Scanband Version of Form 81-131-12-5
Fiduciary Schedule K
Beneficiaries Share of Income

1) Updated barcode, year, form number and most text.
2) Submit five (5) copies with variable data, one (1) copy blank for approval.
3) New Form Design for the scanband page (scanband one single page.)
4) "Duplex or Photocopies not Acceptable" move to the bottom of page.

Mississippi
Fiduciary Schedule K
Beneficiaries Share of Income
2012

811311250000

MS

Mississippi
Fiduciary Schedule K
Beneficiaries Share of Income
2012

1A	2A	3A	4A	5A
1B	2B	3B	4B	5B
1C	2C	3C	4C	5C
1D	2D	3D	4D	5D
1E	2E	3E	4E	5E
1F	2F	3F	4F	5F

Form 81-131-12-5-0-000 (Rev. 05/12)

MS

Mississippi
Fiduciary Schedule K
Beneficiaries Share of Income
2012

811311250000

8/12 to 16/12	23/12 to 31/12	38/12 to 46/12	54/12 to 62/12	70/12 to 78/12
8/14 to 16/14	23/14 to 31/14	38/14 to 46/14	54/14 to 62/14	70/14 to 78/14
12/16 to 16/16	27/16 to 31/16	42/16 to 46/16	58/16 to 62/16	74/16 to 78/16
15/18 to 16/18	30/18 to 31/18	45/18 to 46/18	61/18 to 62/18	77/18 to 78/18
10/20 to 16/20	25/20 to 31/20	40/20 to 46/20	56/20 to 62/20	72/20 to 78/20
10/22 to 16/22	25/22 to 31/22	40/22 to 46/22	56/22 to 62/22	72/22 to 78/22

Form 81-131-12-5-0-000 (Rev. 05/12)

Mississippi
Fiduciary Schedule K
Beneficiaries Share of Income
2012

811311250000

0	0	0	0	0
123456789	321456789	987654321	0	0
40.00	40.00	20.00	0	0
MS	MS	GA		
400000	400000	200000	0	0
0	0	0	0	0

MS

Mississippi
Fiduciary Schedule K
Beneficiaries Share of Income
2012

FEIN _ _ _ - _ _ _ _ _ _ _

Column A	Column B	Column C	Column D
Name, Address & SSN/ FEIN of Each Beneficiary	**Ownership %** Enter 25% as 25.00 **State of Residence**	**Allocations to Beneficiaries**	
		Income Taxable to Mississippi (Resident & Non-Resident Beneficiaries)	**(D) Non-Mississippi Income** (Non-Resident Beneficiaries Only)
Name John Doe Address 123 Main Street Jackson, MS 39210 FEIN _ _ _ - _ _ _ _ _ _ _ SSN 123-45-6789	40.00% State MS	400,000.00	_,_ _ _,_ _ _._ _ 00
Name Jane Doe Address 123 Main Street Jackson, MS 39210 FEIN _ _ _ - _ _ _ _ _ _ _ SSN 321-45-6789	40.00% State MS	400,000.00	_,_ _ _,_ _ _._ _ 00
Name Jack Doe Address 500 Peach Street Atlanta, GA 30301 FEIN _ _ _ - _ _ _ _ _ _ _ SSN 9876-54-321	20.00% State GA	_,_ _ 200,000.00 _ 00	_,_ _ _,_ _ _._ _ 00
Name Address FEIN _ _ _ - _ _ _ _ _ _ _ SSN _ _ _ - _ _ - _ _ _ _	_ _._ _ _ % State _ _	_,_ _ _,_ _ _. 00	_,_ _ _,_ _ _. 00
Name Address FEIN _ _ _ - _ _ _ _ _ _ _ SSN _ _ _ - _ _ - _ _ _ _	_ _._ _ _ % State _ _	_,_ _ _,_ _ _. 00	_,_ _ _,_ _ _. 00

Total Amounts Page 1 _ _ _._ _ _ %   _,_ _ _,_ _ _. 00   _,_ _ _,_ _ _. 00

Total Amounts from Supplemental Pages _ _ _._ _ _ %   _,_ _ _,_ _ _. 00   _,_ _ _,_ _ _. 00

GRAND TOTALS (Column B, C, & D) _ _ _._ _ _ %   _,_ _ _,_ _ _. 00   _,_ _ _,_ _ _. 00

AMOUNT ALLOCATED TO BENEFICIARIES - (Total of Columns C & D) _,_ _ _,_ _ _. 00

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 should be attached to the Fiduciary return.**

Duplex and Photocopies are NOT Acceptable

Mississippi
Fiduciary Schedule K
Beneficiaries Share of Income
2012

FEIN __ __ __ - __ __ __ __ __ __ __

Column A	Column B	Column C	Column D
Name, Address & SSN/ FEIN of Each Beneficiary	**Ownership %** Enter 25% as 25.00 **State of Residence**	**Allocations to Beneficiaries**	
		Income Taxable to Mississippi (Resident & Non-Resident Beneficiaries)	**(D) Non-Mississippi Income** (Non-Resident Beneficiaries Only)
Name _____ Address _____ _____ FEIN __ __ __ - __ __ __ __ __ __ __ SSN __ __ __ - __ __ - __ __ __ __	__ __ . __ __ % State __ __	, __ __ __ , __ __ __ . 00	, __ __ __ , __ __ __ . 00
Name _____ Address _____ _____ FEIN __ __ __ - __ __ __ __ __ __ __ SSN __ __ __ - __ __ - __ __ __ __	__ __ . __ __ % State __ __	, __ __ __ , __ __ __ . 00	, __ __ __ , __ __ __ . 00
Name _____ Address _____ _____ FEIN __ __ __ - __ __ __ __ __ __ __ SSN __ __ __ - __ __ - __ __ __ __	__ __ . __ __ % State __ __	, __ __ __ , __ __ __ . 00	, __ __ __ , __ __ __ . 00
Name _____ Address _____ _____ FEIN __ __ __ - __ __ __ __ __ __ __ SSN __ __ __ - __ __ - __ __ __ __	__ __ . __ __ % State __ __	, __ __ __ , __ __ __ . 00	, __ __ __ , __ __ __ . 00
Name _____ Address _____ _____ FEIN __ __ __ - __ __ __ __ __ __ __ SSN __ __ __ - __ __ - __ __ __ __	__ __ . __ __ % State __ __	, __ __ __ , __ __ __ . 00	, __ __ __ , __ __ __ . 00

Total Amounts from this Supplemental Page __ __ . __ __ % __ , __ __ __ , __ __ __ . 00 __ , __ __ __ , __ __ __ . 00

811311251000

MS

Mississippi
Fiduciary Schedule K
Beneficiaries Share of Income
2012

FEIN _ _ _ - _ _ _ _ _ _ _

Column A	Column B	Column C	Column D
Name, Address & SSN/ FEIN of Each Beneficiary	**Ownership %** Enter 25% as 25.00 **State of Residence**	**Allocations to Beneficiaries**	
		Income Taxable to Mississippi (Resident & Non-Resident Beneficiaries)	**(D) Non-Mississippi Income** (Non-Resident Beneficiaries Only)
Name ____ Address ____ ____ FEIN _ _ _ - _ _ _ _ _ _ SSN _ _ _ - _ _ - _ _ _ _	_ _ _ . _ _ _ % State _ _	, _ _ _ , _ _ _ . 00	, _ _ _ , _ _ _ . 00
Name ____ Address ____ ____ FEIN _ _ _ - _ _ _ _ _ _ SSN _ _ _ - _ _ - _ _ _ _	_ _ . _ _ _ % State _ _	, _ _ _ , _ _ _ . 00	, _ _ _ , _ _ _ . 00
Name ____ Address ____ ____ FEIN _ _ _ - _ _ _ _ _ _ SSN _ _ _ - _ _ - _ _ _ _	_ _ . _ _ _ % State _ _	, _ _ _ , _ _ _ . 00	, _ _ _ , _ _ _ . 00
Name ____ Address ____ ____ FEIN _ _ _ - _ _ _ _ _ _ SSN _ _ _ - _ _ - _ _ _ _	_ _ . _ _ _ % State _ _	, _ _ _ , _ _ _ . 00	, _ _ _ , _ _ _ . 00
Name ____ Address ____ ____ FEIN _ _ _ - _ _ _ _ _ _ SSN _ _ _ - _ _ - _ _ _ _	_ _ . _ _ _ % State _ _	, _ _ _ , _ _ _ . 00	, _ _ _ , _ _ _ . 00

Total Amounts Page 1 _ _ _ . _ _ _ %   , _ _ _ , _ _ _ . 00   _ , _ _ _ , _ _ _ . 00

Total Amounts from Supplemental Pages _ _ _ . _ _ %   , _ _ _ , _ _ _ . 00   _ _ _ , _ _ _ . 00

GRAND TOTALS (Column B, C, & D) _ _ _ . _ _ %   , _ _ _ , _ _ _ . 00   _ , _ _ _ , _ _ _ . 00

AMOUNT ALLOCATED TO BENEFICIARIES - (Total of Columns C & D)   _ , _ _ _ , _ _ _ . 00

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 should be attached to the Fiduciary return.**

Duplex and Photocopies are NOT Acceptable

Mississippi
Fiduciary Schedule K
Beneficiaries Share of Income
2012

FEIN __ __ - __ __ __ __ __ __ __

Column A	Column B	Column C		Column D
Name, Address & SSN/ FEIN of Each Beneficiary	**Ownership %** Enter 25% as 25.00 **State of Residence**	**Allocations to Beneficiaries**		
		Income Taxable to Mississippi (Resident & Non-Resident Beneficiaries)	**(D) Non-Mississippi Income** (Non-Resident Beneficiaries Only)	
Name _____ Address _____ _____ FEIN __ __ - __ __ __ __ __ __ __ SSN __ __ __ - __ __ - __ __ __ __	__ __ . __ __ % State __ __	__ , __ __ __ , __ __ __ . 00	__ , __ __ __ , __ __ __ . 00	
Name _____ Address _____ _____ FEIN __ __ - __ __ __ __ __ __ __ SSN __ __ __ - __ __ - __ __ __ __	__ __ . __ __ % State __ __	__ , __ __ __ , __ __ __ . 00	__ , __ __ __ , __ __ __ . 00	
Name _____ Address _____ _____ FEIN __ __ - __ __ __ __ __ __ __ SSN __ __ __ - __ __ - __ __ __ __	__ __ . __ __ % State __ __	__ , __ __ __ , __ __ __ . 00	__ , __ __ __ , __ __ __ . 00	
Name _____ Address _____ _____ FEIN __ __ - __ __ __ __ __ __ __ SSN __ __ __ - __ __ - __ __ __ __	__ __ . __ __ % State __ __	__ , __ __ __ , __ __ __ . 00	__ , __ __ __ , __ __ __ . 00	
Name _____ Address _____ _____ FEIN __ __ - __ __ __ __ __ __ __ SSN __ __ __ - __ __ - __ __ __ __	__ __ . __ __ % State __ __	__ , __ __ __ , __ __ __ . 00	__ , __ __ __ , __ __ __ . 00	

Total Amounts from this Supplemental Page   __ __ . __ __ %   __ , __ __ __ , __ __ __ . 00   __ , __ __ __ , __ __ __ . 00

Key to Data Fields for the Fiduciary Schedule K for 2012
The form number is 81-131. This form must be approved by the Mississippi Department of Revenue.

The following is the labeling and the description of the items to be included in the scanband of this form. The beginning and ending data positions are included in one of the templates for the form. The field length is included in this key for each data position. Grid positioning given is from the first grid space to the last grid space included in a datafield.(Example 22/9 to 29/9 is 8 grid spaces.) 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 New 12 point** 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. If a field is blank in the scanband, your software should fill the field using a "0" (zero) for numeric fields and an "N" for alpha or alphanumeric fields, unless noted in the specific instructions below.** The money field 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. Example: The amount of negative $123,456 would be listed as -123456 in the scanband.

The top left corner of the barcode is located at position x=6, y=4 on the 10/6 grid. "MS" to the left of the header must begin in grid space 27/4 and end in grid space 28/4 and be in a Courier New 12pt. The top right registration mark is located at the top right corner of grid box x=80, y=4.

> ## NOTE: All Fields below must be populated for deductions to be allowed.

Scanband:
The upper left corner of the Page 1 scanband must be located on the left and top edge of grid space x=6, y=10. The lower left corner of the Page 1 scanband must be located on the left and bottom edge of grid space x=6, y=24. The upper right corner of the Page 1 scanband must be located on the right and top edge of grid space x=80, y=10. The lower right corner of the Page 1 scanband must be located on the right and bottom edge of grid space x=80, y=24.

Field Name	Description
1A	The FEIN of the beneficiary listed in Section 1 of Column A. This is a numeric field and is 9 characters long.
1B	The SSN of the beneficiary listed in Section 1 of Column A. This is a numeric field and is 9 characters long.
1C	The Ownership % listed in Section 1 of Column B. This is a numeric field with the format XXX.XX and is 5 characters long.
1D	The State of Residence listed in Section 1 of Column B. This is an alpha field and is 2 characters long.
1E	The Income Taxable to Mississippi listed in Section 1 of Column C. This is a numeric money field and is 7 characters long.
1F	The Non-Mississippi Income listed in Section 1 of Column D. This is a numeric money field and is 7 characters long.
2A	The FEIN of the beneficiary listed in Section 2 of Column A. This is a numeric field and is 9 characters long.
2B	The SSN of the beneficiary listed in Section 2 of Column A. This is a numeric field and is 9 characters long.
2C	The Ownership % listed in Section 2 of Column B. This is a numeric field with the format XXX.XX and is 5 characters long.
2D	The State of Residence listed in Section 2 of Column B. This is an alpha field and is 2 characters long.
2E	The Income Taxable to Mississippi listed in Section 2 of Column C. This is a numeric money field and is 7 characters long.
2F	The Non-Mississippi Income listed in Section 2 of Column D. This is a numeric money field and is 7 characters long.

Field Name	Description
3A	The FEIN of the beneficiary listed in Section 3 of Column A. This is a numeric field and is 9 characters long.
3B	The SSN of the beneficiary listed in Section 3 of Column A. This is a numeric field and is 9 characters long.
3C	The Ownership % listed in Section 3 of Column B. This is a numeric field with the format XXX.XX and is 5 characters long.
3D	The State of Residence listed in Section 3 of Column B. This is an alpha field and is 2 characters long.
3E	The Income Taxable to Mississippi listed in Section 3 of Column C. This is a numeric money field and is 7 characters long.
3F	The Non-Mississippi Income listed in Section 3 of Column D. This is a numeric money field and is 7 characters long.
4A	The FEIN of the beneficiary listed in Section 4 of Column A. This is a numeric field and is 9 characters long.
4B	The SSN of the beneficiary listed in Section 4 of Column A. This is a numeric field and is 9 characters long.
4C	The Ownership % listed in Section 4 of Column B. This is a numeric field with the format XXX.XX and is 5 characters long.
4D	The State of Residence listed in Section 4 of Column B. This is an alpha field and is 2 characters long.
4E	The Income Taxable to Mississippi listed in Section 4 of Column C. This is a numeric money field and is 7 characters long.
4F	The Non-Mississippi Income listed in Section 4 of Column D. This is a numeric money field and is 7 characters long.
5A	The FEIN of the beneficiary listed in Section 5 of Column A. This is a numeric field and is 9 characters long.
5B	The SSN of the beneficiary listed in Section 5 of Column A. This is a numeric field and is 9 characters long.
5C	The Ownership % listed in Section 5 of Column B. This is a numeric field with the format XXX.XX and is 5 characters long.
5D	The State of Residence listed in Section 5 of Column B. This is an alpha field and is 2 characters long.
5E	The Income Taxable to Mississippi listed in Section 5 of Column C. This is a numeric money field and is 7 characters long.
5F	The Non-Mississippi Income listed in Section 5 of Column D. This is a numeric money field and is 7 characters long.

Additional Instructions

Supplemental pages may be attached to the 81-131 when it is necessary to list multiple beneficiaries. When that is the case, they should be submitted in the following order and format. Page 0, the scanband page should be first, followed by Page 1 of the form. Then another Page 0, followed by Page 2 of the form. If there are additional supplemental entries, they should each have a Page 0 followed by Page 2.