Form 81-110-20-8-1-000 (Rev. 08/20)

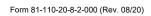


Mississippi Fiduciary Income Tax Return

Amended

dent's death	Tax Year Endir Entity FEIN Decedent / Debt Check All That A	or SSN	mm dd yyyy
	Decedent / Debt Check All That A Initial Return		
	Decedent / Debt Check All That A Initial Return		Type of Entity
	Decedent / Debt Check All That A Initial Return		Type of Entity
ld yyyy	Initial Return	pply	Type of Entity
	Initial Return	pply	Type of Entity
	Short Period R	atura	Decedent's Estate
	Final Return	elum	Bankruptcy Estate-Ch. Bankruptcy Estate-Ch.
	Date of confirm	ation	Simple Trust
			Complex Trust
	mm dd y	ууу	Grantor Type Trust
	Date of closure		Qualified Disability Trus
County Code			ESBT (S Portion Only)
	mm dd y	ууу	Pooled Income Fund
	Number of Mississippi	4	
	K-T schedules attache	J	
		1	
ne 14; attach other s	tate return)		
		5	
		6	
unt paid on original	eturn		
		9	
subtract line 5 from	line 9)	10	
unt			
	REFUND		
rom line 5)	BALANCE DUE		
	AMOUNT YOU OWE		
No			
urn and accompanyli r (other than taxpayer	is based on all informatic	nts, and to t on of which p	ne best of my knowledge and be preparer has any knowledge.
1			
Phone Numbe	FEIN	f Fiduciary	
Paid Preparer	Phone Number Paid P	reparer PTIN	
City	State	Zip Code	
,	unt paid on original r nal return (amended , subtract line 5 from unt rom line 5) No urn and accompanyin (other than taxpayer) Phone Number Paid Preparer F	County Code mm d d y Number of Mississippi K-1 schedules attached ne 14; attach other state return) unt paid on original return nal return (amended return only) subtract line 5 from line 9) unt REFUND rom line 5) BALANCE DUE AMOUNT YOU OWE No urn and accompanying schedules and stateme (other than taxpayer) is based on all information Phone Number FEIN c Paid Preparer Phone Number Paid P	County Code mm d yyyy Number of Mississippi K-1 schedules attached ne 14; attach other state return) 1 2 a 3 4 5 3 4 5 3 4 5 3 4 5 3 4 5 3 4 5 3 4 5 3 4 5 3 4 5 3 4 5 3 4 6 7 7 nal return (amended return only) 8 9 9 10 11 11 12 13 12 13 14 AMOUNT YOU OWE 15 15 14 15 14 15 15 14 16 16 15 17 15 14 18 15 14 19 16 15 10 16

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



811102082000

Mississippi Fiduciary Net Taxable Income Schedule 2020

	Entity	FEIN					
С	COMPUTATION OF TAXABLE INCOME						
16	Federal adjusted total income (loss) from federal Form 1041 line 17	16					
A	DITIONS						
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) 	170					
	f Mississippi source QSST income	17f					
	Other additions (itemize each item)	17a					
	h	17b					
		17;					
			00				
18	Total additions (add lines 17a through line 17i)	18					
19	Total income (line 16 plus line 18)	19	.00				
DE	DUCTIONS						
20	a Interest on U.S. government obligations	20a					
	b Wages reduced by federal employment tax credits	206	.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)	200	00				
	f Non-Mississippi income (net of expenses) (non-resident fiduciary returns only)	20f	00				
	g Other deductions (itemize each item)	200	00				
	h	20b					
	i	20i	00				
			00				
21	Total deductions (add lines 20a through 20i)	21					
TA	XABLE INCOME						
	Adjusted not income (loca) for Mississippi purpages (ling 10 minus ling 21)	20					
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					
24	Exemption (see instructions)	24					
25	Taxable income (loss) for Mississippi purposes (line 22 minus line 23 and line 24; enter here	25	~~				
20	and on page 1, line 1)	-	00				

Page 2