



Mississippi Fiduciary Income Tax Return (For Estates and Trusts) 2022

Amended

Tax Year Beginning _____
m m d d y y y y

Tax Year Ending _____
m m d d y y y y

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

MISSISSIPPI INCOME TAX

1 Mississippi taxable income (loss) (from page 2, line 26)	1	_____ .00
2 Total income tax due (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 Credit for tax paid on an electing Pass-Through Entity Tax Return (from Form 80-161, line 7)	4	_____ .00
5 Other credits (attach Form 80-401)	5	_____ .00
6 Net income tax due (line 2 minus line 3, line 4 and line 5)	6	_____ .00

PAYMENTS

7 Mississippi income tax withheld (complete Form 80-107)	7	_____ .00
8 Estimated tax payments, extension payments and/or amount paid on original return	8	_____ .00
9 Refund received and/or amount carried forward from original return (amended return only)	9	_____ .00
10 Total payments (line 7 plus line 8 minus line 9)	10	_____ .00

REFUND OR BALANCE DUE

11 Enter amount of overpayment (if line 10 is more than line 6, subtract line 6 from line 10 and add amount from Form 80-161, line 8)	11	_____ .00
12 Overpayment to be applied to next year estimate tax account	12	_____ .00
13 Overpayment refund (line 11 minus line 12)	REFUND	13 _____ .00
14 Balance due (if line 6 is more than line 10, subtract line 10 from line 6)	BALANCE DUE	14 _____ .00
15 Interest and penalty (see instructions)	15	_____ .00
16 Total due (line 14 plus line 15)	AMOUNT YOU OWE	16 _____ .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 2022

Entity FEIN _____

COMPUTATION OF TAXABLE INCOME

17 Federal adjusted total income (loss) from federal Form 1041 line 17 17 _____ .00

ADDITIONS

18

- a** State, local and foreign government taxes based on income 18a _____ .00
- b** Depletion in excess of cost basis 18b _____ .00
- c** Interest on obligations of other states or political subdivisions 18c _____ .00
- d** Expenses applicable to earning interest on U.S. Government obligations (see instructions) 18d _____ .00
- e** Itemized deductions claimed on federal Form 1041 (add if claimed standard deduction on line 21e) 18e _____ .00
- f** Mississippi source QSST income _____ 18f _____ .00
- g** Other additions (itemize each item) _____ 18g _____ .00
- h** _____ 18h _____ .00
- i** _____ 18i _____ .00

19 Total additions (add lines 18a through line 18i) 19 _____ .00

20 Total income (line 17 plus line 19) 20 _____ .00

DEDUCTIONS

21

- a** Interest on U.S. government obligations 21a _____ .00
- b** Wages reduced by federal employment tax credits 21b _____ .00
- c** Miss. Code Ann. § 27-7-9(f)(10) included in line 4, page 1, federal Form 1041 (see instructions) 21c _____ .00
- d** Expenses applicable to earning interest income on line 18c above (see instructions) 21d _____ .00
- e** Standard deduction (see line 18e above if standard deduction is claimed) 21e _____ .00
- f** Non-Mississippi income (net of expenses) (**non-resident fiduciary returns only**) 21f _____ .00
- g** Other deductions (itemize each item) _____ 21g _____ .00
- h** _____ 21h _____ .00
- i** _____ 21i _____ .00

22 Total deductions (add lines 21a through 21i) 22 _____ .00

TAXABLE INCOME

23 Adjusted net income (loss) for Mississippi purposes (line 20 minus line 22) 23 _____ .00

24 Amount allocated to beneficiaries (**attach Schedule K, Form 81-131**) 24 _____ .00

25 Exemption (see instructions) 25 _____ .00

26 Taxable income (loss) for Mississippi purposes (line 23 minus line 24 and line 25; enter here and on page 1, line 1) 26 _____ .00