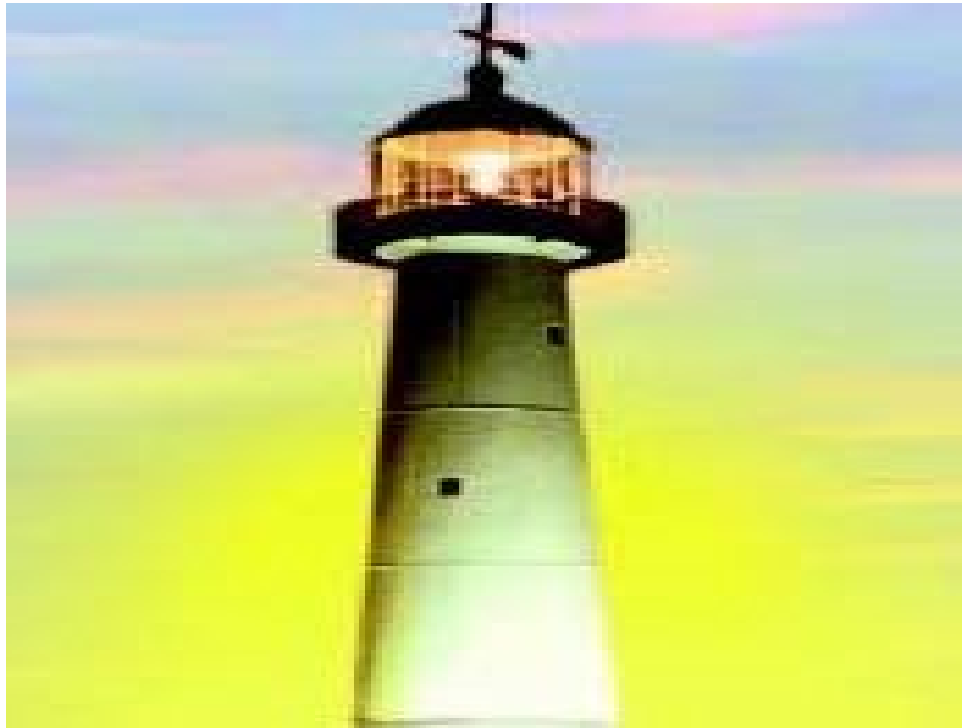


MS E-file Test
Package for
Fiduciary
Income Tax
(For Estate and Trusts)



Tax Year 2015

September 2015

SOFTWARE DEVELOPER COMMUNITY

Thank you for participating in the Mississippi *e-file* Program. Please refer to our website at <http://www.dor.ms.gov/taxareas/individ/efiling/members.html> for a copy of our software specifications publication, Schemas, Business Rules and Spreadsheets for Individual Income Tax (Tax Year 2015). If you have any questions, please contact this office at (601) 923-7055.

This year's package contain Six (6) test returns, Estate, Bankruptcy Chapter 7 and Chapter 11, Simple Trust, Complex Trust and Grantor Trust.

You will find a typed version of each return in this package. Mississippi requires a Federal return to be attached to each test return. You will need to back into the Federal return for testing purposes. We will provide the results of all test returns received to the software developer's contact person through e-mail. **Please e-mail (janet.cahee@dor.ms.gov) prior to testing to provide a contact's name, e-mail address, product EIN and submission ID for each test return submitted.**

You must also complete and sign the new Electronic Filing Operating Agreement Form located on our website at <http://www.dor.ms.gov/taxareas/individ/efiling/members.html> prior to testing with us.

The Department of Revenue is looking forward to working with you for the 2014 filing season. Please call us for help with any questions you may have or to give us your comments and suggestions.

Janet Cahee
Electronic Filing Coordinator
efile@dor.ms.gov

Mississippi Test #1

Forms Required: MS 81-110, MS 81-131 and MS 81-132

Estate Name: Test One Estate

Entity FEIN: 004000000

Mississippi Changes:

- County code – Hinds County (25)
- Taxpayer would like to pay using ACH debit
- Taxpayer would like to mark; **Yes**, this return may be discussed with the preparer



Mississippi Fiduciary Income Tax Return (For Estates and Trusts) 2015

Amended

Tax Year Beginning 01 01 2015
m m d d y y y y

Tax Year Ending 12 31 2015
m m d d y y y y

Date entity created	Date of decedent's death
08 19 2014 <small>m m d d y y y y</small>	08 01 2014 <small>m m d d y y y y</small>

Entity FEIN 004000000
Decedent / Debtor SSN _____

Name of Estate or Trust	Check All That Apply	Type of Entity
Test One Estate	<input checked="" type="checkbox"/> Initial Return <input type="checkbox"/> Short Period Return <input type="checkbox"/> Final Return Date of confirmation _____ Date of closure _____	<input checked="" type="checkbox"/> Decedent 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 Trust <input type="checkbox"/> Qualified Disability Trust <input type="checkbox"/> ESBT (S Portion Only) <input type="checkbox"/> Pooled Income Fund
Name of Fiduciary Test One		
Title of Fiduciary Executor		
Mailing Address 1 Test St		
City Jackson	Number of Mississippi K-1 schedules attached <u>1</u>	
State MS		
Zip 39211		
County Code 25		

MISSISSIPPI INCOME TAX

1 Mississippi taxable income (loss) (from page 2, line 25)	1	39,856.00
2 Total income tax due (see instructions)	2	1,843.00
3 Credit from tax paid to another state (from Form 80-160, line 13; 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	1,843.00

PAYMENTS

6 Mississippi income tax withheld (complete Form 80-107)	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 (amended return only)	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 Overpayment refund (line 10 minus line 11)	12	.00
13 Balance due (if line 5 is more than line 9, subtract line 9 from line 5)	13	1,843.00
14 Interest and penalty (see instructions)	14	.00
15 Total due (line 13 plus line 14)	15	1,843.00

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 2015

Entity FEIN 004000000

COMPUTATION OF TAXABLE INCOME

16 Federal adjusted total income (loss) from federal Form 1041 line 17 16 68,956.00

ADDITIONS

17 a State, local and foreign government taxes based on income 17a 8,000.00
 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 3,500.00
 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 11,500.00

19 Total income (line 16 plus line 18) 19 80,456.00

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 0.00

TAXABLE INCOME

22 Adjusted net income (loss) for Mississippi purposes (line 19 minus line 21) 22 80,456.00

23 Amount allocated to beneficiaries (attach Schedule K, Form 81-131) 23 40,000.00

24 Exemption (see instructions) 24 600.00

25 Taxable income (loss) for Mississippi purposes (line 22 minus line 23 and line 24; enter here and on page 1, line 1) 25 39,856.00



Mississippi Fiduciary Schedule K Beneficiaries Share of Income 2015

FEIN 004000000

Column A	Column B	Column C	Column D
Name, Address and SSN/FEIN of Each Beneficiary	Ownership % (Enter 25% as 25.00) State of Residence	Allocations to Beneficiaries	
		Income Taxable to Mississippi (Resident and Non-Resident Beneficiaries)	Non-Mississippi Income (Non-Resident Beneficiaries Only)
Name <u>Jack Brown</u> Address <u>4020 Brown St</u> <u>Jackson MS 39206</u> FEIN _____ SSN _____	<u>100.0000</u> % State <u>MS</u>	<u>40,000</u> .00	_____ .00
Name _____ Address _____ FEIN _____ SSN _____	_____ . _____ % State _____	_____ .00	_____ .00
Name _____ Address _____ FEIN _____ SSN _____	_____ . _____ % State _____	_____ .00	_____ .00
Name _____ Address _____ FEIN _____ SSN _____	_____ . _____ % State _____	_____ .00	_____ .00
Name _____ Address _____ FEIN _____ SSN _____	_____ . _____ % State _____	_____ .00	_____ .00

Total amounts page 1	_____ . _____ %	40,000.00	_____ .00
Total amounts from supplemental pages	_____ . _____ %	_____ .00	_____ .00
Grand totals (columns B, C and D)	_____ . _____ %	40,000.00	_____ .00

Amount allocated to beneficiaries - (total of column C and column D) 40,000.00

A Mississippi Fiduciary Schedule K-1, Form 81-132, should be prepared for each beneficiary. The amount taxable to each beneficiary of the estate or trust must be reported by each beneficiary in their individual capacity as an element of income earned in Mississippi. Resident beneficiaries must report such income on Mississippi Resident Individual Income Tax Form 80-105. Non-Resident beneficiaries must report their distributive share on Mississippi Nonresident or Part-year Individual Income Tax Form 80-205. **A copy of all Mississippi Schedule K-1's should be attached to the fiduciary return.**

Mississippi Fiduciary Schedule K-1 2015

Resident Beneficiary
 Non-Resident Beneficiary
 Final K-1
 Amended K-1

PART I: INFORMATION ABOUT THE ESTATE OR TRUST	PART III: BENEFICIARY'S SHARE OF CURRENT YEAR INCOME, DEDUCTIONS, CREDITS AND OTHER ITEMS			
A Entity FEIN 004000000	1	Interest income	39,500	10 Final year deductions
	2a	Ordinary dividends		
B Estate or trust name Test One Estate	2b	Qualified dividends		
	C Fiduciary's name, address, city, state and zip code Test One 1Test St Jackson MS 39211	3	Net short-term capital gain	
4a		Net long-term capital gain		11 Alternative minimum tax adjustment
4b		28% rate gain		
4c		Unrecaptured section 1250 gain		
PART II: INFORMATION ABOUT THE BENEFICIARY		5	Other portfolio and nonbusiness income	
D Beneficiary SSN / FEIN 400004677			500	
	E Beneficiary name, address, city, state and zip code Jack Brown 4020 Brown St Jackson MS 39206	6	Ordinary business income	
7		Net rental real estate income		12 Credits and credit recapture
8		Other rental income		
F Estimated tax payments and/or amount paid with extension	9	Directly apportioned deductions		
G Beneficiary percentage of interest in the entity _____ %				13 Other information
				-500
PART IV: MISSISSIPPI TAX CREDITS				
(Enter credit code and name from Form 80-401)				
H <input checked="" type="checkbox"/> Domestic beneficiary <input type="checkbox"/> Foreign beneficiary NOTE: Mississippi law conforms to the Internal Revenue Code with respect to passive activity and rental real estate activity limitations. The amounts shown above reflect Mississippi income or loss and related expenses. For DOR Use Only	Code	Credit	Amount	
	_____	_____	_____ .00	
	_____	_____	_____ .00	
	_____	_____	_____ .00	
	_____	_____	_____ .00	

Mississippi Test #2

Forms Required: MS 81-110

PDF Attachments: MS Individual Income Tax Return (Form 80-105 or 80-205)

Estate Name: Test Two Bankruptcy 7

Entity FEIN: 004000002

Mississippi Changes:

- County code – Oktibbeha (53)
- Taxpayer would like to mark; **No**, this return may be discussed with the preparer



Mississippi Fiduciary Income Tax Return (For Estates and Trusts) 2015

Amended

Tax Year Beginning 01 01 2015
m m d d y y y y

Tax Year Ending 12 31 2015
m m d d y y y y

Date entity created <u>05 21 2012</u> m m d d y y y y	Date of decedent's death _____	Entity FEIN <u>004000002</u>	Decedent / Debtor SSN <u>400004680</u>
Name of Estate or Trust Test Two Bankruptcy 7		Check All That Apply <input type="checkbox"/> Initial Return <input type="checkbox"/> Short Period Return <input checked="" type="checkbox"/> Final Return Date of confirmation _____ Date of closure _____	
Name of Fiduciary Test Two		Type of Entity <input type="checkbox"/> Decedent Estate <input checked="" 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 Trust <input type="checkbox"/> Qualified Disability Trust <input type="checkbox"/> ESBT (S Portion Only) <input type="checkbox"/> Pooled Income Fund	
Title of Fiduciary Trustee			
Mailing Address 216 Test Road			
City Starkville	State MS	Zip 39759	County Code 53
		Number of Mississippi K-1 schedules attached <u>0</u>	

MISSISSIPPI INCOME TAX

1 Mississippi taxable income (loss) (from page 2, line 25)	1	23,827.00
2 Total income tax due (see instructions)	2	1,041.00
3 Credit from tax paid to another state (from Form 80-160, line 13; 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	1,041.00

PAYMENTS

6 Mississippi income tax withheld (complete Form 80-107)	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 (amended return only)	8	.00
9 Total payments (line 6 plus line 7 minus line 8)	9	0.00

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 Overpayment refund (line 10 minus line 11)	12	.00
13 Balance due (if line 5 is more than line 9, subtract line 9 from line 5)	13	1,041.00
14 Interest and penalty (see instructions)	14	.00
15 Total due (line 13 plus line 14)	15	1,041.00

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 2015

Entity FEIN 400004680

COMPUTATION OF TAXABLE INCOME

16 Federal adjusted total income (loss) from federal Form 1041 line 17 16 24,427.00

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 0.00

19 Total income (line 16 plus line 18) 19 24,427.00

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 0.00

TAXABLE INCOME

22 Adjusted net income (loss) for Mississippi purposes (line 19 minus line 21) 22 24,427.00

23 Amount allocated to beneficiaries (attach Schedule K, Form 81-131) 23 0.00

24 Exemption (see instructions) 24 600.00

25 Taxable income (loss) for Mississippi purposes (line 22 minus line 23 and line 24; enter here and on page 1, line 1) 25 23,827.00

Mississippi Test #3

Forms Required: MS 81-110, MS 81-131 and MS 81-132

Estate Name: Test Three Trust

Entity FEIN: 004000003

Mississippi Changes:

- County code – Hinds County (25)
- Taxpayer would like to mark; **Yes**, this return may be discussed with the preparer



Mississippi Fiduciary Income Tax Return (For Estates and Trusts) 2015

Amended

Tax Year Beginning 01 01 2015
m m d d y y y y

Tax Year Ending 12 31 2015
m m d d y y y y

Date entity created	Date of decedent's death
<u>01 01 2014</u> m m d d y y y y	_____ m m d d y y y y

Entity FEIN 004000003
Decedent / Debtor SSN _____

Name of Estate or Trust	Check All That Apply	Type of Entity
Test Three Trust	<input type="checkbox"/> Initial Return <input type="checkbox"/> Short Period Return <input checked="" type="checkbox"/> Final Return Date of confirmation _____ Date of closure _____	<input type="checkbox"/> Decedent Estate <input type="checkbox"/> Bankruptcy Estate-Ch. 7 <input type="checkbox"/> Bankruptcy Estate-Ch. 11 <input checked="" type="checkbox"/> Simple Trust <input type="checkbox"/> Complex Trust <input type="checkbox"/> Grantor Trust <input type="checkbox"/> Qualified Disability Trust <input type="checkbox"/> ESBT (S Portion Only) <input type="checkbox"/> Pooled Income Fund
Name of Fiduciary Test Three		
Title of Fiduciary Fiduciary		
Mailing Address 300 Test Street		
City State Zip County Code Jackson MS 39206 25		
Number of Mississippi K-1 schedules attached 2		

MISSISSIPPI INCOME TAX

1 Mississippi taxable income (loss) (from page 2, line 25)	1	-999.00
2 Total income tax due (see instructions)	2	0.00
3 Credit from tax paid to another state (from Form 80-160, line 13; 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	0.00

PAYMENTS

6 Mississippi income tax withheld (complete Form 80-107)	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 (amended return only)	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 Overpayment refund (line 10 minus line 11)	12	.00
13 Balance due (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 Total due (line 13 plus line 14)	15	0.00

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 2015

Entity FEIN 004000003

COMPUTATION OF TAXABLE INCOME

16 Federal adjusted total income (loss) from federal Form 1041 line 17 16 129,623.00

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 1,600.00
 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 1,600.00

19 Total income (line 16 plus line 18) 19 131,223.00

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 2,300.00
 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 2,300.00

TAXABLE INCOME

22 Adjusted net income (loss) for Mississippi purposes (line 19 minus line 21) 22 128,923.00

23 Amount allocated to beneficiaries (attach Schedule K, Form 81-131) 23 129,622.00

24 Exemption (see instructions) 24 300.00

25 Taxable income (loss) for Mississippi purposes (line 22 minus line 23 and line 24; enter here and on page 1, line 1) 25 -999.00



Mississippi Fiduciary Schedule K Beneficiaries Share of Income 2015

FEIN 004000003

Column A	Column B	Column C	Column D
Name, Address and SSN/FEIN of Each Beneficiary	Ownership % (Enter 25% as 25.00) State of Residence	Allocations to Beneficiaries	
		Income Taxable to Mississippi (Resident and Non-Resident Beneficiaries)	Non-Mississippi Income (Non-Resident Beneficiaries Only)
Name <u>Beneficiary One</u> Address <u>200 Test Drive</u> <u>Jackson MS 39213</u> FEIN _____ SSN <u>400004678</u>	<u>100 . 0000</u> % State <u>MS</u>	<u>64,811</u> .00	<u>0</u> .00
Name <u>Beneficiary Two</u> Address <u>1200 Test Drive</u> <u>Jackson MS 39213</u> FEIN _____ SSN <u>400004679</u>	<u>50 . 0000</u> % State <u>MS</u>	<u>64,811</u> .00	<u>0</u> .00
Name _____ Address _____ FEIN _____ SSN _____	_____ . _____ % State _____	_____ .00	_____ .00
Name _____ Address _____ FEIN _____ SSN _____	_____ . _____ % State _____	_____ .00	_____ .00
Name _____ Address _____ FEIN _____ SSN _____	_____ . _____ % State _____	_____ .00	_____ .00
Total amounts page 1	<u>100 . 0000</u> %	<u>129,622</u> .00	<u>0</u> .00
Total amounts from supplemental pages	_____ . _____ %	_____ .00	_____ .00
Grand totals (columns B, C and D)	_____ . _____ %	_____ .00	_____ .00

Amount allocated to beneficiaries - (total of column C and column D) 129,622.00

A Mississippi Fiduciary Schedule K-1, Form 81-132, should be prepared for each beneficiary. The amount taxable to each beneficiary of the estate or trust must be reported by each beneficiary in their individual capacity as an element of income earned in Mississippi. Resident beneficiaries must report such income on Mississippi Resident Individual Income Tax Form 80-105. Non-Resident beneficiaries must report their distributive share on Mississippi Nonresident or Part-year Individual Income Tax Form 80-205. **A copy of all Mississippi Schedule K-1's should be attached to the fiduciary return.**

Mississippi Fiduciary Schedule K-1 2015

Resident Beneficiary
 Non-Resident Beneficiary
 Final K-1
 Amended K-1

PART I: INFORMATION ABOUT THE ESTATE OR TRUST	PART III: BENEFICIARY'S SHARE OF CURRENT YEAR INCOME, DEDUCTIONS, CREDITS AND OTHER ITEMS			
A Entity FEIN 004000003	1	Interest income 12,500	10	Final year deductions
	2a	Ordinary dividends		
B Estate or trust name Test Three Trust	2b	Qualified dividends		
	C Fiduciary's name, address, city, state and zip code Test Three 300 Test St Jackson MS 39206	3	Net short-term capital gain	
4a		Net long-term capital gain	11	Alternative minimum tax adjustment
4b		28% rate gain		
4c		Unrecaptured section 1250 gain		
PART II: INFORMATION ABOUT THE BENEFICIARY		5	Other portfolio and nonbusiness income	
D Beneficiary SSN / FEIN 400004678	6	Ordinary business income 52,311		
E Beneficiary name, address, city, state and zip code Beneficiary One 200 Test Dr Jackson MS 39213	7	Net rental real estate income	12	Credits and credit recapture
	8	Other rental income		
	9	Directly apportioned deductions		
F Estimated tax payments and/or amount paid with extension			13	Other information
G Beneficiary percentage of interest in the entity 100 . 0000 %	PART IV: MISSISSIPPI TAX CREDITS (Enter credit code and name from Form 80-401)			
H <input checked="" type="checkbox"/> Domestic beneficiary <input type="checkbox"/> Foreign beneficiary NOTE: Mississippi law conforms to the Internal Revenue Code with respect to passive activity and rental real estate activity limitations. The amounts shown above reflect Mississippi income or loss and related expenses. For DOR Use Only	Code	Credit	Amount	
	_____	_____	_____ .00	
	_____	_____	_____ .00	
	_____	_____	_____ .00	
	_____	_____	_____ .00	

Mississippi Fiduciary Schedule K-1 2015

Resident Beneficiary Non-Resident Beneficiary

Final K-1 Amended K-1

PART I: INFORMATION ABOUT THE ESTATE OR TRUST		PART III: BENEFICIARY'S SHARE OF CURRENT YEAR INCOME, DEDUCTIONS, CREDITS AND OTHER ITEMS		
A Entity FEIN 004000003		1 Interest income	12,500	10 Final year deductions
		2a Ordinary dividends		
B Estate or trust name Test Three Trust		2b Qualified dividends		
	C Fiduciary's name, address, city, state and zip code Test Three 300 Test St Jackson MS 39206	3 Net short-term capital gain		
4a Net long-term capital gain			11 Alternative minimum tax adjustment	
4b 28% rate gain				
4c Unrecaptured section 1250 gain				
PART II: INFORMATION ABOUT THE BENEFICIARY				
D Beneficiary SSN / FEIN 400004679		5 Other portfolio and nonbusiness income		
	E Beneficiary name, address, city, state and zip code Beneficiary Two 1200 Test Dr Jackson MS 39213	6 Ordinary business income	52,311	
7 Net rental real estate income			12 Credits and credit recapture	
8 Other rental income				
9 Directly apportioned deductions				
F Estimated tax payments and/or amount paid with extension				13 Other information
G Beneficiary percentage of interest in the entity ____ . _____ %	PART IV: MISSISSIPPI TAX CREDITS (Enter credit code and name from Form 80-401)			
H <input checked="" type="checkbox"/> Domestic beneficiary <input type="checkbox"/> Foreign beneficiary NOTE: Mississippi law conforms to the Internal Revenue Code with respect to passive activity and rental real estate activity limitations. The amounts shown above reflect Mississippi income or loss and related expenses. For DOR Use Only	Code	Credit	Amount	
	_____	_____	_____ .00	
	_____	_____	_____ .00	
	_____	_____	_____ .00	
	_____	_____	_____ .00	

Mississippi Test #4

Forms Required: MS 81-110

Estate Name: Test Four Family Trust

Entity FEIN: 004000004

Mississippi Changes:

- County code – Madison County (45)
- Taxpayer would like to mark; **Yes**, this return may be discussed with the preparer



Mississippi Fiduciary Income Tax Return (For Estates and Trusts) 2015

Amended

Tax Year Beginning 01 01 2015
m m d d y y y y

Tax Year Ending 12 31 2015
m m d d y y y y

Date entity created	Date of decedent's death
<u>01 01 2015</u> m m d d y y y y	_____ m m d d y y y y

Entity FEIN 004000004
Decedent / Debtor SSN _____

Name of Estate or Trust	Check All That Apply	Type of Entity
Test Four Family Estate	<input type="checkbox"/> Initial Return <input type="checkbox"/> Short Period Return <input type="checkbox"/> Final Return Date of confirmation _____ Date of closure _____ _____ _____	<input type="checkbox"/> Decedent Estate <input type="checkbox"/> Bankruptcy Estate-Ch. 7 <input type="checkbox"/> Bankruptcy Estate-Ch. 11 <input type="checkbox"/> Simple Trust <input checked="" type="checkbox"/> Complex Trust <input type="checkbox"/> Grantor Trust <input type="checkbox"/> Qualified Disability Trust <input type="checkbox"/> ESBT (S Portion Only) <input type="checkbox"/> Pooled Income Fund
Name of Fiduciary Test Four		
Title of Fiduciary Trustee		
Mailing Address 1051 Four Dr		
City State Zip County Code Madison MS 39110 45		
Number of Mississippi K-1 schedules attached 0		

MISSISSIPPI INCOME TAX

1 Mississippi taxable income (loss) (from page 2, line 25)	1	8,598.00
2 Total income tax due (see instructions)	2	294.00
3 Credit from tax paid to another state (from Form 80-160, line 13; 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	294.00

PAYMENTS

6 Mississippi income tax withheld (complete Form 80-107)	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 (amended return only)	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 Overpayment refund (line 10 minus line 11)	12	.00
13 Balance due (if line 5 is more than line 9, subtract line 9 from line 5)	13	294.00
14 Interest and penalty (see instructions)	14	.00
15 Total due (line 13 plus line 14)	15	294.00

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 2015

Entity FEIN 004000004

COMPUTATION OF TAXABLE INCOME

16 Federal adjusted total income (loss) from federal Form 1041 line 17 16 10,513.00

ADDITIONS

17 a State, local and foreign government taxes based on income 17a 255.00
 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 230.00
 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) 18 485.00

19 Total income (line 16 plus line 18) 19 10,998.00

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 2,300.00
 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 2,300.00

TAXABLE INCOME

22 Adjusted net income (loss) for Mississippi purposes (line 19 minus line 21) 22 8,698.00

23 Amount allocated to beneficiaries (attach Schedule K, Form 81-131) 23 0.00

24 Exemption (see instructions) 24 100.00

25 Taxable income (loss) for Mississippi purposes (line 22 minus line 23 and line 24; enter here and on page 1, line 1) 25 8,598.00

Mississippi Test #5

Forms Required: MS 81-110

Estate Name: Test Five Trust

Entity FEIN: 004000005

Mississippi Changes:

- County code – Rankin County (61)
- Taxpayer would like to mark; **Yes**, this return may be discussed with the preparer
- Grantor Name, Grantor One
- Grantor Address, 2200 Test Road, Pearl MS 39208
- Grantor EIN, 004000080
- Grantor Income, 5,000
- Grantor Deductions, 3,000



Mississippi Fiduciary Income Tax Return (For Estates and Trusts) 2015

Amended

Tax Year Beginning 01 01 2015
m m d d y y y y

Tax Year Ending 12 31 2015
m m d d y y y y

Date entity created	Date of decedent's death
<u>08 14 2015</u> m m d d y y y y	_____ m m d d y y y y

Entity FEIN 004000005
Decedent / Debtor SSN _____

Name of Estate or Trust	Check All That Apply	Type of Entity
Test Five Trust	<input type="checkbox"/> Initial Return <input type="checkbox"/> Short Period Return <input type="checkbox"/> Final Return Date of confirmation _____ Date of closure _____ _____ _____	<input type="checkbox"/> Decedent 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 checked="" type="checkbox"/> Grantor Trust <input type="checkbox"/> Qualified Disability Trust <input type="checkbox"/> ESBT (S Portion Only) <input type="checkbox"/> Pooled Income Fund
Name of Fiduciary Test Five		
Title of Fiduciary Trustee		
Mailing Address 2630 Test Avenue		
City State Zip County Code Pearl MS 39208 61		
Number of Mississippi K-1 schedules attached 0		

MISSISSIPPI INCOME TAX

1 Mississippi taxable income (loss) (from page 2, line 25)	1		0.00
2 Total income tax due (see instructions)	2		0.00
3 Credit from tax paid to another state (from Form 80-160, line 13; 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		0.00

PAYMENTS

6 Mississippi income tax withheld (complete Form 80-107)	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 (amended return only)	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 Overpayment refund (line 10 minus line 11)	12		.00
13 Balance due (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 Total due (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 2015

Entity FEIN 004000005

COMPUTATION OF TAXABLE INCOME

16 Federal adjusted total income (loss) from federal Form 1041 line 17 16 0.00

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 0.00

19 Total income (line 16 plus line 18) 19 0.00

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 0.00

TAXABLE INCOME

22 Adjusted net income (loss) for Mississippi purposes (line 19 minus line 21) 22 0.00

23 Amount allocated to beneficiaries (attach Schedule K, Form 81-131) 23 0.00

24 Exemption (see instructions) 24 0.00

25 Taxable income (loss) for Mississippi purposes (line 22 minus line 23 and line 24; enter here and on page 1, line 1) 25 0.00