



# Mississippi Fiduciary Income Tax Return (For Estates and Trusts) 2014

Amended

Tax Year Beginning \_\_\_\_\_  
m m d d y y y y

Tax Year Ending \_\_\_\_\_  
m m d d y y y y

|                                  |                                 |  |   |
|----------------------------------|---------------------------------|--|---|
| <b>Date estate/trust created</b> | <b>Date of decedent's death</b> | Estate / Trust FEIN _____  |   |
| _____                            | _____                           | Decedent / Debtor SSN _____  |   |
|                                  |                                 | <b>Check All That Apply</b>  | <b>Type of Entity</b>   |
| Name of Estate or Trust          |                                 | <input type="checkbox"/> Initial Return<br><input type="checkbox"/> Short Period Return<br><input type="checkbox"/> Final Return<br>Date of confirmation _____<br>Date of closure _____<br>_____ | <input type="checkbox"/> Estate<br><input type="checkbox"/> Bankruptcy Estate-Ch. 7<br><input type="checkbox"/> Bankruptcy Estate-Ch. 11<br><input type="checkbox"/> Simple Trust<br><input type="checkbox"/> Complex Trust<br><input type="checkbox"/> Grantor Trust |
| Name of Fiduciary                |                                 |  |   |
| Title of Fiduciary               |                                 |  |   |
| Mailing Address                  |                                 |  |   |
| City                             | State                           |  |   |
|                                  |                                 | _____  | Number of Mississippi K-1 schedules attached  |

**MISSISSIPPI INCOME TAX**

|  |   |       |
|--|---|-------|
| 1 Mississippi taxable income (loss) (from page 2, line 25) | 1 | _____ |
| 2 <b>Total income tax due</b> (see instructions)           | 2 | _____ |
| 3 Credit to tax paid to another state (attach Form 80-160) | 3 | _____ |
| 4 Other credits (attach Form 80-401)                       | 4 | _____ |
| 5 Net income tax due (line 2 minus line 3 and line 4)      | 5 | _____ |

**PAYMENTS**

|   |   |       |
|---|---|-------|
| 6 Mississippi income tax withheld ( <b>complete Form 80-107</b> )                                   | 6 | _____ |
| 7 Estimated tax payments, extension payments and/or amount Paid on original return                  | 7 | _____ |
| 8 Refund received and/or amount carried forward from original return ( <b>amended return only</b> ) | 8 | _____ |
| 9 Total payments (line 6 plus line 7 minus line 8)  | 9 | _____ |

**REFUND OR BALANCE DUE**

|   |                       |       |
|---|-----------------------|-------|
| 10 Enter amount of overpayment (if line 9 is more than line 5, subtract line 5 from line 9) | 10                    | _____ |
| 11 Overpayment to be applied to next year estimate tax account                              | 11                    | _____ |
| 12 <b>Overpayment refund</b> (line 10 minus line 11)  | <b>REFUND</b>         | _____ |
| 13 <b>Balance due</b> (if line 5 is more than line 9, subtract line 9 from line 5)          | <b>BALANCE DUE</b>    | _____ |
| 14 Interest and penalty (see instructions)  | 14                    | _____ |
| 15 <b>Total due</b> (line 13 plus line 14)  | <b>AMOUNT YOU OWE</b> | _____ |

This return may be discussed with the preparer  Yes  No

**I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.**

|  |       |                            |                    |
|--|-------|----------------------------|--------------------|
| Signature of Fiduciary or Officer Representing Fiduciary | Date  | Phone Number               | FEIN of Fiduciary  |
| _____  | _____ | _____                      | _____              |
| Paid Preparer Signature                                  | Date  | Paid Preparer Phone Number | Paid Preparer PTIN |
| _____  | _____ | _____                      | _____              |
| Paid Preparer Address                                    | City  | State                      | Zip Code           |
| _____  | _____ | _____                      | _____              |

**Mail REFUND To:** Department of Revenue, P.O. Box 23058, Jackson, MS 39225-3058  
**Mail All Other Returns To:** Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050  
**Duplex and Photocopies are NOT Acceptable**



# Mississippi Fiduciary Net Taxable Income Schedule 2014

Estate / Trust FEIN \_\_\_\_\_

**COMPUTATION OF TAXABLE INCOME**

16 Federal adjusted total income (loss) from federal Form 1041 line 17 16 \_\_\_\_\_ .00

**ADDITIONS**

17 a State, local and foreign government taxes based on income 17a \_\_\_\_\_ .00  
 b Depletion in excess of cost basis 17b \_\_\_\_\_ .00  
 c Interest on obligations of other states/political subdivisions 17c \_\_\_\_\_ .00  
 d Expenses applicable to earning interest on U.S. Government obligations (see instructions) 17d \_\_\_\_\_ .00  
 e Itemized deductions claimed on federal Form 1041 (add if claimed standard deduction on 20e) 17e \_\_\_\_\_ .00  
 f Mississippi source QSST income 17f \_\_\_\_\_ .00  
 g Other additions (itemize each item) \_\_\_\_\_ 17g \_\_\_\_\_ .00  
 h \_\_\_\_\_ 17h \_\_\_\_\_ .00  
 i \_\_\_\_\_ 17i \_\_\_\_\_ .00

18 Total additions (add lines 17a through line 17i) 18 \_\_\_\_\_ .00

19 Total income (line 16 plus line 18) 19 \_\_\_\_\_ .00

**DEDUCTIONS**

20 a Interest on U.S. government obligations 20a \_\_\_\_\_ .00  
 b Wages reduced by federal employment tax credits 20b \_\_\_\_\_ .00  
 c Miss. Code Ann. § 27-7-9(f)(10) included in line 4, page 1, federal Form 1041 (see instructions) 20c \_\_\_\_\_ .00  
 d Expenses applicable to earning interest income on line 17c above (see instructions) 20d \_\_\_\_\_ .00  
 e Standard deduction (see line 17e above if standard deduction is claimed) 20e \_\_\_\_\_ .00  
 f Non-Mississippi income (net of expenses) (**non-resident fiduciary returns only**) 20f \_\_\_\_\_ .00  
 g Other deductions (itemize each item) \_\_\_\_\_ 20g \_\_\_\_\_ .00  
 h \_\_\_\_\_ 20h \_\_\_\_\_ .00  
 i \_\_\_\_\_ 20i \_\_\_\_\_ .00

21 Total deductions (add lines 20a through 20i) 21 \_\_\_\_\_ .00

**TAXABLE INCOME**

22 Adjusted net income (loss) for Mississippi purposes (line 19 minus line 21) 22 \_\_\_\_\_ .00

23 Amount allocated to beneficiaries (attach Schedule K, Form 81-131) 23 \_\_\_\_\_ .00

24 Exemption (see instructions) 24 \_\_\_\_\_ .00

25 Taxable income (loss) for Mississippi purposes (line 22 minus line 23 and line 24; enter here and on page 1, line 1) 25 \_\_\_\_\_ .00