

# **Scanband Version of Form 81-132-11-5 Fiduciary Schedule K-1**

**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 form number and year**

MS

# Mississippi Fiduciary Schedule K-1 2011

Estate or Trust FEIN

Duplex or Photocopies NOT Acceptable

For Computer Use Only - Do Not Write Above This Line

Beneficiary SSN   
 Beneficiary FEIN  Estate or Trust FEIN

Name of Trust or Decedent Estate:	
Beneficiary Name:	Fiduciary Name:
Street Address:	Street Address:
City, State, Zip Code:	City, State, Zip Code:

**A. Beneficiary percentage of interest in the entity for tax year**  %

**B. Check applicable box: (Beneficiary)**     Resident     Non-resident

**C. Check applicable box:**     Final K-1     Amended K-1

Mississippi Allocable Share Item	Amount
1. Interest	1
2. Dividends	2
3 a. Net short-term capital gain	3a
b. Net long-term capital gain	3b
4 a. Annuities, royalties, and other nonpassive income before directly apportioned deductions	4a
b. Depreciation	4b
c. Depletion	4c
d. Amortization	4d
5 a. Trade or business, rental real estate, and other rental income before directly apportioned deductions	5a
b. Depreciation	5b
c. Depletion	5c
d. Amortization	5d
6. Estate Tax Deduction	6
7. Deductions in the final year of trust or decedent's estate	
a. Excess deductions on termination	7a
b. Short-term capital loss carryover	7b
c. Long-term capital loss carryover	7c
d. Net operating loss (NOL) carryover	7d
8. Other:	
a. Payments of estimated tax credited to you	8a
b. Tax exempt interest	8b
9. Credits	
a. Ad Valorem Tax Credit	Code: 14 9a
b. Other Credits (Enter description and code number)	
(1) _____ Code: <input style="width: 30px; height: 20px;" type="text"/>	9b(1)
(2) _____ Code: <input style="width: 30px; height: 20px;" type="text"/>	9b(2)
(3) _____ Code: <input style="width: 30px; height: 20px;" type="text"/>	9b(3)
(4) _____ Code: <input style="width: 30px; height: 20px;" type="text"/>	9b(4)
10. Mississippi Income (Add Lines 1 through 3b, 4a, and 5a)	10

**Note:** Mississippi law conforms to the Internal Revenue Code with respect to passive activity and rental real estate activity limitations. The amounts shown above reflect Mississippi income and loss and related expenses.

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# Mississippi Fiduciary Schedule K-1 2011

Estate or Trust FEIN

Duplex or Photocopies NOT Acceptable

<input type="text" value="8/9 to 17/9"/>	<input type="text" value="20/9 to 24/9"/>	<input type="text" value="28/9"/>	<input type="text" value="32/9"/>	<input type="text" value="36/9 to 44/9"/>
<input type="text" value="8/10 to 17/10"/>		<input type="text" value="28/10"/>	<input type="text" value="32/10"/>	
<input type="text" value="8/11 to 17/11"/>				

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The beginning and ending positions of each data box above are referenced in the box.

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# Mississippi Fiduciary Schedule K-1 2011

Estate or Trust FEIN 64-0123456

**Duplex or Photocopies NOT Acceptable**

4265878911	02500	Y	N	8999
6401234569		Y	N	
0				

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Beneficiary SSN 426-58-7891

Beneficiary FEIN Estate or Trust FEIN 64-0123456

Name of Trust or Decedent Estate: <span style="margin-left: 20px;">Estate of John Doe, Deceased</span>	Fiduciary Name: <span style="margin-left: 20px;">A. M. Amos, Executor</span>
Beneficiary Name: <span style="margin-left: 20px;">Bill Smith</span>	Street Address: <span style="margin-left: 20px;">Amos Building, Suite 100</span>
Street Address: <span style="margin-left: 20px;">1201 South Street</span>	City, State, Zip Code: <span style="margin-left: 20px;">Madison, MS 39111</span>
City, State, Zip Code: <span style="margin-left: 20px;">Jackson, MS 39216</span>	

**A. Beneficiary percentage of interest in the entity for tax year** 25.00 %

**B. Check applicable box: (Beneficiary)**       Resident       Non-resident

**C. Check applicable box:**       Final K-1       Amended K-1

Mississippi Allocable Share Item		Amount
1. Interest	1	2,500
2. Dividends	2	2,000
3 a. Net short-term capital gain	3a	
b. Net long-term capital gain	3b	
4 a. Annuities, royalties, and other nonpassive income before directly apportioned deductions	4a	
b. Depreciation	4b	
c. Depletion	4c	
d. Amortization	4d	
5 a. Trade or business, rental real estate, and other rental income before directly apportioned deductions	5a	4,499
b. Depreciation	5b	
c. Depletion	5c	
d. Amortization	5d	
6. Estate Tax Deduction	6	
7. Deductions in the final year of trust or decedent's estate		
a. Excess deductions on termination	7a	
b. Short-term capital loss carryover	7b	
c. Long-term capital loss carryover	7c	
d. Net operating loss (NOL) carryover	7d	
8. Other:		
a. Payments of estimated tax credited to you	8a	
b. Tax exempt interest	8b	
9. Credits		
a. Ad Valorem Tax Credit	9a	
b. Other Credits (Enter description and code number)		
(1) _____	Code: <span style="border: 1px dashed black; padding: 2px;">14</span>	9b(1)
(2) _____	Code: <span style="border: 1px dashed black; padding: 2px;"></span>	9b(2)
(3) _____	Code: <span style="border: 1px dashed black; padding: 2px;"></span>	9b(3)
(4) _____	Code: <span style="border: 1px dashed black; padding: 2px;"></span>	9b(4)
10. Mississippi Income (Add Lines 1 through 3b, 4a, and 5a)	10	8,999

**Note: Mississippi law conforms to the Internal Revenue Code with respect to passive activity and rental real estate activity limitations. The amounts shown above reflect Mississippi income and loss and related expenses.**

# Key to Data Fields for the Fiduciary Schedule K-1 for 2011

The form number is 81-132.

Page 1:

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 at the lower left and bottom of grid space x=6, y=13.

**"MS" to the left of the header begins at grid 27/4 and ends at grid 28/4, and is 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 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 data field. (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 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.** 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. 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.

The money and percentage 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 percentage field should assume two decimal places. The field should be right filled with zeros if necessary. For example, 62.95% should be input as 6295; 62% should be input as 6200. The amount and percentage in the body of the return should contain decimals and commas. Example -123,456 in the body of the form would appear as -123456 in the scanband.

Field Name	Description
BS	Beneficiary's SSN. 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 calculated using Modulus 10 Self-check Digit Computation found in the Mississippi Guidelines for Substitute Forms.
BF	Beneficiary's 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 calculated using Modulus 10 Self-check Digit Computation found in the Mississippi Guidelines for Substitute Forms.
FE	Estate or Trust's 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 calculated using Modulus 10 Self-check Digit Computation found in the Mississippi Guidelines for Substitute Forms.
P	Beneficiary's percentage of interest. This is a numeric field. This field is 5 characters long. It should always be 5 numbers in the scanband ( Example - 02500 for 25% or 00120 for 1.2%) and a percentage out to 2 decimal places in the body of the form (Example - 25.00% or 1.20%).
BR	Resident. This is an alpha field. This field is 1 character long.
BN	Non-Resident. This is an alpha field. This field is 1 character long.
FK	Final K-1. This is an alpha field. This field is 1 character long.
AK	Amended K-1. This is an alpha field. This field is 1 character long.
10	Mississippi Income. This is a numeric field and a money field. This field is 9 characters long.