



# Mississippi Fiduciary Schedule K Beneficiaries Share of Income 2012

FEIN \_\_\_\_\_

Column A	Column B	Column C		Column D
Name, Address & SSN/ FEIN of Each Beneficiary	Ownership % Enter 25% as 25.00 State of Residence	Allocations to Beneficiaries		
		Income Taxable to Mississippi (Resident & Non-Resident Beneficiaries)	(D) Non-Mississippi Income (Non-Resident Beneficiaries Only)	
Name _____	_____ %			
Address _____				
FEIN _____				
SSN _____				
State _____				
		_____ 00	_____ 00	
Name _____	_____ %			
Address _____				
FEIN _____				
SSN _____				
State _____				
		_____ 00	_____ 00	
Name _____	_____ %			
Address _____				
FEIN _____				
SSN _____				
State _____				
		_____ 00	_____ 00	
Name _____	_____ %			
Address _____				
FEIN _____				
SSN _____				
State _____				
		_____ 00	_____ 00	
Name _____	_____ %			
Address _____				
FEIN _____				
SSN _____				
State _____				
		_____ 00	_____ 00	

**Total Amounts Page 1** \_\_\_\_\_ % \_\_\_\_\_ 00 \_\_\_\_\_ 00

**Total Amounts from Supplemental Pages** \_\_\_\_\_ % \_\_\_\_\_ 00 \_\_\_\_\_ 00

**GRAND TOTALS (Column B, C, & D)** \_\_\_\_\_ % \_\_\_\_\_ 00 \_\_\_\_\_ 00

**AMOUNT ALLOCATED TO BENEFICIARIES - (Total of Columns C & D)** \_\_\_\_\_ 00

**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-1's should be attached to the Fiduciary return.**



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FEIN \_\_\_\_\_

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		Income Taxable to Mississippi (Resident & Non-Resident Beneficiaries)	(D) Non-Mississippi Income (Non-Resident Beneficiaries Only)
Name _____	_____ %  State _____		
Address _____			
FEIN _____			
SSN _____			
Name _____	_____ %  State _____		
Address _____			
FEIN _____			
SSN _____			
Name _____	_____ %  State _____		
Address _____			
FEIN _____			
SSN _____			
Name _____	_____ %  State _____		
Address _____			
FEIN _____			
SSN _____			
Name _____	_____ %  State _____		
Address _____			
FEIN _____			
SSN _____			

**Total Amounts from this Supplemental Page** \_\_\_\_\_ % \_\_\_\_\_ .00 \_\_\_\_\_ .00