

MS8453-F

**Mississippi
Fiduciary Income Tax Declaration
For Electronic Filing
2025**

Submission Number

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

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

Name of Estate or Trust				YOU MUST ENTER FEIN/SSN	
Name and Title of Fiduciary					
Mailing Address (Number and Street, Including Rural Route)					
City	State	Zip	County Code		
				Entity FEIN _____	
				Decedent/Debtor SSN _____	

PART I: TAX RETURN INFORMATION (ROUND TO THE NEAREST DOLLAR)

1 Mississippi taxable income (Form 81-110, line 1)	1		.00
2 Total Mississippi tax (Form 81-110, line 5)	2		.00
3 Mississippi tax payments (Form 81-110, line 10)	3		.00
4 Refund (Form 81-110, line 13)	4		.00
5 Amount you owe (Form 81-110, line 16)	5		.00

PART II: DIRECT DEPOSIT/DIRECT DEBIT

1 Routing number _____	3 Type of account: Checking <input type="checkbox"/> Savings <input type="checkbox"/>
2 Account number _____	
4 Routing number _____	6 Type of account: Checking <input type="checkbox"/> Savings <input type="checkbox"/>
5 Account number _____	

My request for direct deposit/direct debit of my refund/payment includes my authorization for the Mississippi Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to insure my refund/payment is properly processed.

PART III: DECLARATION OF FIDUCIARY

Under penalties of perjury, I declare that I have compared the information contained on my income tax return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my Mississippi income tax return. To the best of my knowledge and belief, my return is true, correct and complete. This declaration is to be maintained by the electronic return originator and provided to Mississippi Department of Revenue on request.

Signature of fiduciary or officer representing fiduciary _____ Date _____

PART IV: DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

Under penalties of perjury, I declare that I have reviewed the above fiduciary's return and that the entries on this form (MS8453-F) are complete and correct to the best of my knowledge. I have obtained the fiduciary's signature and will maintain this return for the Mississippi Department of Revenue as part of my permanent records. Upon written request, I will furnish this return to the Mississippi Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed electronically with the Mississippi Department of Revenue and have followed all other requirements described in the Mississippi Handbook for Electronic Filers and any additional requirements specified by the Mississippi Department of Revenue. If I am the paid preparer, under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which preparer has any knowledge.

ERO Use Only	ERO Signature _____	Date _____	Check if Also Paid Preparer <input type="checkbox"/>	Check if Self-Employed <input type="checkbox"/>	ERO SSN or PTIN _____
	Firm Name (or yours if self-employed), address and ZIP code _____				EIN _____
					Phone No. _____

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer Use Only	Preparer Signature _____	Date _____	Check if Also Paid Preparer <input type="checkbox"/>	Check if Self-Employed <input type="checkbox"/>	Preparer SSN or PTIN _____
	Firm Name (or yours if self-employed), address and ZIP code _____				EIN _____
					Phone No. _____