



MS

# Mississippi Schedule K 2012

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 % State of Residence Check box if Composite	a. Mississippi Income (Loss)  b. Credit Code  c. Credit	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. _____, _____, _____, _____	_____, _____, _____, _____
NAME _____  FEIN <input type="checkbox"/> _____  SSN <input type="checkbox"/> _____	_____. ____ %  STATE _____  <input type="checkbox"/> COMPOSITE	a. _____, _____, _____, _____  b. _____ c. _____, _____, _____, _____  b. _____ c. _____, _____, _____, _____  b. _____ c. _____, _____, _____, _____	_____, _____, _____, _____
NAME _____  FEIN <input type="checkbox"/> _____  SSN <input type="checkbox"/> _____	_____. ____ %  STATE _____  <input type="checkbox"/> COMPOSITE	a. _____, _____, _____, _____  b. _____ c. _____, _____, _____, _____  b. _____ c. _____, _____, _____, _____  b. _____ c. _____, _____, _____, _____	_____, _____, _____, _____
NAME _____  FEIN <input type="checkbox"/> _____  SSN <input type="checkbox"/> _____	_____. ____ %  STATE _____  <input type="checkbox"/> COMPOSITE	a. _____, _____, _____, _____  b. _____ c. _____, _____, _____, _____  b. _____ c. _____, _____, _____, _____  b. _____ c. _____, _____, _____, _____	_____, _____, _____, _____
NAME _____  FEIN <input type="checkbox"/> _____  SSN <input type="checkbox"/> _____	_____. ____ %  STATE _____  <input type="checkbox"/> COMPOSITE	a. _____, _____, _____, _____  b. _____ c. _____, _____, _____, _____  b. _____ c. _____, _____, _____, _____  b. _____ c. _____, _____, _____, _____	_____, _____, _____, _____

2. Total Column B, Column C and Column D \_\_\_\_\_ %  
(From Line 1) a. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
3. Totals From Additional Pages \_\_\_\_\_ %  
(Total of Column B, Column C and Column D From Form 84-131, Page 2) c. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
a. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
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. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Must Total 100%) c. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
5. Total Net Income (Loss) \_\_\_\_\_  
(From Line 4a, Column C Minus Line 4c, Column C. Add Amount to Line 4, Column D.) \_\_\_\_\_



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

Subtotal  
(Add Column B, Column C and Column D.  
Enter Total on Form 84-131 Page 1, Line 3.)

\_\_\_\_\_ %

a. \_\_\_\_\_

b. \_\_\_\_\_