



Mississippi
Fiduciary Income Tax Return
(For Estates and Trusts)
2007

For Official Use Only

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

- 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).
5. Exemption (Estate- \$600: Simple - \$300: Complex - \$100).
6. Taxable Income of Fiduciary (Line 4 minus Line 5) (If less than 0, enter 0).

Table with columns: Tax Computation, A. Taxable Income, B. Rates, C. Income Tax. Rows include calculations for 3% and 4% rates.

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

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

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

Mail REFUND RETURNS To: Office of Revenue, P.O. Box 23058, Jackson, MS 39225-3058
Mail ALL OTHER RETURNS To : Office of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

