



MS

Mississippi Schedule K 2012

FEIN _____

Partnership / LLC / LLP
(Federal 1065)

S-Corporation
(Federal 1120-S)

Column A	Column B	Column C	Column D
Owner / Partner Name ID. Type	Ownership % State of Residence Check box if Composite	a. Mississippi Income (Loss) b. Credit Code c. Credit	Non-Mississippi Taxable Income (Loss)
1. NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____	_____ % STATE _____ <input type="checkbox"/> COMPOSITE	a. _____ b. _____ c. _____ b. _____ c. _____ b. _____ c. _____	_____
NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____	_____ % STATE _____ <input type="checkbox"/> COMPOSITE	a. _____ b. _____ c. _____ b. _____ c. _____ b. _____ c. _____	_____
NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____	_____ % STATE _____ <input type="checkbox"/> COMPOSITE	a. _____ b. _____ c. _____ b. _____ c. _____ b. _____ c. _____	_____
NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____	_____ % STATE _____ <input type="checkbox"/> COMPOSITE	a. _____ b. _____ c. _____ b. _____ c. _____ b. _____ c. _____	_____
NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____	_____ % STATE _____ <input type="checkbox"/> COMPOSITE	a. _____ b. _____ c. _____ b. _____ c. _____ b. _____ c. _____	_____

2. Total Column B, Column C and Column D _____ %
(From Line 1) a. _____

3. Totals From Additional Pages _____ %
(Total of Column B, Column C and Column D From Form 84-131, Page 2) a. _____

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) (Must Total 100%) a. _____

5. Total Net Income (Loss) _____
(From Line 4a, Column C Minus Line 4c, Column C. Add Amount to Line 4, Column D.)



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NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____	_____ % STATE _____ <input type="checkbox"/> COMPOSITE	a. _____, _____, _____ b. _____ c. _____, _____, _____ b. _____ c. _____, _____, _____ b. _____ c. _____, _____, _____	_____, _____, _____
NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____	_____ % STATE _____ <input type="checkbox"/> COMPOSITE	a. _____, _____, _____ b. _____ c. _____, _____, _____ b. _____ c. _____, _____, _____ b. _____ c. _____, _____, _____	_____, _____, _____
NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____	_____ % STATE _____ <input type="checkbox"/> COMPOSITE	a. _____, _____, _____ b. _____ c. _____, _____, _____ b. _____ c. _____, _____, _____ b. _____ c. _____, _____, _____	_____, _____, _____
NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____	_____ % STATE _____ <input type="checkbox"/> COMPOSITE	a. _____, _____, _____ b. _____ c. _____, _____, _____ b. _____ c. _____, _____, _____ b. _____ c. _____, _____, _____	_____, _____, _____
NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____	_____ % STATE _____ <input type="checkbox"/> COMPOSITE	a. _____, _____, _____ b. _____ c. _____, _____, _____ b. _____ c. _____, _____, _____ b. _____ c. _____, _____, _____	_____, _____, _____

Subtotal _____ %
 (Add Column B, Column C and Column D.
 Enter Total on Form 84-131 Page 1, Line 3.)

a. _____, _____, _____
 b. _____, _____, _____, _____, _____, _____