



# Mississippi Fiduciary Income Tax Return (For Estates and Trusts)

Amended

**2019**

Tax Year Beginning 99 99 9999

Tax Year Ending 99 99 9999

<b>Date entity created</b>	<b>Date of decedent's death</b>	Entity FEIN	999999999
99 99 9999	99 99 9999	Decedent / Debtor SSN	999999999

Name of Estate or Trust	Check All That Apply	Type of Entity
<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> Initial Return	<input checked="" type="checkbox"/> Decedent's Estate
<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> Short Period Return	<input checked="" type="checkbox"/> Bankruptcy Estate-Ch. 7
<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> Final Return	<input checked="" type="checkbox"/> Bankruptcy Estate-Ch. 11
<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> Date of confirmation	<input checked="" type="checkbox"/> Simple Trust
<input checked="" type="checkbox"/> X	99 99 9999	<input checked="" type="checkbox"/> Complex Trust
<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> Date of closure	<input checked="" type="checkbox"/> Grantor Type Trust
<input checked="" type="checkbox"/> X	99 99 9999	<input checked="" type="checkbox"/> Qualified Disability Trust
<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> City	<input checked="" type="checkbox"/> ESBT (S Portion Only)
<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> State	<input checked="" type="checkbox"/> Pooled Income Fund
<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> Zip	
<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> County Code	
<input checked="" type="checkbox"/> X	99999	
<input checked="" type="checkbox"/> X	99	
Number of Mississippi K-1 schedules attached		999

**MISSISSIPPI INCOME TAX**

1 Mississippi taxable income (loss) (from page 2, line 25)	1	9999999999
2 <b>Total income tax due</b> (see instructions)	2	9999999999
3 Credit from tax paid to another state (from Form 80-160, line 14; attach other state return)	3	9999999999
4 Other credits (attach Form 80-401)	4	9999999999
5 Net income tax due (line 2 minus line 3 and line 4)	5	9999999999

**PAYMENTS**

6 Mississippi income tax withheld ( <b>complete Form 80-107</b> )	6	9999999999
7 Estimated tax payments, extension payments and/or amount paid on original return	7	9999999999
8 Refund received and/or amount carried forward from original return ( <b>amended return only</b> )	8	9999999999
9 Total payments (line 6 plus line 7 minus line 8)	9	9999999999

**REFUND OR BALANCE DUE**

10 Enter amount of overpayment (if line 9 is more than line 5, subtract line 5 from line 9)	10	9999999999
11 Overpayment to be applied to next year estimate tax account	11	9999999999
12 <b>Overpayment refund</b> (line 10 minus line 11)	<b>REFUND</b> 12	9999999999
13 <b>Balance due</b> (if line 5 is more than line 9, subtract line 9 from line 5)	<b>BALANCE DUE</b> 13	9999999999
14 Interest and penalty (see instructions)	14	9999999999
15 <b>Total due</b> (line 13 plus line 14)	<b>AMOUNT YOU OWE</b> 15	9999999999

This return may be discussed with the preparer  Yes  No

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of Fiduciary or Officer Representing Fiduciary	Date	Phone Number	FEIN of Fiduciary
			X99999999
Paid Preparer Signature	Date	Paid Preparer Phone Number	Paid Preparer PTIN
Paid Preparer Address	City	State	Zip Code

**Mail REFUND To:** Department of Revenue, P.O. Box 23058, Jackson, MS 39225-3058  
**Mail All Other Returns To:** Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050  
**Duplex and Photocopies are NOT Acceptable**



# Mississippi Fiduciary Net Taxable Income Schedule 2019

Entity FEIN 999999999

### COMPUTATION OF TAXABLE INCOME

16 Federal adjusted total income (loss) from federal Form 1041 line 17 16 999999999

### ADDITIONS

17 a State, local and foreign government taxes based on income 17a 999999999

18 b Depletion in excess of cost basis 17b 999999999

19 c Interest on obligations of other states or political subdivisions 17c 999999999

20 d Expenses applicable to earning interest on U.S. Government obligations (see instructions) 17d 999999999

21 e Itemized deductions claimed on federal Form 1041 (add if claimed standard deduction on line 20e) 17e 999999999

23 f Mississippi source QSST income 17f 999999999

24 g Other additions (itemize each item) 17g 999999999

25 h 17h 999999999

26 i 17i 999999999

18 Total additions (add lines 17a through line 17i) 18 999999999

19 Total income (line 16 plus line 18) 19 999999999

### DEDUCTIONS

20 a Interest on U.S. government obligations 20a 999999999

20 b Wages reduced by federal employment tax credits 20b 999999999

20 c Miss. Code Ann. § 27-7-9(f)(10) included in line 4, page 1, federal Form 1041 (see instructions) 20c 999999999

20 d Expenses applicable to earning interest income on line 17c above (see instructions) 20d 999999999

20 e Standard deduction (see line 17e above if standard deduction is claimed) 20e 999999999

20 f Non-Mississippi income (net of expenses) (non-resident fiduciary returns only) 20f 999999999

20 g Other deductions (itemize each item) 20g 999999999

20 h 20h 999999999

20 i 20i 999999999

21 Total deductions (add lines 20a through 20i) 21 999999999

### TAXABLE INCOME

22 Adjusted net income (loss) for Mississippi purposes (line 19 minus line 21) 22 999999999

23 Amount allocated to beneficiaries (attach Schedule K, Form 81-131) 23 999999999

24 Exemption (see instructions) 24 999999999

25 Taxable income (loss) for Mississippi purposes (line 22 minus line 23 and line 24; enter here and on page 1, line 1) 25 999999999