



Mississippi Schedule K 2014

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 % (ENTER 25% AS 25.0000) STATE OF RESIDENCE (CHECK BOX IF COMPOSITE)	A MISSISSIPPI TAXABLE INCOME (LOSS) B CREDIT CODE C CREDIT AMOUNT	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 _____ b _____ c _____	_____
NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____	_____ STATE ____ <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ 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 _____ b _____ c _____	_____
NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____	_____ STATE ____ <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ 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 _____ b _____ c _____	_____

2 Total column B, column C and column D (from above)	_____ _____	2a 2c	_____ _____	2 _____
3 Totals from additional pages (total of column B, column C and column D from Form 84-131, page 2)	_____ _____	3a 3c	_____ _____	3 _____
4 Total taxable income (loss) and total tax credits (total of column C, line 2 plus line 3 and total column D, line 2 plus line 3. Composite filers enter total composite income from column C, line 4a on Form 84-105, page 1, line 5 and line 4c on Form 84-105, page 1, line 7)	_____ _____	4a 4c	_____ _____	4 _____
5 Total taxable income (loss) (column C, line 4a plus column D, line 4)	_____ _____		_____ _____	5 _____



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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 _____ c _____	