

Provider Version of the Beneficiaries Share of the Fiduciary Income Form 81-131-11-5

We have tried to include the changes from the previous year in this list, but we may have missed a few. Please check the form as well as this list.

1) Updated year, form number and barcoder.



MS

**Mississippi
Fiduciary
Beneficiaries Shares of Income
2011**

**Schedule K
Duplex or Photocopies NOT Acceptable**

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For Computer Use Only - Do Not Write Above This Line

FEIN

Name of Trust or Estate

Enter Beneficiary information below. Do not complete this form more than once.

Name, Address & SSN/ FEIN of Each Beneficiary	Ownership %	Allocations to Beneficiaries	
		(C) Income Taxable to Mississippi (Resident & Non-Resident Beneficiaries)	(D) Non-Mississippi Income (Non-Resident Beneficiaries Only)
SSN/ FEIN <input style="width: 200px;" type="text"/>	State <input style="width: 30px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
SSN/ FEIN <input style="width: 200px;" type="text"/>	State <input style="width: 30px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
SSN/ FEIN <input style="width: 200px;" type="text"/>	State <input style="width: 30px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
SSN/ FEIN <input style="width: 200px;" type="text"/>	State <input style="width: 30px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
SSN/ FEIN <input style="width: 200px;" type="text"/>	State <input style="width: 30px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
SSN/ FEIN <input style="width: 200px;" type="text"/>	State <input style="width: 30px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
SSN/ FEIN <input style="width: 200px;" type="text"/>	State <input style="width: 30px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Total Amounts	%	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>

AMOUNT ALLOCATED TO BENEFICIARIES - (Total of Columns C & D)

Do not complete this form more than once. If the number of beneficiaries with income reportable to Mississippi exceeds seven, then enter the six beneficiaries with the largest proportion of income reportable to this state. For all other beneficiaries, summarize the amounts and enter in columns C & D of the seventh entry. Enter "Other" in place of a name, and leave the SSN/FEIN, Residency, and percentage ownership fields empty.

A Mississippi Fiduciary Schedule K-1, Form 81-132, should be prepared for each beneficiary. The amount taxable to each beneficiary of the estate or trust must be reported by each beneficiary in their individual capacity as an element of income earned in Mississippi. Resident beneficiaries must report such income on Mississippi Resident Individual Income Tax Form 80-105. Non-resident beneficiaries must report their distributive share on Mississippi Nonresident or Part-year Individual Income Tax Form 80-205. **A copy of all Mississippi Schedule K-1's Must be Attached to the Fiduciary Return.**



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1a	1b	1c	1d	1e	PTP PTM PTE GTB
2a	2b	2c	2d	2e	
3a	3b	3c	3d	3e	
4a	4b	4c	4d	4e	
5a	5b	5c	5d	5e	
6a	6b	6c	6d	6e	
7a	7b	7c	7d	7e	
NF					
FE					
TY					

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FEIN

Name of Trust or Estate

Enter Beneficiary information below. Do not complete this form more than once.

(A) Name, Address & SSN/FEIN of Each Beneficiary	(B) Ownership %	Allocations to Beneficiaries	
		(C) Income Taxable to Mississippi <small>(Resident & Non-Resident Beneficiaries)</small>	(D) Non-Mississippi Income <small>(Non-Resident Beneficiaries Only)</small>
Total Amounts		%	

AMOUNT ALLOCATED TO BENEFICIARIES - (Total of Columns C & D)

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8/9 - 17/9	20/9-24/9	28/9-29/9	36/9-42/9	46/9-52/9	58/9-62/9
8/10 - 17/10	20/10-24/10	28/10-29/10	36/10-42/10	46/10-52/10	56/10-62/10
8/11 - 17/11	20/11-24/11	28/11-29/11	36/11-42/11	46/11-52/11	56/11-62/11
8/12 - 17/12	20/12-24/12	28/12-29/12	36/12-42/12	46/12-52/12	56/12-62/12
8/13 - 17/13	20/13-24/13	28/13-29/13	36/13-42/13	46/13-52/13	
8/14 - 17/14	20/14-24/14	28/14-29/14	36/14-42/14	46/14-52/14	
8/15 - 17/15	20/15-24/15	28/15-29/15	36/15-42/15	46/15-52/15	
8/17 - 34/17					
8/18 - 17/18					
8/19-11/19					

For Computer Use Only - Do Not Write Above This Line

FEIN _____
Name of Trust or Estate _____

The beginning and ending positions of each data box above are referenced in the box. This is the beginning position that should be used for the data, not a grid overlay. For the field length, consult the key to the form for that field.



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1234567897	00900	TX	9000	81000	10000
2345678904	01200	WY	12000	108000	451000
3456789019	01500	AR	15000	135000	549000
4567890126	01800	MS	180000	0	1000000
7890123453	02100	MS	210000	0	
5678901231	02350	CA	23500	211500	
6789012348	00150	LA	1500	13500	

A&A REMOTE BANKRUPT ENTITY
2304567890
2006

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FEIN 23-0456789

Name of Trust or Estate A&A REMOTE BANKRUPT ENTITY

Enter Beneficiary information below. Do not complete this form more than once.

(A) Name, Address & SSN/FEIN of Each Beneficiary	(B) Ownership %	Allocations to Beneficiaries	
		(C) Income Taxable to Mississippi (Resident & Non-Resident Beneficiaries)	(D) Non-Mississippi Income (Non-Resident Beneficiaries Only)
SSN/FEIN 123-45-6789 State TX	09.00%	9,000	81,000
SSN/FEIN 23-4567890 State WY	12.00%	12,000	108,000
SSN/FEIN 345-67-8901 State AR	15.00%	15,000	135,000
SSN/FEIN 456-78-9012 State MS	18.00%	180,000	0
SSN/FEIN 789-01-2345 State MS	21.00%	210,000	0
SSN/FEIN 56-7890123 State CA	23.50%	23,500	211,500
SSN/FEIN 67-8901234 State LA	01.50%	1,500	13,500
Total Amounts	100.00 %	451,000	549,000

AMOUNT ALLOCATED TO BENEFICIARIES - (Total of Columns C & D)

1,000,000

Do not complete this form more than once. If the number of beneficiaries with income reportable to Mississippi exceeds seven, then enter the six beneficiaries with the largest proportion of income reportable to this state. For all other beneficiaries, summarize the amounts and enter in columns C & D of the seventh entry. Enter "Other" in place of a name, and leave the SSN/FEIN, Residency, and percentage ownership fields empty.

A Mississippi Fiduciary Schedule K-1, Form 81-132, should be prepared for each beneficiary. The amount taxable to each beneficiary of the estate or trust must be reported by each beneficiary in their individual capacity as an element of income earned in Mississippi. Resident beneficiaries must report such income on Mississippi Resident Individual Income Tax Form 80-105. Non-resident beneficiaries must report their distributive share on Mississippi Nonresident or Part-year Individual Income Tax Form 80-205. **A copy of all Mississippi Schedule K-1's Must be Attached to the Fiduciary Return.**

Key to Data Fields for the Fiduciary Income Tax Return for 2011

Form number is 81-131

Page 1:

The top left corner of the barcode is located at position x=6, y=4 on the 10/6 grid.

The top right registration mark is located at the top right corner of grid box x=80, y=4.

The lower left corner of the scanband must be located on the left and bottom edge of grid space x=6, y=20.

"MS" to the left of the header must begin in grid space 27/4 and end in grid space 28/4 and be in Courier 12 pt.

The following is the labeling and the description of the items to be included in the Scanband of this form. The beginning data position is included in one of the templates for the form. The field length is included in this key for each data position. You should use this information to position the data on the returns. Do not use a grid overlay to determine the positions from a printed paper form. The field length specified assumes using a **Courier 12 font**, which is the required font. **In the Scanband, the name and address fields should be left justified. All other fields should be right justified. All fields in the scanband must be filled with the appropriate alpha or numeric characters, zero (0) being an appropriate character in some cases.**

The money fields and date fields in the scanband should not contain any commas, cents, decimals or other formatting information except for the negative signs (-) as a leading indicator for any negative amount. The amounts in the body of the return should contain commas. Example -123,456 in the body of the form would appear as -123456 in the scanband. Example - June 30, 1999 would appear as 063099.

Front (Page 1) of the form:

Field Name	Description
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NF	Name of Fiduciary. This field is an alpha/numeric field and is 27 characters long.
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TY	Tax Year. This is a numeric field indicating the tax year ending (yyyy). This field is 4 characters long.
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FE	FEIN. This is a numeric field. This field is 10 characters long. The last digit in this field is a check digit. This check digit is in the scanband but not in the body of the form. Check digits should be calculate using Modulus 10 Self-check Digit Computation found in the Mississippi Guidelines for Substitute Forms.
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1A - 7A.	SSN/FEIN. This is a numeric field. This field is 10 characters long and is the SSN or FEIN of the beneficiary. The last digit in this field is a check digit. This check digit is in the scanband but not in the body of the form. Check digits should be calculate using Modulus 10 Self-check Digit Computation found in the Mississippi Guidelines for Substitute Forms.
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1B - 7B.	OWNERSHIP PERCENTAGE. This is a numeric field and is 5 characters long with 3 characters to the left and two to the right of the decimal point. This field indicates the percentage of ownership/income.
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1C - 7C.	STATE OF RESIDENCE. This is an alpha field and is 2 characters long. This field indicates the state of residence or domicile for the beneficiary fiduciary.
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1D - 7D.	INCOME TAXABLE TO MISSISSIPPI. This is a numeric field and is 7 characters long. This field represents the amount of income attributable to Mississippi. For Non-Residents only Mississippi sourced income is reported on this line. For Residents income from all sources is reported on this line.
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1E - 7E.	NON-MISSISSIPPI INCOME. This is a numeric field and is 7 characters long. This field represents the amount of income NOT attributable to Mississippi for the particular beneficiary. This line is only applicable to non-resident beneficiaries or beneficiaries that are not persons. For Resident beneficiaries (persons) enter a zero in this field.
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- PTP - PAGE TOTAL PERCENTAGE - This is a numeric field and is 5 characters long with three characters to the left and two characters to the right of the decimal point. This field represents the total of fields 1B-7B.
- PTM - PAGE TOTAL MISSISSIPPI - This is a numeric field and is 7 characters long. This field is the total of lines 1D-7D. This amount represents the TOTAL amount of income attributable to Mississippi listed on this page.
- PTE - PAGE TOTAL EVERYWHERE - This is a numeric field and is 7 characters only. This field is the total of lines 1E-7E. This amount represents the TOTAL amount of income attributable everywhere listed on this page.
- GTB - GRANDTOTAL BENEFICIARIES- This is a numeric field and is 7 characters long. This field is the total of fields PTM and PTE. This amount represents the TOTAL amount of income attributable everywhere TO BENEFICIARIES.