<u> </u>	Fiduciary					X Amended	
	(For Esta	ates and T	rusts)			Amended	
		2017					
Tax Year Beginning 99 99	9999		Tax Year	r Ending	99 99	9999	
				9			
,	Date of decedent's	death	Entity FEII	N	9999	99999	
99 99 9999	99 99 99	99	Decedent	/ Debtor SSN	9999	99999	
me of Estate or Trust			Check All	That Apply		Type of Entity	
	**********	*********	77 124 17	4	77	D	
$9 \times 9 \times$	хэхэхэхэхэ	хэхэхэх	X Initial Re		X	Decedent Estate) I.
	VVVVVVVVVV	VVVVVV	X Short PeX Final Ret	riod Return	X	Bankruptcy Estate-0 Bankruptcy Estate-0	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	<u> </u>			confirmation	X	Simple Trust	١١.
· · · · · · · · · · · · · · · · · · ·	vvvvvvvvv	VVVVVVV		9 9999	X	Complex Trust	
illing Address	α		999	J J J J J	X	Grantor Trust	
0x9x9x9x9x9x9x9x9x9x9x9	x9x9x9x9x9	X9X9X9X	Date of c	losure	X	Qualified Disability	Γrι
y State	Zip	County Code		9 9999	X	ESBT (S Portion On	
xxxxxxxxxxxxxxxxxxxxxxxxxxxx	99999	99			X	Pooled Income Fund	
			Number of Missi	ssippi			H
			K-1 schedules a		9		
ISSISSIPPI INCOME TAX							
							П
Mississippi taxable income (loss) (from page	2, line 25)			1		999999999	9
Total income tax due (see instructions)				2		999999999	9
Credit from tax paid to another state (from Fo	orm 80-160, line 13;	attach other sta	ate return)	3		999999999	9
Other credits (attach Form 80-401)				4		999999999	9
Net income tax due (line 2 minus line 3 and li	ine 4)			5		99999999	9
AYMENTS							
	00 40=					00000000	
Mississippi income tax withheld (complete F				6		999999999	
Estimated tax payments, extension payments Refund received and/or amount carried forward				7		999999999	
Total payments (line 6 plus line 7 minus line 8		iii (aillelided i	eturn omy)	8		999999999	
Total payments (line o plus line / minus line o	3)			9		99999999	9
EFUND OR BALANCE DUE							_
EI OND ON BALANCE DEL							
Enter amount of overpayment (if line 9 is mo	re than line 5 subtra	act line 5 from li	ne 9)	10		99999999	9
Overpayment to be applied to next year estim				10		999999999	
Overpayment refund (line 10 minus line 11)			REF	UND 12		999999999	
Balance due (if line 5 is more than line 9, su		e 5)	BALANCE	14		99999999	
Interest and penalty (see instructions)				14		99999999	
Total due (line 13 plus line 14)			AMOUNT YOU			999999999	
				19			Ħ
his return may be discussed with the preparer	X Yes X	No					
eclare, under penalties of perjury, that I have exa	mined this return and	d accompanying	schedules and s	tatements, and	d to the bes	t of my knowledge and	be
s is a true, correct and complete return. Declarati	on of preparer (other	than taxpayer) i	s based on all info	ormation of wh	ich prepare	r has any knowledge.	
				999999			
Signature of Fiduciary or Officer Representing Fiduciary	Date	Phone Number		FEIN of Fiducia			
				999999	999		
Paid Preparer Signature	Date	Paid Preparer Ph	one Number	Paid Preparer P	TIN		
'aid Preparer Address		City		State Zip C	ode		
Paid Preparer Address Mail REFUND To Mail All Other Return	o: Department of Re	evenue, P.O. Bo		on, MS 39225	-3058		

a State, local and foreign government taxes based on income b Depletion in excess of cost basis c Interest on obligations of other states or political subdivisions c Interest on obligations of other states or political subdivisions d Expenses applicable to earning interest on U.S. Government obligations (see instructions) d Expenses applicable to earning interest on U.S. Government obligations (see instructions) e Itemized deductions claimed on federal Form 1041 (add if claimed standard deduction on line 20e) f Mississippi source QSST income g Other additions (itemize each item) h 170 99999999999 i 171 170 170 171 99999999999999999999999	Fiduciary Net Taxable Income Schedule 2017						
DDITIONS a State, local and foreign government taxes based on income b Depletion in excess of cost basis c Interest on obligations of other states or political subdivisions c Interest on obligations of other states or political subdivisions d Expenses applicable to earning interest on U.S. Government obligations (see instructions) Inc 20e) I Massissippi source QSST income g Other additions (itemize each item) h 17h 3999999999 I Massissippi source QSST income g Other additions (itemize each item) h 17h 3999999999 I Total income (line 16 plus line 18) Total income (line 16 plus line 18) B J 9999999999 Total income (line 16 plus line 18) B J 9999999999 D Wages reduced by federal employment tax credits c Miss. Code Ann 2 27-26/(10) included in line 4, page 1, federal Form 1041 (see instructions) D Wages reduced by federal employment tax credits C Miss. Code Ann 2 27-26/(10) included in line 4, page 1, federal Form 1041 (see instructions) D Wages reduced by federal employment tax credits C Miss. Code Ann 2 27-26/(10) included in line 4, page 1, federal Form 1041 (see instructions) D Wages reduced by federal employment tax credits C Miss. Code Ann 2 27-26/(10) included in line 4, page 1, federal Form 1041 (see instructions) D Wages reduced by federal employment tax credits D Massissippi income (federal employment tax credits D Massissi		Entity FEIN	999999999				
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f Mississippi source QSST income			999999999				
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	Exemption (see instructions)	24	9999999999				
		nere 25	999999999				