



Mississippi Schedule K 2018

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 _____ SSN _____	STATE _____ COMPOSITE _____	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	_____
NAME _____ FEIN _____ SSN _____	STATE _____ COMPOSITE _____	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	_____
NAME _____ FEIN _____ SSN _____	STATE _____ COMPOSITE _____	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	_____
NAME _____ FEIN _____ SSN _____	STATE _____ COMPOSITE _____	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	_____
NAME _____ FEIN _____ SSN _____	STATE _____ COMPOSITE _____	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	_____

2 Total column B, column C and column D (from above)	2a	_____	2	_____
	2c	_____		
3 Totals from additional pages (total of column B, column C and column D from Form 84-131, page 2)	3a	_____	3	_____
	3c	_____		
4 Total taxable income (loss) and total tax credits (total of column C, line 2 plus line 3. Composite filers enter total composite income from column C, line 4a on Form 84-122, page 2, line 29 and line 4c on Form 84-401, line 3)	4a	_____	4	_____
	4c	_____		
5 Total taxable income (loss) (column C, line 4a plus column D, line 4)			5	_____



Mississippi Schedule K 2018

FEIN _____

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)
NAME _____	_____	a _____	_____
FEIN _____	STATE _____	b c _____	_____
SSN _____	COMPOSITE _____	b c _____	_____
NAME _____	_____	a _____	_____
FEIN _____	STATE _____	b c _____	_____
SSN _____	COMPOSITE _____	b c _____	_____
NAME _____	_____	a _____	_____
FEIN _____	STATE _____	b c _____	_____
SSN _____	COMPOSITE _____	b c _____	_____
NAME _____	_____	a _____	_____
FEIN _____	STATE _____	b c _____	_____
SSN _____	COMPOSITE _____	b c _____	_____

Subtotal (add column B, column C, and column D; enter total on Form 84-131, page 1, line 3)

_____	a _____	c _____	_____
-------	------------	------------	-------

