



# Mississippi Schedule K 2019

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 | _____ |





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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	_____	_____
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	_____	

