Form 81-110-13-3-1-000 (Rev. 10/13)



Mississippi Fiduciary Income Tax Return (For Estates and Trusts) 2013

Ar	nen	ded

Tax Year Beginning		Tax Year Endi				Date of decedent death
Estate / Trust FEIN Decedent / Debtor SSN	m dd yyyy		m	m dd yyyy		or date trust established
Name of Estate or Trust				Check All	That Apply	Type of Entity
Title of Fiduciary Name of Fiduciary Mailing Address				Initial Re Amended Final Ret Short Pe	d Return	Estate Bankruptcy Estate Simple Trust Complex Trust Grantor Trust
City	Stati	e Zip	County Code	Number of Miss	sissippi K-1	schedules attached
A COMPLETE COPY OF FE	EDERAL FORM 1	041 MUST BE ATTA	CHED TO TH	IS RETURN		
Mississippi taxable income	e (loss) (from page	e 2, line 10)			1 .	00
2 Total income tax due (se	ee instructions)				2	00
Other credits (attach Form	n 80-401)				3	00
Net income tax due (line 2	2 minus line 3)				4	00
5 Late filing penalty (see ins	structions)				5	00
Estimated tax payments, of	00					
7 Enter amount of overpayn	nent (if line 6 (payı	ments) is larger, subt	ract line 4 plus	s line 5 from line 6	6) 7 .	00
Overpayment (line 7) to be	e applied to next y	ear estimate tax acco	ount		8	00
Overpayment to be refur	nded (line 7 minus	line 8)			9	_*00
10 Balance due (if line 4 plus	s line 5 (tax and po	enalty) is larger, subti	ract line 6 fron	n line 4 plus line 5	10	_* 00
11 Late payment interest and	penalty (see instr	uctions)			11 .	00
12 Total due (line 10 plus line	11)				12	00
	jury, that I have ex		l accompanyin			nd to the best of my knowledge and belief, vhich preparer has any knowledge.
Signature of Fiduciary or Officer Representation	esenting Fiduciary	Date	Phone Number		FEIN of Fiduc	iary
Paid Preparer Signature		Date	Paid Preparer F	hone Number	Paid Preparer	PTIN
Paid Preparer Address			Citv	ļ.	State	Zip Code

Form 81-110-13-3-2-000 (Rev. 10/13)



Mississippi Fiduciary Net Taxable Income Schedule 2013

Page 2

Estate / Trust FEIN

С	OMPUTATION OF TAXABLE INCOME		
1	Federal adjusted total income (loss) from federal Form 1041 line 17	1	0
2	a State, local and foreign government taxes based on income	2a0	0
	b Depletion in excess of cost basis	2b0	0
	c Interest on obligations of other states/political subdivisions	2c	0
	d Expenses applicable to earning interest on U.S. Government obligations (see instructions)	2d0	0
	e Itemized deductions claimed on federal Form 1041 (add if claimed standard deduction on 5e)	2e	0
	f Mississippi source QSST income	2f0	0
	g Other additions (itemize each item)	2g	0
	h	2h0	0
	i	2i0	0
3	Total additions (add lines 2a through line 2i)	3	0
4	Total income (line 1 plus line 3)	40	0
5	a Interest on U.S. government obligations	5a	0
	b Wages reduced by federal employment tax credits	5b0	0
	c Miss. Code Ann.§ 27-7-9(f)(10) included in line 4, page 1, federal Form 1041 (see instructions)	5c0	0
	d Expenses applicable to earning interest income on line 2c above (see instructions)	5d0	0
	e Standard deduction (see line 2e above if standard deduction is claimed)	5e	0
	f Non-Mississippi income (net of expenses) (non-resident fiduciary returns only)	5f0	0
	g Other deductions (itemize each item)	5g	0
	h	5h	0
	i	5i0	0
6	Total deductions (add lines 5a through 5i)	60	0
7	Adjusted net income (loss) for Mississippi purposes (line 4 minus line 6)	70	0
8	Amount allocated to beneficiaries (attach Schedule K, Form 81-131)	8	0
9	Exemption (see instructions)	90	0
10 I	Taxable income (loss) for Mississippi purposes (line 7 minus line 8 and line 9; enter here and on page 1, line 1)	10	0

Form 81-110-13-3-1-000 (Rev. 1 6 07 08 09 10 11 12 13 14 15 16 17	0/13) 18 19 20 21 22 23 24 25 26 27	28 29 30 31 32 33 34 35 3 Fiduc	Missis	sippi₃₄₃ ne Tax I	50 51 52 53 54 55 56 57 58 59 60 61 Return		
			Estates a			X	Amended
811101331000		,	201		1		
Fax Year Beginning	99 99 999	9 Tax Ye	ear Ending	99 99	9999	1111111111	edent death t established
state / Trust FEIN	999999999						9999
ecedent / Debtor SSN							
Name of Estate or Trust					Check All That Apply	Тур	e of Entity
9X9X9X9X9X9 Title of Fiduciary	<u> x9x9x9x9x9</u>	X9X9X9X9	x9x9x9x9		Lete I De tour	77	
XXXXXXXXXXX	XXXXXXXXXX	.XXXXXXXX	YYYYYYY	XXX X	Initial Return Amended Return	X Esta X Ban	kruptcy Estate
Name of Fiduciary	AAAAAAAAA		AAAAAAA	X	Final Return		ple Trust
xxxxxxxxx	xxxxxxxxx	XXXXXXXX	xxxxxxx		Short Period Return		nplex Trust
Mailing Address							ntor Trust
9x9x9x9x9x9	x9x9x9x9x9	X9X9X9X9	x9x9x9x9	х9х			
City		State Zip		y Code Nun	nber of Mississippi K-1 so	chedules attache	Н
XXXXXXXXXX	XXXXXXXX	XX 9999	99 9	9	ibor of Milodioolppi IV 1 oc	orroddioo diidoric	999
1 00HDL ETE 00DV	25 55555 11 525						
A COMPLETE COPY	OF FEDERAL FOR	M 1041 MUST BE	E ATTACHED 1	O THIS RE	IURN		
Mississippi taxable i	ncome (loss) (from t	nage 2 line 10)				Δ	999999999
wildoldolphi taxable l	ioonic (ioss) (iioiii)	Jago 2, III e 10)				9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Total income tax d	ue (see instructions				2	9	999999999
		'					
Other credits (attach	n Form 80-401)				3	9	999999999
Net income tax due	(line 2 minus line 3)				4	9	999999999
Late filing penalty (s	ee instructions)				5	9	999999999
							00000000
Estimated tax paym	ents, overpayments	from prior year ai	na amount paia	with extensi	on 6	9	999999999
Enter amount of over	ernayment (if line 6 (navments) is large	er subtract line	4 nlus line 5	from line 6)	Q	999999999
Enter amount of ove	ipaymont (ii iiilo o (payments) is large	or, subtract iii o	+ plus iiilo c	7		
Overpayment (line 7	') to be applied to ne	ext year estimate	tax account		8	9	99999999
Overpayment to be	refunded (line 7 m	inus line 8)			9	9	99999999
0 Balance due (if line	4 plus line 5 (tax ar	nd penalty) is large	er, subtract line	6 from line 4	l plus line 5) 10	9	999999999
Late payment intere	st and penalty (see	instructions)			11	9	999999999
2 Total due (line 10 plu	us line 11)						00000000
. Total due (line 10 più	S III (E 1 1)				12	9	999999999
X Yes X No	This return m	nay be discussed	with the prepare	er			
					dules and statements, and ed on all information of wh		
	pioto rotalii. Dec		. Journal mail tax	- ayory is base	J. a or mation of wil	propurer rido	Iniowicage.
					999999		
Signature of Fiduciary or Offic	er Representing Fiduciary	Date	Phone N	Number	FEIN of Fiduciar		
Deid Drand Charles		l l l			999999		
Paid Preparer Signature		Date	Paid Pre	eparer Phone Nu	mber Paid Preparer P	LIN	
Doid Drongers Add			0:4:			7in Code	
Paid Preparer Address			City		State	Zip Code	
					058, Jackson, MS 39225		
07 08 00 10 11 12 13 14 15 16 17					x 23050, Jackson, MS 39 50 51 52 53 54 55 56 57 58 59 60 61		70 71 72 73 74 75 76 77 78



		Estate / Trust FEIN	99999999
ON	PUTATION OF TAXABLE INCOME		
Fe	deral adjusted total income (loss) from federal Form 1041 line 17	1	999999999
a	State, local and foreign government taxes based on income	2a	999999999
k	Depletion in excess of cost basis	2b	9999999999
c	Interest on obligations of other states/political subdivisions	2c	999999999
c	Expenses applicable to earning interest on U.S. Government obligations (see instruction	ns) 2d	999999999
e	Itemized deductions claimed on federal Form 1041 (add if claimed standard deduction o	n 5e) 2e	999999999
f	Mississippi source QSST income	2f	999999999
Ç	Other additions (itemize each item)	2g	999999999
r		2h	999999999
		2i	999999999
То	tal additions (add lines 2a through line 2i)	3	999999999
То	tal income (line 1 plus line 3)	4	999999999
a	Interest on U.S. government obligations	5a	999999999
k	Wages reduced by federal employment tax credits	5b	999999999
c	Miss. Code Ann.§ 27-7-9(f)(10) included in line 4, page 1, federal Form 1041 (see instru	ctions) 5c	999999999
c	Expenses applicable to earning interest income on line 2c above (see instructions)	5d	9999999999
e	Standard deduction (see line 2e above if standard deduction is claimed)	5e	999999999
f	Non-Mississippi income (net of expenses) (non-resident fiduciary returns only)	5f	999999999
Ç	Other deductions (itemize each item)	5g	999999999
r		5h	999999999
		5i	999999999
То	tal deductions (add lines 5a through 5i)	6	999999999
Ac	ljusted net income (loss) for Mississippi purposes (line 4 minus line 6)	7	999999999
An	nount allocated to beneficiaries (attach Schedule K, Form 81-131)	8	999999999
Ex	emption (see instructions)	9	999999999
	xable income (loss) for Mississippi purposes (line 7 minus line 8 and line 9; enter here page 1, line 1)	and 10	999999999