



Mississippi Schedule K 2022

Page 1

FEIN _____

☐ Pass-Through Entity Election

☐ Partnership / LLC / LLP (Federal 1065)

☐ S Corporation (Federal 1120-S)

COLUMN A	COLUMN B	COLUMN C	COLUMN D
PARTNER'S / SHAREHOLDER'S NAME FEIN / SSN	OWNERSHIP % (TO THE FOURTH DECIMAL PLACE) STATE OF RESIDENCE (CHECK BOX IF COMPOSITE)	a MISSISSIPPI TAXABLE INCOME (LOSS) b CREDIT CODE c CREDIT AMOUNT	TAX PAID BY ELECTING PASS-THROUGH ENTITY
1 NAME _____ FEIN ☐ _____ SSN ☐ _____	_____ STATE _____ ☐ COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	_____
NAME _____ FEIN ☐ _____ SSN ☐ _____	_____ STATE _____ ☐ COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	_____
NAME _____ FEIN ☐ _____ SSN ☐ _____	_____ STATE _____ ☐ COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	_____
NAME _____ FEIN ☐ _____ SSN ☐ _____	_____ STATE _____ ☐ COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	_____
NAME _____ FEIN ☐ _____ SSN ☐ _____	_____ STATE _____ ☐ 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 (from Form 84-131, page 2)	_____	3a _____ 3c _____	3 _____
4 Total Mississippi taxable income (loss) and total tax credits (column C, line 2 plus line 3. If composite, enter total composite income (loss) from line 4a on Form 84-122, page 2, line 29)	_____	4a _____ 4c _____	
5 Total tax paid by electing pass-through entity (column D, line 2 plus line 3)			5 _____



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NAME _____ FEIN ☐ _____ SSN ☐ _____	_____ STATE _____ ☐ COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	_____
NAME _____ FEIN ☐ _____ SSN ☐ _____	_____ STATE _____ ☐ COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	_____
NAME _____ FEIN ☐ _____ SSN ☐ _____	_____ STATE _____ ☐ COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	_____
NAME _____ FEIN ☐ _____ SSN ☐ _____	_____ STATE _____ ☐ 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
