



# Mississippi Fiduciary Schedule K Beneficiaries Share of Income 2024

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)		
14	Name X9X9X9X9X9X9X9X9X9	999.9999	9999999999	9999999999	
15	Address X9X9X9X9X9X9X9X9X9				
16	XXXXXXXXXX XX 99999				
18	FEIN 999999999				
19	SSN 999999999				
21	Name X9X9X9X9X9X9X9X9X9	999.9999	9999999999	9999999999	
22	Address X9X9X9X9X9X9X9X9X9				
23	XXXXXXXXXX XX 99999				
25	FEIN 999999999				
26	SSN 999999999				
28	Name X9X9X9X9X9X9X9X9X9	999.9999	9999999999	9999999999	
29	Address X9X9X9X9X9X9X9X9X9				
30	XXXXXXXXXX XX 99999				
32	FEIN 999999999				
33	SSN 999999999				
35	Name X9X9X9X9X9X9X9X9X9	999.9999	9999999999	9999999999	
36	Address X9X9X9X9X9X9X9X9X9				
37	XXXXXXXXXX XX 99999				
39	FEIN 999999999				
40	SSN 999999999				
42	Name X9X9X9X9X9X9X9X9X9	999.9999	9999999999	9999999999	
43	Address X9X9X9X9X9X9X9X9X9				
44	XXXXXXXXXX XX 99999				
46	FEIN 999999999				
47	SSN 999999999				
50	<b>Total amounts page 1</b>	999.9999	9999999999	9999999999	
52	<b>Total amounts from supplemental pages</b>	999.9999	9999999999	9999999999	
54	<b>Grand totals (columns B, C and D)</b>	999.9999	9999999999	9999999999	
57	<b>Amount allocated to beneficiaries - (total of column C and column D)</b>			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-1s should be attached to the fiduciary return.**



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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 XXXXXXXXXXXX Address XXXXXXXXXXXX XX 99999 FEIN 999999999 SSN 999999999	999.9999 State XX	9999999999	9999999999
Name XXXXXXXXXXXX Address XXXXXXXXXXXX XX 99999 FEIN 999999999 SSN 999999999	999.9999 State XX	9999999999	9999999999
Name XXXXXXXXXXXX Address XXXXXXXXXXXX XX 99999 FEIN 999999999 SSN 999999999	999.9999 State XX	9999999999	9999999999
Name XXXXXXXXXXXX Address XXXXXXXXXXXX XX 99999 FEIN 999999999 SSN 999999999	999.9999 State XX	9999999999	9999999999
Name XXXXXXXXXXXX Address XXXXXXXXXXXX XX 99999 FEIN 999999999 SSN 999999999	999.9999 State XX	9999999999	9999999999
Name XXXXXXXXXXXX Address XXXXXXXXXXXX XX 99999 FEIN 999999999 SSN 999999999	999.9999 State XX	9999999999	9999999999

Total amounts from this supplemental page 999.9999 9999999999 9999999999