

Mississippi Schedule K 2024



FEIN 9999999999

Pass-Through Entity Election

Partnership / LLC / LLP (Federal 1065)

S Corporation (Federal 1120-S)

COLUMN A	COLUMN B	COLUMN C		COLUMN D
PARTNER'S / SHAREHOLDER'S NAME FEIN / SSN	OWNERSHIP % (TO THE FOURTH DECIMAL PLACE) STATE OF RESIDENCE (CHECK BOX IF COMPOSITE)	a MISSISSIPPI TAXABLE INCOME (LOSS) b CREDIT CODE	c CREDIT AMOUNT	TAX PAID BY ELECTING PASS-THROUGH ENTITY
1 NAME X9X9X9X9X9X9X9X9X FEIN X 9999999999 SSN X 9999999999	999.9999 STATE XX X COMPOSITE	a 99999999999999 b 99 c 999999999999 b 99 c 999999999999 b 99 c 999999999999	99999999999999 99999999999999 99999999999999 99999999999999	99999999999999
24 NAME X9X9X9X9X9X9X9X9X FEIN X 9999999999 SSN X 9999999999	99.9999 STATE XX X COMPOSITE	a 99999999999999 b 99 c 999999999999 b 99 c 999999999999 b 99 c 999999999999	99999999999999 99999999999999 99999999999999 99999999999999	99999999999999
31 NAME X9X9X9X9X9X9X9X9X FEIN X 9999999999 SSN X 9999999999	99.9999 STATE XX X COMPOSITE	a 99999999999999 b 99 c 999999999999 b 99 c 999999999999 b 99 c 999999999999	99999999999999 99999999999999 99999999999999 99999999999999	99999999999999
38 NAME X9X9X9X9X9X9X9X9X FEIN X 9999999999 SSN X 9999999999	99.9999 STATE XX X COMPOSITE	a 99999999999999 b 99 c 999999999999 b 99 c 999999999999 b 99 c 999999999999	99999999999999 99999999999999 99999999999999 99999999999999	99999999999999
45 NAME X9X9X9X9X9X9X9X9X FEIN X 9999999999 SSN X 9999999999	99.9999 STATE XX X COMPOSITE	a 99999999999999 b 99 c 999999999999 b 99 c 999999999999 b 99 c 999999999999	99999999999999 99999999999999 99999999999999 99999999999999	99999999999999

2 Total column B, column C and column D (from above)	999.9999	2a	99999999999999	2	99999999999999
		2c	99999999999999		
3 Totals from additional pages (from Form 84-131, page 2)	99.9999	3a	99999999999999	3	99999999999999
		3c	99999999999999		
4 Total Mississippi taxable income (loss) and total tax credits (column C, line 2 plus line 3. If composite, enter total composite income (loss) from line 4a on Form 84-122, page 2, line 29)	999.9999	4a	99999999999999		
		4c	99999999999999		
5 Total tax paid by electing pass-through entity (column D, line 2 plus line 3)				5	99999999999999

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		STATE OF RESIDENCE (CHECK BOX IF COMPOSITE)			
NAME	X9X9X9X9X9X9X9X9X	99.9999	a	999999999999	
FEIN	X 9999999999	STATE XX	b 99 c	999999999999	
SSN	X 9999999999	X COMPOSITE	b 99 c	999999999999	999999999999
NAME	X9X9X9X9X9X9X9X9X	99.9999	a	999999999999	
FEIN	X 9999999999	STATE XX	b 99 c	999999999999	
SSN	X 9999999999	X COMPOSITE	b 99 c	999999999999	999999999999
NAME	X9X9X9X9X9X9X9X9X	99.9999	a	999999999999	
FEIN	X 9999999999	STATE XX	b 99 c	999999999999	
SSN	X 9999999999	X COMPOSITE	b 99 c	999999999999	999999999999
NAME	X9X9X9X9X9X9X9X9X	99.9999	a	999999999999	
FEIN	X 9999999999	STATE XX	b 99 c	999999999999	
SSN	X 9999999999	X COMPOSITE	b 99 c	999999999999	999999999999
NAME	X9X9X9X9X9X9X9X9X	99.9999	a	999999999999	
FEIN	X 9999999999	STATE XX	b 99 c	999999999999	
SSN	X 9999999999	X COMPOSITE	b 99 c	999999999999	999999999999

Subtotal (add column B, column C, and column D; enter total on Form 84-131, page 1, line 3)

99.9999 a 999999999999 c 999999999999 999999999999