



Mississippi Fiduciary Income Tax Return (For Estates and Trusts) 2018

Amended

Tax Year Beginning _____
m m d d y y y y

Tax Year Ending _____
m m d d y y y y

| | | | |
|---|--|--|--|
| Date entity created _____ | Date of decedent's death _____ | Entity FEIN _____ | Decedent / Debtor SSN _____ |
| Name of Estate or Trust _____ Name of Fiduciary _____ Title of Fiduciary _____ Mailing Address _____ City _____ State _____ Zip _____ County Code _____ | | Check All That Apply <input type="checkbox"/> Initial Return <input type="checkbox"/> Short Period Return <input type="checkbox"/> Final Return Date of confirmation _____ Date of closure _____ | Type of Entity <input type="checkbox"/> Decedent's Estate <input type="checkbox"/> Bankruptcy Estate-Ch. 7 <input type="checkbox"/> Bankruptcy Estate-Ch. 11 <input type="checkbox"/> Simple Trust <input type="checkbox"/> Complex Trust <input type="checkbox"/> Grantor Type Trust <input type="checkbox"/> Qualified Disability Trust <input type="checkbox"/> ESBT (S Portion Only) <input type="checkbox"/> Pooled Income Fund |
| | | Number of Mississippi K-1 schedules attached _____ | |

MISSISSIPPI INCOME TAX

| | | |
|--|---|-------|
| 1 Mississippi taxable income (loss) (from page 2, line 25) | 1 | _____ |
| 2 Total income tax due (see instructions) | 2 | _____ |
| 3 Credit from tax paid to another state (from Form 80-160, line 14; attach other state return) | 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 (complete Form 80-107) | 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 (amended return only) | 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 Overpayment refund (line 10 minus line 11) | REFUND | _____ |
| 13 Balance due (if line 5 is more than line 9, subtract line 9 from line 5) | BALANCE DUE | _____ |
| 14 Interest and penalty (see instructions) | 14 | _____ |
| 15 Total due (line 13 plus line 14) | AMOUNT YOU OWE | _____ |

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 2018

Entity 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 or 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 line 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