



# Mississippi Schedule K 2013

FEIN \_\_\_\_\_

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 _____  FEIN <input type="checkbox"/> _____  SSN <input type="checkbox"/> _____	_____ . _____ %  STATE _____  <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	.00
NAME _____  FEIN <input type="checkbox"/> _____  SSN <input type="checkbox"/> _____	_____ . _____ %  STATE _____  <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	.00
NAME _____  FEIN <input type="checkbox"/> _____  SSN <input type="checkbox"/> _____	_____ . _____ %  STATE _____  <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	.00
NAME _____  FEIN <input type="checkbox"/> _____  SSN <input type="checkbox"/> _____	_____ . _____ %  STATE _____  <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	.00
NAME _____  FEIN <input type="checkbox"/> _____  SSN <input type="checkbox"/> _____	_____ . _____ %  STATE _____  <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	.00

2 Total column B, column C and column D (from above)	_____ . _____ %	2a _____	2 _____	.00
		2c _____		
3 Totals from additional pages (total of column B, column C and column D from Form 84-131, page 2)	_____ . _____ %	3a _____	3 _____	.00
4 Total taxable income (loss) and total tax credits (total of column C, line 2 plus line 3 and total column D, line 2 plus line 3. Composite filers enter total composite income from column C, line 4a on Form 84-105, page 1, line 5.	_____ . _____ %	3c _____	4 _____	.00
		4a _____	4 _____	.00
		4c _____		
5 Total net income (loss) (column C, line 4a plus column D, line 4)			5 _____	.00



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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 _____  FEIN <input type="checkbox"/> _____  SSN <input type="checkbox"/> _____	_____ . _____ %  STATE _____  <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	_____ .00
NAME _____  FEIN <input type="checkbox"/> _____  SSN <input type="checkbox"/> _____	_____ . _____ %  STATE _____  <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	_____ .00
NAME _____  FEIN <input type="checkbox"/> _____  SSN <input type="checkbox"/> _____	_____ . _____ %  STATE _____  <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	_____ .00
NAME _____  FEIN <input type="checkbox"/> _____  SSN <input type="checkbox"/> _____	_____ . _____ %  STATE _____  <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	_____ .00
NAME _____  FEIN <input type="checkbox"/> _____  SSN <input type="checkbox"/> _____	_____ . _____ %  STATE _____  <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	_____ .00

Subtotal (add column B, column C, and column D; enter total on Form 84-131, page 1, line 3)

	_____ . _____ %	a _____ c _____	_____ .00
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# Mississippi Schedule K 2013

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	9999999999		
FEIN X 999999999	STATE XX	b 99 c	9999999999		
SSN X 999999999	X COMPOSITE	b 99 c	9999999999	9999999999	
23 NAME X9X9X9X9X9X9X9X9X	99.9999	a	9999999999		
FEIN X 999999999	STATE XX	b 99 c	9999999999		
SSN X 999999999	X COMPOSITE	b 99 c	9999999999	9999999999	
30 NAME X9X9X9X9X9X9X9X9X	99.9999	a	9999999999		
FEIN X 999999999	STATE XX	b 99 c	9999999999		
SSN X 999999999	X COMPOSITE	b 99 c	9999999999	9999999999	
37 NAME X9X9X9X9X9X9X9X9X	99.9999	a	9999999999		
FEIN X 999999999	STATE XX	b 99 c	9999999999		
SSN X 999999999	X COMPOSITE	b 99 c	9999999999	9999999999	
44 NAME X9X9X9X9X9X9X9X9X	99.9999	a	9999999999		
FEIN X 999999999	STATE XX	b 99 c	9999999999		
SSN X 999999999	X COMPOSITE	b 99 c	9999999999	9999999999	

52	2 Total column B, column C and column D (from above)	99.9999	2a	9999999999	2	9999999999
			2c	9999999999		
53	3 Totals from additional pages (total of column B, column C and column D from Form 84-131, page 2)	99.9999	3a	9999999999	3	9999999999
54	4 Total taxable income (loss) and total tax credits (total of column C, line 2 plus line 3 and total column D, line 2 plus line 3. Composite filers enter total composite income from column C, line 4a on Form 84-105, page 1, line 5.	999.9999	3c	9999999999		
55			4a	9999999999	4	9999999999
56			4c	9999999999		
57	5 Total net income (loss) (column C, line 4a plus column D, line 4)				5	9999999999

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FEIN 999999999

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 X9X9X9X9X9X9X9X	99.9999	a 9999999999	
FEIN X 999999999	STATE XX	b 99 c 9999999999	
SSN X 999999999	X COMPOSITE	b 99 c 9999999999	9999999999
NAME X9X9X9X9X9X9X9X	99.9999	a 9999999999	
FEIN X 999999999	STATE XX	b 99 c 9999999999	
SSN X 999999999	X COMPOSITE	b 99 c 9999999999	9999999999
NAME X9X9X9X9X9X9X9X	99.9999	a 9999999999	
FEIN X 999999999	STATE XX	b 99 c 9999999999	
SSN X 999999999	X COMPOSITE	b 99 c 9999999999	9999999999
NAME X9X9X9X9X9X9X9X	99.9999	a 9999999999	
FEIN X 999999999	STATE XX	b 99 c 9999999999	
SSN X 999999999	X COMPOSITE	b 99 c 9999999999	9999999999
Subtotal (add column B, column C, and column D; enter total on Form 84-131, page 1, line 3)	99.9999	a 9999999999 c 9999999999	9999999999