



**Mississippi  
Schedule K  
2011**

FEIN \_\_\_\_\_

Partnership / LLC / LLP  
(Federal 1065)

S-Corporation  
(Federal 1120-S)

Column A	Column B	Column C	Column D
Owner / Partner Name	Ownership Percentage Composite State of Residence	a. Mississippi Income/Loss b. Tax Credit(s)	Non-Mississippi Taxable Income/Loss
1. NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	STATE _____ % <input type="checkbox"/>	a. _____ b. _____	_____
NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	STATE _____ % <input type="checkbox"/>	a. _____ b. _____	_____
NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	STATE _____ % <input type="checkbox"/>	a. _____ b. _____	_____
NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	STATE _____ % <input type="checkbox"/>	a. _____ b. _____	_____
NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	STATE _____ % <input type="checkbox"/>	a. _____ b. _____	_____
NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	STATE _____ % <input type="checkbox"/>	a. _____ b. _____	_____
NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	STATE _____ % <input type="checkbox"/>	a. _____ b. _____	_____
NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	STATE _____ % <input type="checkbox"/>	a. _____ b. _____	_____
NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	STATE _____ % <input type="checkbox"/>	a. _____ b. _____	_____
NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	STATE _____ % <input type="checkbox"/>	a. _____ b. _____	_____
NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	STATE _____ % <input type="checkbox"/>	a. _____ b. _____	_____
NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	STATE _____ % <input type="checkbox"/>	a. _____ b. _____	_____
NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	STATE _____ % <input type="checkbox"/>	a. _____ b. _____	_____
NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	STATE _____ % <input type="checkbox"/>	a. _____ b. _____	_____
NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	STATE _____ % <input type="checkbox"/>	a. _____ b. _____	_____
2. Total Column B, Column C and Column D (From Line 1)	_____ %	a. _____ b. _____	_____
3. Totals From Page 2 (Total of Column B, Column C and Column D From Form 84-131, Page 2)	_____ %	a. _____ b. _____	_____
4. Total Income Tax Credits and Net Income/Loss (Sum of Line 2 and Line 3. Enter the Total From Column B on Form 84-401, Line 3. Enter the Total From Column C(a) on Form 84-105, Page 1, Line 5, Composite Only)	_____ %	a. _____ b. _____	_____
5. Total Net Income/Loss (From Line 4a, Column C Minus Line 4b, Column C. Add Amount to Line 4, Column D.)		a. _____ b. _____	_____



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NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	_____ % STATE _____ <input type="checkbox"/>	a. _____ b. _____	_____, _____, _____
NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	_____ % STATE _____ <input type="checkbox"/>	a. _____ b. _____	_____, _____, _____
NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	_____ % STATE _____ <input type="checkbox"/>	a. _____ b. _____	_____, _____, _____
NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	_____ % STATE _____ <input type="checkbox"/>	a. _____ b. _____	_____, _____, _____
NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	_____ % STATE _____ <input type="checkbox"/>	a. _____ b. _____	_____, _____, _____
NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	_____ % STATE _____ <input type="checkbox"/>	a. _____ b. _____	_____, _____, _____
NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	_____ % STATE _____ <input type="checkbox"/>	a. _____ b. _____	_____, _____, _____
NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	_____ % STATE _____ <input type="checkbox"/>	a. _____ b. _____	_____, _____, _____
NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	_____ % STATE _____ <input type="checkbox"/>	a. _____ b. _____	_____, _____, _____
NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	_____ % STATE _____ <input type="checkbox"/>	a. _____ b. _____	_____, _____, _____
NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	_____ % STATE _____ <input type="checkbox"/>	a. _____ b. _____	_____, _____, _____
NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	_____ % STATE _____ <input type="checkbox"/>	a. _____ b. _____	_____, _____, _____
NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	_____ % STATE _____ <input type="checkbox"/>	a. _____ b. _____	_____, _____, _____
NAME _____ SSN _____ FEIN _____ <input type="checkbox"/> <input type="checkbox"/>	_____ % STATE _____ <input type="checkbox"/>	a. _____ b. _____	_____, _____, _____
<b>Subtotal</b> (Add Column B, Column C and Column D. Enter Total on Form 84-131 Page 1, Line 3.)	_____ %	a. _____ b. _____	_____, _____, _____