



Mississippi Schedule K 2016

FEIN _____

Partnership / LLC / LLP (Federal 1065)

S Corporation (Federal 1120-S)

| COLUMN A | COLUMN B | COLUMN C | | COLUMN D |
|---|---|---|---------------------------------|--|
| OWNER / PARTNER NAME ID TYPE | OWNERSHIP % (ENTER 25% AS 25.0000) STATE OF RESIDENCE (CHECK BOX IF COMPOSITE) | A MISSISSIPPI TAXABLE INCOME (LOSS) B CREDIT CODE | C CREDIT AMOUNT | NON-MISSISSIPPI TAXABLE INCOME (LOSS) |
| 1 NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____ | _____ STATE ____ <input type="checkbox"/> COMPOSITE | a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____ | _____ _____ _____ | |
| NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____ | _____ STATE ____ <input type="checkbox"/> COMPOSITE | a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____ | _____ _____ _____ | |
| NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____ | _____ STATE ____ <input type="checkbox"/> COMPOSITE | a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____ | _____ _____ _____ | |
| NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____ | _____ STATE ____ <input type="checkbox"/> COMPOSITE | a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____ | _____ _____ _____ | |
| NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____ | _____ STATE ____ <input type="checkbox"/> COMPOSITE | a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____ | _____ _____ _____ | |

| | | | | |
|---|-------|----------|----------|---------|
| 2 Total column B, column C and column D (from above) | _____ | 2a _____ | 2c _____ | 2 _____ |
| 3 Totals from additional pages (total of column B, column C and column D from Form 84-131, page 2) | _____ | 3a _____ | 3c _____ | 3 _____ |
| 4 Total taxable income(loss) and total tax credits (total of column C, line 2 plus line 3. Composite filers enter total composite income from column C, line 4a on Form 84-122, page 2, line 29 and line 4c on Form 84-401, line 3) | _____ | 4a _____ | 4c _____ | 4 _____ |
| 5 Total taxable income (loss) (column C, line 4a plus column D, line 4) | _____ | | | 5 _____ |



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| COLUMN A | COLUMN B | COLUMN C | | COLUMN D |
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| NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____ | _____ STATE ____ <input type="checkbox"/> COMPOSITE | a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____ | _____ _____ _____ _____ | _____ _____ _____ |
| NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____ | _____ STATE ____ <input type="checkbox"/> COMPOSITE | a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____ | _____ _____ _____ _____ | _____ _____ _____ |
| NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____ | _____ STATE ____ <input type="checkbox"/> COMPOSITE | a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____ | _____ _____ _____ _____ | _____ _____ _____ |
| NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____ | _____ STATE ____ <input type="checkbox"/> COMPOSITE | a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____ | _____ _____ _____ _____ | _____ _____ _____ |
| NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____ | _____ STATE ____ <input type="checkbox"/> COMPOSITE | a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____ | _____ _____ _____ _____ | _____ _____ _____ |

Subtotal (add column B, column C, and column D; enter total on Form 84-131, page 1, line 3)

| | | | |
|-------|--------------------|-------|---------|
| _____ | a _____ c _____ | _____ | 2 _____ |
|-------|--------------------|-------|---------|