



# Mississippi Fiduciary Schedule K Beneficiaries Share of Income 2013

FEIN \_\_\_\_\_

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

<b>Total amounts page 1</b>	_____ . _____ %	_____.00	_____.00
<b>Total amounts from supplemental pages</b>	_____ . _____ %	_____.00	_____.00
<b>Grand Totals (Column B, C, and D)</b>	_____ . _____ %	_____.00	_____.00
<b>Amount Allocated To Beneficiaries - (Total of Columns C and D)</b>			_____.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.**



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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
Name _____ Address _____ _____ FEIN _____ SSN _____	_____ . _____ %  State _____	_____ .00	_____ .00
Name _____ Address _____ _____ FEIN _____ SSN _____	_____ . _____ %  State _____	_____ .00	_____ .00

**Total amounts from this supplemental page** \_\_\_\_\_ . \_\_\_\_\_ % \_\_\_\_\_ .00 \_\_\_\_\_ .00



# Mississippi Fiduciary Schedule K Beneficiaries Share of Income 2013

FEIN 999999999

Column A	Column B	Column C		Column D
Name, Address and SSN/FEIN of Each Beneficiary	Ownership % (Enter 25% as 25.00) State of Residence	Allocations to Beneficiaries		Non-Mississippi Income (Non-Resident Beneficiaries Only)
		Income Taxable to Mississippi (Resident and Non-Resident Beneficiaries)		
Name XXXXXXXXXXXXXXXXXXXX Address X9X9X9X9X9X9X9X9X9 XXXXXXXXX XX 99999 FEIN 999999999 SSN 999999999	999.9999  State XX	9999999999		9999999999
Name XXXXXXXXXXXXXXXXXXXX Address X9X9X9X9X9X9X9X9X9 XXXXXXXXX XX 99999 FEIN 999999999 SSN 999999999	999.9999  State XX	9999999999		9999999999
Name XXXXXXXXXXXXXXXXXXXX Address X9X9X9X9X9X9X9X9X9 XXXXXXXXX XX 99999 FEIN 999999999 SSN 999999999	999.9999  State XX	9999999999		9999999999
Name XXXXXXXXXXXXXXXXXXXX Address X9X9X9X9X9X9X9X9X9 XXXXXXXXX XX 99999 FEIN 999999999 SSN 999999999	999.9999  State XX	9999999999		9999999999
Name XXXXXXXXXXXXXXXXXXXX Address X9X9X9X9X9X9X9X9X9 XXXXXXXXX XX 99999 FEIN 999999999 SSN 999999999	999.9999  State XX	9999999999		9999999999
<b>Total amounts page 1</b>	999.9999	9999999999		9999999999
<b>Total amounts from supplemental pages</b>	999.9999	9999999999		9999999999
<b>Grand Totals (Column B, C, and D)</b>	999.9999	9999999999		9999999999
<b>Amount Allocated To Beneficiaries - (Total of Columns C and D)</b>				9999999999

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		Income Taxable to Mississippi (Resident and Non-Resident Beneficiaries)	Non-Mississippi Income (Non-Resident Beneficiaries Only)
Name XXXXXXXXXXXXXXXXXXXX Address X9X9X9X9X9X9X9X9X9 XXXXXXXXXX XX 99999 FEIN 999999999 SSN 999999999	999.9999 State XX	9999999999	9999999999
Name XXXXXXXXXXXXXXXXXXXX Address X9X9X9X9X9X9X9X9X9 XXXXXXXXXX XX 99999 FEIN 999999999 SSN 999999999	999.9999 State XX	9999999999	9999999999
Name XXXXXXXXXXXXXXXXXXXX Address X9X9X9X9X9X9X9X9X9 XXXXXXXXXX XX 99999 FEIN 999999999 SSN 999999999	999.9999 State XX	9999999999	9999999999
Name XXXXXXXXXXXXXXXXXXXX Address X9X9X9X9X9X9X9X9X9 XXXXXXXXXX XX 99999 FEIN 999999999 SSN 999999999	999.9999 State XX	9999999999	9999999999
Name XXXXXXXXXXXXXXXXXXXX Address X9X9X9X9X9X9X9X9X9 XXXXXXXXXX XX 99999 FEIN 999999999 SSN 999999999	999.9999 State XX	9999999999	9999999999
Name XXXXXXXXXXXXXXXXXXXX Address X9X9X9X9X9X9X9X9X9 XXXXXXXXXX XX 99999 FEIN 999999999 SSN 999999999	999.9999 State XX	9999999999	9999999999

Total amounts from this supplemental page 999.9999 9999999999 9999999999