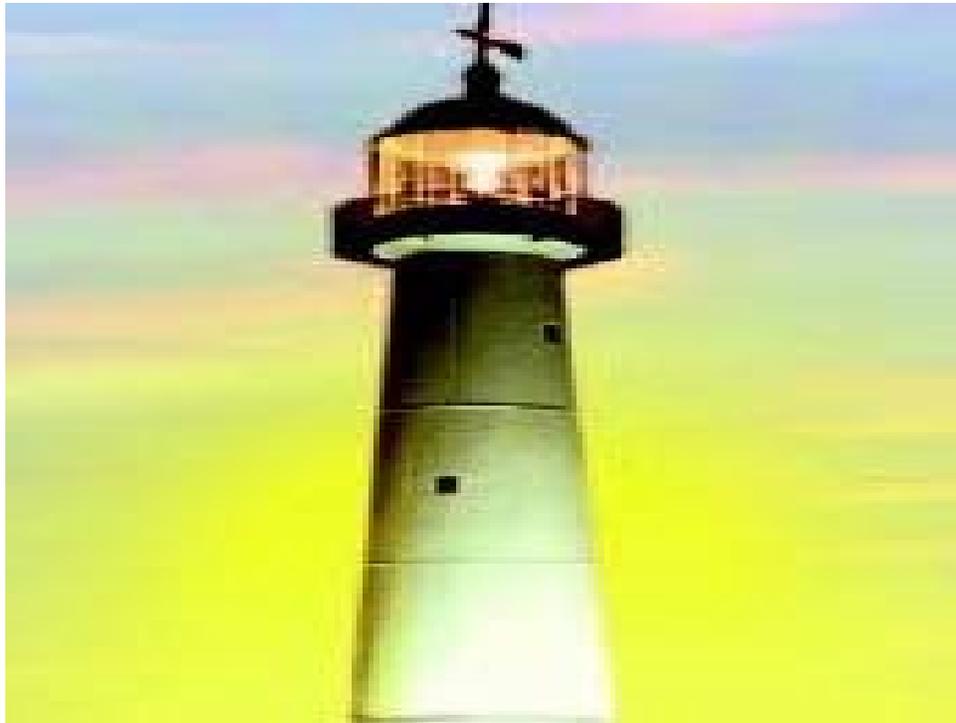


MS E-file Test  
Package for  
Fiduciary  
Income Tax  
(For Estate and Trusts)



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](mailto: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](mailto: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
<u>08 19 2014</u> m m d d y y y y	<u>08 01 2014</u> m m d d y y y y

Entity FEIN 004000000  
Decedent / Debtor SSN \_\_\_\_\_

Name of Estate or Trust	Check All That Apply	Type of Entity
<b>Test One Estate</b>	<input checked="" type="checkbox"/> Initial Return	<input checked="" type="checkbox"/> Decedent Estate
Name of Fiduciary <b>Test One</b>	<input type="checkbox"/> Short Period Return	<input type="checkbox"/> Bankruptcy Estate-Ch. 7
Title of Fiduciary <b>Executor</b>	<input type="checkbox"/> Final Return	<input type="checkbox"/> Bankruptcy Estate-Ch. 11
Mailing Address <b>1 Test St</b>	Date of confirmation _____	<input type="checkbox"/> Simple Trust
City <b>Jackson</b>	Date of closure _____	<input type="checkbox"/> Complex Trust
State <b>MS</b>		<input type="checkbox"/> Grantor Trust
Zip <b>39211</b>		<input type="checkbox"/> Qualified Disability Trust
County Code <b>25</b>		<input type="checkbox"/> ESBT (S Portion Only)
	Number of Mississippi K-1 schedules attached <b>1</b>	<input type="checkbox"/> Pooled Income Fund

**MISSISSIPPI INCOME TAX**

1 Mississippi taxable income (loss) (from page 2, line 25)	1	39,856.00
2 <b>Total income tax due</b> (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 ( <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	1,843.00
14 Interest and penalty (see instructions)	14	.00
15 <b>Total due</b> (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

<b>Total amounts page 1</b>	_____ . _____ %	40,000.00	_____ .00
<b>Total amounts from supplemental pages</b>	_____ . _____ %	_____ .00	_____ .00
<b>Grand totals (columns B, C and D)</b>	_____ . _____ %	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			
<b>A</b> Entity FEIN  004000000	1	Interest income	39,500	10 Final year deductions
	2a	Ordinary dividends		
<b>B</b> Estate or trust name  Test One Estate	2b	Qualified dividends		
	<b>C</b> 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		
<b>PART II: INFORMATION ABOUT THE BENEFICIARY</b>		5	Other portfolio and nonbusiness income	
<b>D</b> Beneficiary SSN / FEIN  400004677			500	
	<b>E</b> 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		
<b>F</b> Estimated tax payments and/or amount paid with extension	9	Directly apportioned deductions		
<b>G</b> Beneficiary percentage of interest in the entity _____ %				-500
	<b>PART IV: MISSISSIPPI TAX CREDITS</b> (Enter credit code and name from Form 80-401)			
<b>H</b> <input checked="" type="checkbox"/> Domestic beneficiary <input type="checkbox"/> Foreign beneficiary  <b>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.</b>  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	Date of decedent's death
<u>05 21 2012</u> m m d d y y y y	_____ m m d d y y y y

Entity FEIN 004000002  
Decedent / Debtor SSN 400004680

Name of Estate or Trust	Check All That Apply	Type of Entity
<b>Test Two Bankruptcy 7</b>	<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 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
Name of Fiduciary <b>Test Two</b>		
Title of Fiduciary <b>Trustee</b>		
Mailing Address <b>216 Test Road</b>		
City State Zip County Code <b>Starkville MS 39759 53</b>		
Number of Mississippi K-1 schedules attached <b>0</b>		

**MISSISSIPPI INCOME TAX**

1 Mississippi taxable income (loss) (from page 2, line 25)	1	32,949.00
2 <b>Total income tax due</b> (see instructions)	2	1,497.00
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	1,497.00

**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	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 <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	1,497.00
14 Interest and penalty (see instructions)	14	.00
15 <b>Total due</b> (line 13 plus line 14)	15	1,497.00

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 400000002

**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 9,122.00  
 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 9,122.00

19 Total income (line 16 plus line 18) 19 33,549.00

**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 33,549.00

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 32,949.00

## 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
<b>Test Three Trust</b>	<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 <b>Test Three</b>		
Title of Fiduciary <b>Fiduciary</b>		
Mailing Address <b>300 Test Street</b>		
City State Zip County Code <b>Jackson MS 39206 25</b>		
Number of Mississippi K-1 schedules attached <b>2</b>		

**MISSISSIPPI INCOME TAX**

1 Mississippi taxable income (loss) (from page 2, line 25)	1	_____ <b>-999</b> .00
2 <b>Total income tax due</b> (see instructions)	2	_____ <b>0</b> .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	_____ <b>0</b> .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	_____ <b>0</b> .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
<b>Total amounts page 1</b>	<u>100 . 0000</u> %	<u>129,622</u> .00	<u>0</u> .00
<b>Total amounts from supplemental pages</b>	_____ . _____ %	_____ .00	_____ .00
<b>Grand totals (columns B, C and D)</b>	_____ . _____ %	_____ .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			
<b>A</b> Entity FEIN  004000003	1	Interest income <span style="float: right;">12,500</span>	10	Final year deductions
	2a	Ordinary dividends		
<b>B</b> Estate or trust name  Test Three Trust	2b	Qualified dividends		
	<b>C</b> 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		
<b>PART II: INFORMATION ABOUT THE BENEFICIARY</b>		5	Other portfolio and nonbusiness income	
<b>D</b> Beneficiary SSN / FEIN  400004678	6	Ordinary business income <span style="float: right;">52,311</span>		
<b>E</b> 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	
<b>F</b> Estimated tax payments and/or amount paid with extension			13	Other information
<b>G</b> Beneficiary percentage of interest in the entity 100 . 0000 %	<b>PART IV: MISSISSIPPI TAX CREDITS</b> (Enter credit code and name from Form 80-401)			
<b>H</b> <input checked="" type="checkbox"/> Domestic beneficiary <input type="checkbox"/> Foreign beneficiary  <b>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.</b>  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		
<b>A</b> Entity FEIN  004000003		<b>1</b> Interest income  12,500		<b>10</b> Final year deductions
<b>B</b> Estate or trust name  Test Three Trust		<b>2a</b> Ordinary dividends		
<b>C</b> Fiduciary's name, address, city, state and zip code  Test Three 300 Test St Jackson MS 39206		<b>2b</b> Qualified dividends		
<b>PART II: INFORMATION ABOUT THE BENEFICIARY</b>		<b>3</b> Net short-term capital gain		
<b>D</b> Beneficiary SSN / FEIN  400004679		<b>4a</b> Net long-term capital gain	<b>11</b> Alternative minimum tax adjustment	
<b>E</b> Beneficiary name, address, city, state and zip code  Beneficiary Two 1200 Test Dr Jackson MS 39213		<b>4b</b> 28% rate gain		
<b>F</b> Estimated tax payments and/or amount paid with extension		<b>4c</b> Unrecaptured section 1250 gain		
<b>G</b> Beneficiary percentage of interest in the entity ____ . _____ %		<b>5</b> Other portfolio and nonbusiness income		
<b>H</b> <input checked="" type="checkbox"/> Domestic beneficiary <input type="checkbox"/> Foreign beneficiary		<b>6</b> Ordinary business income  52,311		
<b>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.</b>		<b>7</b> Net rental real estate income	<b>12</b> Credits and credit recapture	
For DOR Use Only		<b>8</b> Other rental income		
		<b>9</b> Directly apportioned deductions		
		<b>13</b> Other information		
		<b>PART IV: MISSISSIPPI TAX CREDITS</b>		
		(Enter credit code and name from Form 80-401)		
		<b>Code</b>	<b>Credit</b>	<b>Amount</b>
		_____	_____	_____ .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
<b>Test Four Family Estate</b>	<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 <b>Test Four</b>		
Title of Fiduciary <b>Trustee</b>		
Mailing Address <b>1051 Four Dr</b>		
City State Zip County Code <b>Madison MS 39110 45</b>		
Number of Mississippi K-1 schedules attached <b>0</b>		

**MISSISSIPPI INCOME TAX**

1 Mississippi taxable income (loss) (from page 2, line 25)	1	8,598.00
2 <b>Total income tax due</b> (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 ( <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	294.00
14 Interest and penalty (see instructions)	14	.00
15 <b>Total due</b> (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
<b>Test Five Trust</b>	<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 <b>Test Five</b>		
Title of Fiduciary <b>Trustee</b>		
Mailing Address <b>2630 Test Avenue</b>		
City State Zip County Code <b>Pearl MS 39208 61</b>		
Number of Mississippi K-1 schedules attached <b>0</b>		

**MISSISSIPPI INCOME TAX**

1 Mississippi taxable income (loss) (from page 2, line 25)	1		0.00
2 <b>Total income tax due</b> (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 ( <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 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