



Mississippi Fiduciary Income Tax Return (For Estates and Trusts) 2010

WIF

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Duplex or Photocopies are NOT Acceptable

F/Y Beginning & Ending FEIN

Name of Estate or Trust

Name of Fiduciary Title of Fiduciary

Mailing Address (PO Box or Number & Street, Including Rural Route)

City State Zip + 4 County Code

(See Instructions)

1. Check All That Apply: Initial Return Amended Return Final Return
2. Type of Entity: Estate Simple Trust Complex Trust Grantor Trust

3a. Number of MS K-1 Schedules Attached: 3b. Date of decedent death or date trust established:

A COMPLETE COPY OF FEDERAL FORM 1041 MUST BE ATTACHED TO THIS RETURN

Round All Amounts to the Nearest Dollar

4. Adjusted Gross Income (Loss) of Fiduciary (from Line 11, page 2) (If less than 0, enter 0) 4. 00
5. Exemption (Estate- \$600: Simple - \$300: Complex - \$100) 5. 00
6. Taxable Income of Fiduciary (Line 4 minus Line 5) (If less than 0, enter 0) 6. (P) 00

Tax Computation	A. Taxable Income	B. Rates	C. Income Tax
a. \$0 - \$5,000	<input type="text"/>	00 X 3% =	<input type="text"/> 00
b. Next \$5,000	<input type="text"/>	00 X 4% =	<input type="text"/> 00
c. Remaining Balance	<input type="text"/>	00 X 5% =	<input type="text"/> 00

7. Total Income Tax (Add amounts on Lines 6a, 6b, and 6c in Column C) 00
8. Overpayments From Prior Year, Estimated Tax Payments, & Amount Paid With Extension. (E) 00
9. Other Credits (See Instructions) Enter code for each type of credit claimed. (Must Attach Form 80-492) (O) 00
10. Total Credits (Add Lines 8 and 9) 00
11. Enter Amount of Overpayment If Line 10 is Larger than Line 7 00
12. Amount of Overpayment (Line 11) to be Applied to next year Estimate Tax Account (C) 00
13. Amount of Overpayment (Line 11) to be REFUNDED (R) 00
14. Enter Balance Due If Line 7 is Larger than Line 10 00
15. Interest and Penalty (See Instructions) (T) 00
16. TOTAL DUE (Line 14 plus Line 15) Must Attach Check or Money Order for Total Due Payable to: Department of Revenue (ENCLOSE PAYMENT VOUCHER 80-106) TOTAL DUE (V) 00

I declare, under the penalties of perjury, that this return (including any accompanying schedules) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Signature of Fiduciary or Officer Representing Fiduciary Date Phone Number

This Return may be discussed with the preparer.

Paid Preparer Signature Date Paid Preparer Address Yes No

Paid Firm Identification Number or PTIN Paid Preparer Social Security Number or PTIN Preparer Phone

Mail REFUND RETURNS 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

