

## Mississippi Schedule K 2023

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**FEIN Pass-Through Entity Election** Partnership / LLC / LLP (Federal 1065) S Corporation (Federal 1120-S) COLUMN A **COLUMN B COLUMN C** COLUMN D **OWNERSHIP** % PARTNER'S / SHAREHOLDER'S NAME a MISSISSIPPI TAXABLE INCOME (LOSS) **TAX PAID BY ELECTING** (TO THE FOURTH DECIMAL PLACE) **PASS-THROUGH ENTITY** FEIN / SSN b CREDIT CODE c CREDIT AMOUNT STATE OF RESIDENCE (CHECK BOX IF COMPOSITE) 1 NAME С **FEIN** STATE С b С COMPOSITE NAME С FEIN STATE b С SSN COMPOSITE NAME а С FEIN STATE С b С COMPOSITE SSN NAME а FEIN STATE С С COMPOSITE SSN NAME а С STATE FEIN b С b С COMPOSITE b SSN С 2a 2 Total column B, column C and column D (from above) 2c 3 Totals from additional pages (from За Form 84-131, page 2) Зс 4 Total Mississippi taxable income (loss) and total tax credits (column C, line 2 4a plus line 3. If composite, enter total composite income (loss) from line 4a on Form 84-122, page 2, line 29) 5 Total tax paid by electing pass-through entity (column D, line 2 plus line 3)

Form 84-131-23-8-2-000 (Rev. 11/23)



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COLUMN A	COLUMN B	COLUMN C	COLUMN D
PARTNER'S / SHAREHOLDER'S NAME FEIN / SSN	OWNERSHIP % (TO THE FOURTH DECIMAL PLACE)	a MISSISSIPPI TAXABLE INCOME (LOSS) b CREDIT CODE c CREDIT AMOUNT	TAX PAID BY ELECTING PASS-THROUGH ENTITY
	STATE OF RESIDENCE (CHECK BOX IF COMPOSITE)		
NAME		a b c	
FEIN	STATE	b c	
SSN	COMPOSITE	b c	
NAME		a	
FEIN	STATE	b c	
SSN	COMPOSITE	b c	
NAME		a b c	
FEIN	STATE	b c	
SSN	COMPOSITE	b c	
NAME		a	
FEIN	STATE	b c	
SSN	COMPOSITE	b c	
NAME		a	
FEIN	STATE	b c	
SSN	COMPOSITE	b c	
Subtotal (add column B, column C, and column D; enter total on Form 84-131, page 1. line 3)		a c	