

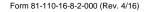


Mississippi Fiduciary Income Tax Return (For Estates and Trusts)

Amended

811101681000		2016	indoto)		
Tax Year Beginning			Tax Year En	ding	
	mm dd yyyy				mm dd yyyy
Date entity created	Date of dec	edent's death	Entity FEIN		
mm dd yyyy	m m	dd yyyy	Decedent / De	ebtor SSN	
			Check All Tha	t Apply	Type of Entity
Name of Estate or Trust					
Name of Fiduciary			Initial Return		Decedent Estate
Humo of Fridayday			Short Period Return Bankruptcy Estate-Ch. Final Return Bankruptcy Estate-Ch.		
Title of Fiduciary			Date of confi	rmation	Bankruptcy Estate-Ch. 1 Simple Trust
					Complex Trust
Mailing Address			mm dd	уууу	Grantor Trust
			Date of closu	ıre	Qualified Disability Trust
City	State Zip	County Code	mm dd	уууу	ESBT (S Portion Only)
			Number of Mississip		Pooled Income Fund
			K-1 schedules attac		
MISSISSIPPI INCOME TAX					
1 Mingingingi tayahla inggma (laga) (f	from norro Q line QE)				
 Mississippi taxable income (loss) (f Total income tax due (see instruc 					
	tate return)				
 3 Credit from tax paid to another state (from Form 80-160, line 13; attach other st. 4 Other credits (attach Form 80-401) 					
5 Net income tax due (line 2 minus line 3 and line 4)					
				5	
PAYMENTS					
6 Mississippi income tax withheld (co	oturo				
 7 Estimated tax payments, extension payments and/or amount Paid on original re 8 Refund received and/or amount carried forward from original return (amended) 					
 8 Refund received and/or amount carried forward from original return (amended) 9 Total payments (line 6 plus line 7 minus line 8) 			return only)		
				9	
REFUND OR BALANCE DUE					
10 Enter amount of overpayment (if lin			line 9)		
11 Overpayment to be applied to next	,	ount		-	
12 Overpayment refund (line 10 minu	,	from line T)			
13 Balance due (if line 5 is more than	-	from line 5)	BALANCE DU	10	
14 Interest and penalty (see instruction15 Total due (line 13 plus line 14)	.15)		AMOUNT YOU OW		
13 Total due (inte 13 plus inte 14)				- 15	
This return may be discussed with the	preparer Yes	No			
I declare, under penalties of perjury, that this is a true, correct and complete return.					
Signature of Fiduciary or Officer Representing Fid	luciary Date	Phone Number		IN of Fiduciary	
				or r radiolary	
Paid Preparer Signature	Date	Paid Preparer F	Phone Number Pai	d Preparer PTIN	N
Paid Preparer Address		City	Sta	te Zip Cod	e

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



811101682000

Mississippi Fiduciary Net Taxable Income Schedule 2016

Entity FEIN COMPUTATION OF TAXABLE INCOME Federal adjusted total income (loss) from federal Form 1041 line 17 16 16 -00 ADDITIONS 17 a State, local and foreign government taxes based on income 17a _.00 b Depletion in excess of cost basis 17b c Interest on obligations of other states or political subdivisions 17c d Expenses applicable to earning interest on U.S. Government obligations (see instructions) 17d 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 h 17h _.00 i 17i 18 Total additions (add lines 17a through line 17i) 18 ...00 Total income (line 16 plus line 18) 19 19 _.00 DEDUCTIONS a Interest on U.S. government obligations 20 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 f Non-Mississippi income (net of expenses) (non-resident fiduciary returns only) 20f -00 g Other deductions (itemize each item) 20g ...00 h 20h i Total deductions (add lines 20a through 20i) 21 21 ...00 TAXABLE INCOME 22 Adjusted net income (loss) for Mississippi purposes (line 19 minus line 21) - 00 23 Amount allocated to beneficiaries (attach Schedule K, Form 81-131) 23 24 Exemption (see instructions) 24 _____00 25 25 Taxable income (loss) for Mississippi purposes (line 22 minus line 23 and line 24; enter here - 00 and on page 1, line 1)

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