



# Mississippi Fiduciary Income Tax Return (For Estates and Trusts) 2019

Amended

Tax Year Beginning \_\_\_\_\_  
m m d d y y y y

Tax Year Ending \_\_\_\_\_  
m m d d y y y y

<b>Date entity created</b>	<b>Date of decedent's death</b>	Entity FEIN _____	Decedent / Debtor SSN _____
m m d d y y y y	m m d d y y y y		
<b>Name of Estate or Trust</b>		<b>Check All That Apply</b>	
<b>Name of Fiduciary</b>		<input type="checkbox"/> Initial Return <input type="checkbox"/> Short Period Return <input type="checkbox"/> Final Return Date of confirmation _____ Date of closure _____ m m d d y y y y	
<b>Title of Fiduciary</b>		<b>Type of Entity</b> <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	
<b>Mailing Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County Code</b>
		Number of Mississippi K-1 schedules attached _____	

**MISSISSIPPI INCOME TAX**

1 Mississippi taxable income (loss) (from page 2, line 25)	1	_____ .00
2 <b>Total income tax due</b> (see instructions)	2	_____ .00
3 Credit from tax paid to another state (from Form 80-160, line 14; attach other state return)	3	_____ .00
4 Other credits (attach Form 80-401)	4	_____ .00
5 Net income tax due (line 2 minus line 3 and line 4)	5	_____ .00

**PAYMENTS**

6 Mississippi income tax withheld ( <b>complete Form 80-107</b> )	6	_____ .00
7 Estimated tax payments, extension payments and/or amount paid on original return	7	_____ .00
8 Refund received and/or amount carried forward from original return ( <b>amended return only</b> )	8	_____ .00
9 Total payments (line 6 plus line 7 minus line 8)	9	_____ .00

**REFUND OR BALANCE DUE**

10 Enter amount of overpayment (if line 9 is more than line 5, subtract line 5 from line 9)	10	_____ .00
11 Overpayment to be applied to next year estimate tax account	11	_____ .00
12 <b>Overpayment refund</b> (line 10 minus line 11)	12	_____ .00
13 <b>Balance due</b> (if line 5 is more than line 9, subtract line 9 from line 5)	13	_____ .00
14 Interest and penalty (see instructions)	14	_____ .00
15 <b>Total due</b> (line 13 plus line 14)	15	_____ .00

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 2019

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