



Mississippi Fiduciary Schedule K Beneficiaries Share of Income 2014

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			
		Income Taxable to Mississippi (Resident and Non-Resident Beneficiaries)	Non-Mississippi Income (Non-Resident Beneficiaries Only)		
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		
Total amounts page 1	999.9999	9999999999	9999999999		
Total amounts from supplemental pages	999.9999	9999999999	9999999999		
Grand Totals (Column B, C, and D)	999.9999	9999999999	9999999999		
Amount Allocated To Beneficiaries - (Total of Columns C and D)			9999999999		

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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		Income Taxable to Mississippi (Resident and Non-Resident Beneficiaries)	Non-Mississippi Income (Non-Resident Beneficiaries Only)
		Name XXXXXXXXXXXXXXXXXXXX Address X9X9X9X9X9X9X9X9X9 XXXXXXXXX XX 99999 FEIN 999999999 SSN 999999999	999.9999 State XX
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
Name XXXXXXXXXXXXXXXXXXXX Address X9X9X9X9X9X9X9X9X9 XXXXXXXXX XX 99999 FEIN 999999999 SSN 999999999	999.9999 State XX	9999999999	9999999999
Total amounts from this supplemental page	999.9999	9999999999	9999999999