Form 84-131-11-5-1-000 (Rev. 08/11)

841311151000

Mississippi
Schedule K
2011

FEIN __ __ - __ __ __ __ __ __ __

☐ **Partnership / LLC / LLP (Federal 1065)** ☐ **S-Corporation (Federal 1120-S)**

Column A	Column B	Column C	Column D
Owner / Partner Name	Ownership Percentage / State of Residence / Composite	a. Mississippi Income/Loss b. Tax Credit(s)	Non-Mississippi Taxable Income/Loss
1. NAME ____ SSN ☐ FEIN ☐	__ __ . __ __ __ __ % STATE ____ ☐	a. ____ b. ____	____
NAME ____ SSN ☐ FEIN ☐	__ __ . __ __ __ __ % STATE ____ ☐	a. ____ b. ____	____
NAME ____ SSN ☐ FEIN ☐	__ __ . __ __ __ __ % STATE ____ ☐	a. ____ b. ____	____
NAME ____ SSN ☐ FEIN ☐	__ __ . __ __ __ __ % STATE ____ ☐	a. ____ b. ____	____
NAME ____ SSN ☐ FEIN ☐	__ __ . __ __ __ __ % STATE ____ ☐	a. ____ b. ____	____
NAME ____ SSN ☐ FEIN ☐	__ __ . __ __ __ __ % STATE ____ ☐	a. ____ b. ____	____
NAME ____ SSN ☐ FEIN ☐	__ __ . __ __ __ __ % STATE ____ ☐	a. ____ b. ____	____
NAME ____ SSN ☐ FEIN ☐	__ __ . __ __ __ __ % STATE ____ ☐	a. ____ b. ____	____
NAME ____ SSN ☐ FEIN ☐	__ __ . __ __ __ __ % STATE ____ ☐	a. ____ b. ____	____
NAME ____ SSN ☐ FEIN ☐	__ __ . __ __ __ __ % STATE ____ ☐	a. ____ b. ____	____
NAME ____ SSN ☐ FEIN ☐	__ __ . __ __ __ __ % STATE ____ ☐	a. ____ b. ____	____
NAME ____ SSN ☐ FEIN ☐	__ __ . __ __ __ __ % STATE ____ ☐	a. ____ a. ____	____

2. Total Column B, Column C and Column D (From Line 1) __ __ __ . __ __ % a. ____ b. ____ ____

3. Totals From Page 2 (Total of Column B, Column C and Column D From Form 84-131, Page 2) __ __ __ . __ __ % a. ____ b. ____ ____

4. Total Income Tax Credits and Net Income/Loss (Sum of Line 2 and Line 3. Enter the Total From Column B on Form 84-401, Line 3. Enter the Total From Column C(a) on Form 84-105, Page 1, Line 5, Composite Only) __ __ __ . __ __ % a. ____ b. ____ ____

5. Total Net Income/Loss (From Line 4a, Column C Minus Line 4b, Column C. Add Amount to Line 4, Column D.) ____

Form 84-131-11-5-2-000 (Rev. 08/11)

841311152000

Mississippi
Schedule K
2011

FEIN __ __ - __ __ __ __ __ __ __

☐ Partnership / LLC / LLP (Federal 1065)

☐ S-Corporation (Federal 1120-S)

Column A	Column B	Column C	Column D
Owner / Partner Name	Ownership Percentage Composite State of Residence	a. Mississippi Income / Loss b. Tax Credit(s)	Non-Mississippi Taxable Income / Loss
NAME _____ SSN ☐ FEIN ☐ __ __ __ __ __ __ __ __ __	__ __ . __ __ __ __ % STATE _____ ☐	a. __,__ __ __,__ __ __,__ __ __ b. __,__ __ __,__ __ __,__ __ __	__,__ __ __,__ __ __,__ __ __
NAME _____ SSN ☐ FEIN ☐ __ __ __ __ __ __ __ __ __	__ __ . __ __ __ __ % STATE _____ ☐	a. __,__ __ __,__ __ __,__ __ __ b. __,__ __ __,__ __ __,__ __ __	__,__ __ __,__ __ __,__ __ __
NAME _____ SSN ☐ FEIN ☐ __ __ __ __ __ __ __ __ __	__ __ . __ __ __ __ % STATE _____ ☐	a. __,__ __ __,__ __ __,__ __ __ b. __,__ __ __,__ __ __,__ __ __	__,__ __ __,__ __ __,__ __ __
NAME _____ SSN ☐ FEIN ☐ __ __ __ __ __ __ __ __ __	__ __ . __ __ __ __ % STATE _____ ☐	a. __,__ __ __,__ __ __,__ __ __ b. __,__ __ __,__ __ __,__ __ __	__,__ __ __,__ __ __,__ __ __
NAME _____ SSN ☐ FEIN ☐ __ __ __ __ __ __ __ __ __	__ __ . __ __ __ __ % STATE _____ ☐	a. __,__ __ __,__ __ __,__ __ __ b. __,__ __ __,__ __ __,__ __ __	__,__ __ __,__ __ __,__ __ __
NAME _____ SSN ☐ FEIN ☐ __ __ __ __ __ __ __ __ __	__ __ . __ __ __ __ % STATE _____ ☐	a. __,__ __ __,__ __ __,__ __ __ b. __,__ __ __,__ __ __,__ __ __	__,__ __ __,__ __ __,__ __ __
NAME _____ SSN ☐ FEIN ☐ __ __ __ __ __ __ __ __ __	__ __ . __ __ __ __ % STATE _____ ☐	a. __,__ __ __,__ __ __,__ __ __ b. __,__ __ __,__ __ __,__ __ __	__,__ __ __,__ __ __,__ __ __
NAME _____ SSN ☐ FEIN ☐ __ __ __ __ __ __ __ __ __	__ __ . __ __ __ __ % STATE _____ ☐	a. __,__ __ __,__ __ __,__ __ __ b. __,__ __ __,__ __ __,__ __ __	__,__ __ __,__ __ __,__ __ __
NAME _____ SSN ☐ FEIN ☐ __ __ __ __ __ __ __ __ __	__ __ . __ __ __ __ % STATE _____ ☐	a. __,__ __ __,__ __ __,__ __ __ b. __,__ __ __,__ __ __,__ __ __	__,__ __ __,__ __ __,__ __ __
NAME _____ SSN ☐ FEIN ☐ __ __ __ __ __ __ __ __ __	__ __ . __ __ __ __ % STATE _____ ☐	a. __,__ __ __,__ __ __,__ __ __ b. __,__ __ __,__ __ __,__ __ __	__,__ __ __,__ __ __,__ __ __
NAME _____ SSN ☐ FEIN ☐ __ __ __ __ __ __ __ __ __	__ __ . __ __ __ __ % STATE _____ ☐	a. __,__ __ __,__ __ __,__ __ __ b. __,__ __ __,__ __ __,__ __ __	__,__ __ __,__ __ __,__ __ __
NAME _____ SSN ☐ FEIN ☐ __ __ __ __ __ __ __ __ __	__ __ . __ __ __ __ % STATE _____ ☐	a. __,__ __ __,__ __ __,__ __ __ b. __,__ __ __,__ __ __,__ __ __	__,__ __ __,__ __ __,__ __ __
Subtotal (Add Column B, Column C and Column D. Enter Total on Form 84-131 Page 1, Line 3.)	__ __ __ . __ __ %	a. __,__ __ __,__ __ __,__ __ __ b. __,__ __ __,__ __ __,__ __ __	__,__ __ __,__ __ __,__ __ __