



Mississippi Schedule K 2025

FEIN _____

Pass-Through Entity Election

Partnership / LLC / LLP (Federal 1065)

S Corporation (Federal 1120-S)

COLUMN A	COLUMN B	COLUMN C	COLUMN D
PARTNER'S / SHAREHOLDER'S NAME FEIN / SSN	OWNERSHIP % (TO THE FOURTH DECIMAL PLACE) STATE OF RESIDENCE (CHECK BOX IF COMPOSITE)	a MISSISSIPPI TAXABLE INCOME (LOSS) b CREDIT CODE c CREDIT AMOUNT	TAX PAID BY ELECTING PASS-THROUGH ENTITY
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 (from Form 84-131, page 2)	_____	3a _____	3c _____	3	_____
4 Total Mississippi taxable income (loss) and total tax credits (column C, line 2 plus line 3. If composite, enter total composite income (loss) from line 4a on Form 84-122, page 2, line 29)	_____	4a _____	4c _____		
5 Total tax paid by electing pass-through entity (column D, line 2 plus line 3)				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 _____ 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 _____	_____

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

_____	a _____	_____	_____
	c _____	_____	