	a	999999999999			
FEIN X 9999999999	STATE XX	b 99 c	999999999999			
SSN X 9999999999	X COMPOSITE	b 99 c	999999999999	999999999999		
30 NAME X9X9X9X9X9X9X9X9X	99.9999	a	999999999999			
FEIN X 9999999999	STATE XX	b 99 c	999999999999			
SSN X 9999999999	X COMPOSITE	b 99 c	999999999999	999999999999		
37 NAME X9X9X9X9X9X9X9X9X	99.9999	a	999999999999			
FEIN X 9999999999	STATE XX	b 99 c	999999999999			
SSN X 9999999999	X COMPOSITE	b 99 c	999999999999	999999999999		
44 NAME X9X9X9X9X9X9X9X9X	99.9999	a	999999999999			
FEIN X 9999999999	STATE XX	b 99 c	999999999999			
SSN X 9999999999	X COMPOSITE	b 99 c	999999999999	999999999999		

512 Total column B, column C and column D (from above)	999.9999	2a	999999999999	2	999999999999
		2c	999999999999		
533 Totals from additional pages (total of column B, column C and column D from Form 84-131, page 2)	99.9999	3a	999999999999	3	999999999999
		3c	999999999999		
554 Total taxable income(loss) and total tax credits (total of column C, line 2 plus line 3. Composite filers enter total composite income from column C, line 4a on Form 84-122, page 2, line 29 and line 4c on Form 84-401, line 3)	999.9999	4a	999999999999	4	999999999999
		4c	999999999999		
605 Total taxable income (loss) (column C, line 4a plus column D, line 4)				5	999999999999

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OWNER / PARTNER NAME ID TYPE	OWNERSHIP % (ENTER 25% AS 25.0000) STATE OF RESIDENCE (CHECK BOX IF COMPOSITE)	A MISSISSIPPI TAXABLE INCOME (LOSS) B CREDIT CODE      C CREDIT AMOUNT	NON-MISSISSIPPI TAXABLE INCOME (LOSS)
NAME X9X9X9X9X9X9X9X	99.9999	a 999999999999	
FEIN X 999999999	STATE XX	b 99 c 999999999999	
SSN X 999999999	X COMPOSITE	b 99 c 999999999999	999999999999
NAME X9X9X9X9X9X9X9X	99.9999	a 999999999999	
FEIN X 999999999	STATE XX	b 99 c 999999999999	
SSN X 999999999	X COMPOSITE	b 99 c 999999999999	999999999999
NAME X9X9X9X9X9X9X9X	99.9999	a 999999999999	
FEIN X 999999999	STATE XX	b 99 c 999999999999	
SSN X 999999999	X COMPOSITE	b 99 c 999999999999	999999999999
NAME X9X9X9X9X9X9X9X	99.9999	a 999999999999	
FEIN X 999999999	STATE XX	b 99 c 999999999999	
SSN X 999999999	X COMPOSITE	b 99 c 999999999999	999999999999
Subtotal (add column B, column C, and column D; enter total on Form 84-131, page 1, line 3)	99.9999	a 999999999999 c 999999999999	999999999999