



# Mississippi Fiduciary Income Tax Return (For Estates and Trusts) 2020

Amended

Tax Year Beginning \_\_\_\_\_  
m m d d y y y y

Tax Year Ending \_\_\_\_\_  
m m d d y y y y

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

**MISSISSIPPI INCOME TAX**

1 Mississippi taxable income (loss) (from page 2, line 25)	1	_____ .00
2 <b>Total income tax due</b> (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 Other credits (attach Form 80-401)	4	_____ .00
5 Net income tax due (line 2 minus line 3 and line 4)	5	_____ .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 2020

Entity FEIN \_\_\_\_\_

**COMPUTATION OF TAXABLE INCOME**

**16** Federal adjusted total income (loss) from federal Form 1041 line 17 16 \_\_\_\_\_ .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 \_\_\_\_\_ .00

**19 Total income** (line 16 plus line 18) 19 \_\_\_\_\_ .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 \_\_\_\_\_ .00

**TAXABLE INCOME**

**22 Adjusted net income (loss) for Mississippi purposes** (line 19 minus line 21) 22 \_\_\_\_\_ .00

**23** Amount allocated to beneficiaries **(attach Schedule K, Form 81-131)** 23 \_\_\_\_\_ .00

**24** Exemption (see instructions) 24 \_\_\_\_\_ .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 \_\_\_\_\_ .00