

MS8453-F

Mississippi
Fiduciary Income Tax Declaration
For Electronic Filing
2015

Submission Number
999999999999999999999999

Name of Estate or Trust
Name and Title of Fiduciary
Mailing Address (Number and Street, Including Rural Route)
City State Zip County Code

YOU MUST ENTER FEIN/SSN
Entity FEIN
Decedent/Debtor SSN

PART I: TAX RETURN INFORMATION (ROUND TO THE NEAREST DOLLAR)

Table with 5 rows: 1 Mississippi taxable income, 2 Total Mississippi tax, 3 Mississippi tax payments, 4 Refund, 5 Amount you owe.

PART II: DIRECT DEPOSIT/DIRECT DEBIT

1 Routing number, 2 Account number, 3 Type of account: Checking, Savings

My request for direct deposit/direct debit of my refund/payment includes my authorization for the Mississippi Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to insure my refund/payment is properly processed.

PART III: DECLARATION OF FIDUCIARY

Under penalties of perjury, I declare that I have compared the information contained on my income tax return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my Mississippi income tax return.

Signature of fiduciary or officer representing fiduciary Date

PART IV: DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

Under penalties of perjury, I declare that I have reviewed the above fiduciary's return and that the entries on this form (MS8453-F) are complete and correct to the best of my knowledge. I have obtained the fiduciary's signature and will maintain this return for the Mississippi Department of Revenue as part of my permanent records.

ERO Use Only: ERO Signature, Date, Check if Also Paid Preparer, Check if Self-Employed, ERO SSN or PTIN, Firm Name, address and ZIP code, EIN, Phone No.

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer Use Only: Preparer Signature, Date, Check if Also Paid Preparer, Check if Self-Employed, Preparer SSN or PTIN, Firm Name, address and ZIP code, EIN, Phone No.