| Form 81-115-15-3-1-000 Rev. (7/15) |
|--|
| 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 |
| |

| 04 | | | Miss | issippi | | | | | |
|--|--|--|---|---|---|--|---|--|---|
| 5 MS8453 | 8-F | Fiduci | ary Income | Tax Decla | ration | | | | |
| 16 | | For Electronic Filing | | | | | on Numbe | | |
| 7 | 2015 | | | 015 | 999999999999999999999999999999999999999 | | | | |
| 8 Name of Estate or Trus | f | | | | | | | | |
| 9 | | | | 0.17 0.17 0.17 0.17 | | YOU MU | JST ENT | ER FEIN/SSI | - |
| 0 X 9 X 9 X 9 X 9 X Name and Title of Fidu | | <u> </u> | <u>x9x9x9x9x9x</u> | <u>9x9x9x9x9x</u> | | | | | |
| 1 | - | x9x9x9x9x9x9 | vovovovov | avavavav | Entity FEIN | | | 000 | 9999999 |
| Mailing Address (Numb | er and Street, Including | A JA JA JA JA JA J. Rural Route) | AJAJAJAJA | JAJAJAJA | - | | | 999 | 9999999 |
| 。 ₄X9X9X9X9X9X | | x9x9x9x9x9 | x9x9x9x9x | 9x9x9x9x | Decedent/Deb | tor SSN | | 999 | 999999 |
| 5 City | | State Zip | | County Code | | | | 555 | |
| 6XXXXXXXXX | XXXXXXXXXX | XXX XX | 99999 | 99 | | | | | |
| 7 PART I: TAX RI | ETURN INFORMA | TION | | | | (ROUND | TO THE | NEAREST | DOLLAR) |
| 8 | | | | | | | | | |
| · | able income (Form | | | | 1 | | | 999999 | |
| | | | | 2 | | | 99999999999 | | |
| | c payments (Form 8 | 31-110, line 9) | | | 3 | | | 999999 | |
| | 81-110, line 12) | ing (15) | | | 4 | | | 999999 | |
| | we (Form 81-110, I | ine is) | | | Ę | 5 | | 9999999 | |
| | T DEPOSIT/DIRE | | | | | | | | |
| | | | | | | | | | |
| ¹⁶ 17 Routing numb | er 999999 | 999 | | 3 Type | of account: | | | | |
| 2 Account numb | | 99999999999 | 9 | | | | | | |
| 9 | | | <u> </u> | Checking | X | Savings | Х | | |
| 0 | | | | | | | | | |
| My request for direct | deposit/direct debit of | of my refund/payment in | cludes my authorizat | ion for the Mississi | opi Departmer | nt of Revenue | to furnish | my financial in | stitution with my |
| routing number, acco | ount number, account | type, and social securit | y number to insure m | y refund/payment is | s properly proc | cessed. | | | |
| 3 PART III: DECL | ARATION OF FID | UCIARY | | | | | | | |
| :4 | | | | | | | | | |
| | f, my return is true, co | I in Part I above agree prrect and complete. Thi | | | | | | | |
| 39 | | | | | | | | | |
| 0 Signature of fidu | iciary or officer rep | resenting fiduciary | | | | | | Date | |
| 1 | | | | | | | | | |
| ² PART IV: DECL | ARATION OF ELE | ECTRONIC RETURN | I ORIGINATOR (E | RO) AND PAID | PREPARER | | | | |
| .3 | | | | | | | | | |
| ¹⁵ knowledge 1 have o ¹⁵ request, 1 will furnish ₁₆ the Mississippi Depa specified by the Mis ¹⁷ schedules and state ¹⁸ preparer has any knowles | btained the fiduciary this return to the Mis intment of Revenue a ssissippi Department ments and to the be owledge. | I have reviewed the abc s signature and will ma ssissippi Department of nd have followed all oth of Revenue. If I am th st of my knowledge an | intain this return for Revenue. I have pro ner requirements des e paid preparer, und | the Mississippi Dep vided the taxpayer cribed in the Missis ler penalties of per | artment of Re with a copy of sippi Handboo jury, I declare | evenue as par f all forms and ok for Electron e that I have | t of my pe informatic ic Filers a examined | rmanent record on to be filed e nd any additior this return and | ds. Upon written ectronically with nal requirements d accompanying |
| ERO ERO Sign | ature | | Date | Check if Paid Pre | | Check if Se Employed | lf- X | ERO SSN or | PTIN |
| Use ¹ Only | | | | r alu r le | | | | 99 | 99999999 |
| - Firm Nam | e (or yours if self-), address and ZIP | | | | | EIN | | | |
| 3 code | <u>X</u> | <u>9x9x9x9x9x</u> | <u>9X9 X9X9X</u> | <u>9X9X9X9X9</u> | 9 XX 99 | | 99999 | 999 | |
| 4 | | | | | | | one No. (|) | |
| 5 | | | | | | | | 99-999 | |
| | | have examined the abo e. This declaration is bas | | | | d statements, | and to the | best of my kno | wledge and |
| 7 | arer Signature | | Date | Check if | , , | Check if Self- | | Preparer SS | N or PTIN |
| 8 Paid Prep | | | Date | Paid Pre | | Employed | X | | |
| Use Only Firm | Name (or yours if | | | | | EIN | | 99 | 99999999 |
| 0 self- 1 and | employed), address | <u>9x9x9x9x9x</u> | 9X9 X9X9X | <u>9X9X9X9X9</u> | 9 XX 9 | 9999 9 | 99999 Ine No. (|) | |
| 2 | | | | | | | • | , 99-999 | 9 |
| 06 07 08 09 10 11 12 13 14 | 15 16 17 18 19 20 21 22 23 | 24 25 26 27 28 29 30 31 32 33 | 34 35 36 37 38 39 40 41 42 | 43 44 45 46 47 48 49 50 5 | 1 52 53 54 55 56 5 | | | | |

06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 DO NOT Mail this Document to the Mississippi Department of Revenue