

Mississippi Schedule K 2018

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 | | |

51 2 Total column B, column C and column D (from above) 999.9999 2a 999999999999 2 999999999999
52 2c 999999999999

53 3 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
54 3c 999999999999

55 4 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
56 4c 999999999999

60 5 Total taxable income (loss) (column C, line 4a plus column D, line 4) 5 999999999999

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| 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) |
| NAME X9X9X9X9X9X9X9X9X | 99.9999 | a 999999999999 | |
| FEIN X 999999999 | STATE XX | b 99 c 999999999999 | |
| SSN X 999999999 | X COMPOSITE | b 99 c 999999999999 | 999999999999 |
| NAME X9X9X9X9X9X9X9X9X | 99.9999 | a 999999999999 | |
| FEIN X 999999999 | STATE XX | b 99 c 999999999999 | |
| SSN X 999999999 | X COMPOSITE | b 99 c 999999999999 | 999999999999 |
| NAME X9X9X9X9X9X9X9X9X | 99.9999 | a 999999999999 | |
| FEIN X 999999999 | STATE XX | b 99 c 999999999999 | |
| SSN X 999999999 | X COMPOSITE | b 99 c 999999999999 | 999999999999 |
| NAME X9X9X9X9X9X9X9X9X | 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