



Mississippi Schedule K 2017

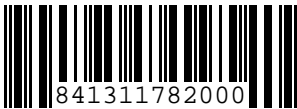
FEIN _____

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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NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____	STATE _____ <input type="checkbox"/> COMPOSITE	a _____ 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 _____	_____ _____ _____ _____	_____
NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____	STATE _____ <input type="checkbox"/> COMPOSITE	a _____ 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 _____	_____ _____ _____ _____	_____
NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____	STATE _____ <input type="checkbox"/> COMPOSITE	a _____ 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 _____ 2 _____
c _____