Fiduciary Income Tax Return	X Amended
(For Estates and Trusts)	
2014	
nning 99 99 9999 Tax Year Ending	99 99 9999
ed Date of decedent's death Estate / Trust FEIN	99999999
99 99 9999 Decedent / Debtor SSN	99999999
Check All That Apply	Type of Entity
X9X9X9X9X9X9X9X9X9X9X9XX Initial Return	X Estate
X Short Period Return	X Bankruptcy Estate-C
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X Bankruptcy Estate-C
Date of confirmation	X Simple Trust
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X Complex Trust
	X Grantor Trust
SYNOX9X9X9X9X9X9X9X9X9X Date of closure	
State Zip County Code 99 99 999	Number of Mississippi
XXXXXX XX 99999 99	K-1 schedules attached 9
e (loss) (from page 2, line 25)	999999999
ee instructions) 2	999999999
er state (attach Form 80-160)	999999999
n 80-401) 4	99999999
2 minus line 3 and line 4) 5	99999999
thheld (complete Form 80-107)	999999999
extension payments and/or amount Paid on original return 7	999999999
mount carried forward from original return (amended return only)	999999999
s line 7 minus line 8)	999999999
E	
ment (if line 9 is more than line 5, subtract line 5 from line 9)	99999999
d to next year estimate tax account	99999999
e 10 minus line 11) REFUND 12	999999999
more than line 9, subtract line 9 from line 5) BALANCE DUE 13	999999999
instructions) 14	999999999
14) AMOUNT YOU OWE 15	999999999
with the preparer X Yes X No	
jury, that I have examined this return and accompanying schedules and statements, and	to the best of my knowledge and
ete return. Declaration of preparer (other than taxpayer) is based on all information of whi	ch preparer has any knowledge.
9999999	999
esenting Fiduciary Date Phone Number FEIN of Fiduciary	<u>' </u>
999999	999
Date Paid Preparer Phone Number Paid Preparer PT	
City State Zip Co	ode
Mail PECIND To: Department of Boyes: a D.O. Boy 22059 Joshan MC 20005	2050
ail All Other Returns To: Department of Revenue, P.O. Box 23058, Jackson, MS 39225-	
Mail REFUND To: Department of Revenue, P.O. Box 23058, Jackson,	

Es	state / Trust FEIN	99999999
OMPUTATION OF TAXABLE INCOME		
Federal adjusted total income (loss) from federal Form 1041 line 17	16	9999999999
DDITIONS		
a State, local and foreign government taxes based on income	17a	999999999
b Depletion in excess of cost basis	17b	999999999
c Interest on obligations of other states/political subdivisions	17c	999999999
d Expenses applicable to earning interest on U.S. Government obligations (see instructions)	17d	999999999
e Itemized deductions claimed on federal Form 1041 (add if claimed standard deduction on 20	0e) 17e	999999999
f Mississippi source QSST income	17f	999999999
g Other additions (itemize each item)	17g	999999999
h	17h	999999999
	17i	999999999
Total additions (add lines 17a through line 17i)	18	999999999
Total income (line 16 plus line 18)	19	999999999
DEDUCTIONS		
a Interest on U.S. government obligations	20a	999999999
b Wages reduced by federal employment tax credits	20b	999999999
c Miss. Code Ann.§ 27-7-9(f)(10) included in line 4, page 1, federal Form 1041 (see instruction	ns) 20c	999999999
d Expenses applicable to earning interest income on line 17c above (see instructions)	20d	999999999
e Standard deduction (see line 17e above if standard deduction is claimed)	20e	999999999
f Non-Mississippi income (net of expenses) (non-resident fiduciary returns only)	20f	999999999
g Other deductions (itemize each item)	20g	999999999
h	20h	999999999
	20i	999999999
Total deductions (add lines 20a through 20i)	21	9999999999
AXABLE INCOME		
Adjusted net income (loss) for Mississippi purposes (line 19 minus line 21)	22	999999999
7.030.000 100 1100.0100 (1000) 101 11100.000 (1110 101 11110 1110 1110		
Amount allocated to beneficiaries (attach Schedule K, Form 81-131)	23	999999999
Exemption (see instructions)	24	999999999
Taxable income (loss) for Mississippi purposes (line 22 minus line 23 and line 24; enter here and on page 1, line 1)	25	999999999