



MS

# Mississippi Net Taxable Income Schedule 2012

FEIN \_\_\_\_\_

**FEDERAL TAXABLE INCOME** (ROUND TO THE NEAREST DOLLAR)

- 1. Ordinary Business Income (Loss) (From Federal Form 1120S, Page 1, Line 21 or Federal Form 1065, Page 1, Line 22.  
If Multi-State Direct Accounting, Enter Zero and Skip to Line 25) \_\_\_\_\_
- 2. Total Federal Schedule K Income (Pass-Through Items) Not Included in Line 1 Above (From  
Federal Form 1120S, Federal Form 1065, Page 4, Schedule K, Line 2 through Line 11.) \_\_\_\_\_
- 3. Total Federal Schedule K Deductions (Pass-Through Items) Not Included in Line 1 Above  
(From Federal Form 1120S, Page 3, Schedule K, Line 11 through Line 12d or Federal Form 1065, Page 4, Schedule K, Line 12  
through Line 13d.) \_\_\_\_\_
- 4. **Total Federal Business Income (Loss)** (Line 1 Plus Line 2 Minus Line 3) \_\_\_\_\_

**STATE ADDITIONS TO FEDERAL TAXABLE INCOME**

- 5. State, Local or Foreign Government Taxes Based on Income \_\_\_\_\_
- 6. Interest on Obligations of Other States or Political Subdivisions (Net of Expenses) \_\_\_\_\_
- 7. Depletion Expense in Excess of Cost \_\_\_\_\_
- 8. Federal Special Depreciation Allowance \_\_\_\_\_
- 9. Other Additions Required By Law (Attach Schedule of Computations) \_\_\_\_\_
- 10. **Total Additions** (Add Line 5 Through Line 9) \_\_\_\_\_

**STATE DEDUCTIONS FROM FEDERAL TAXABLE INCOME**

- 11. Interest on Obligations of the United States  
(Net of Expenses) \_\_\_\_\_
- 12. Wages Reduced on Federal Return for Federal Employment Tax Credits \_\_\_\_\_
- 13. Income (Loss) From Partnership, S Corporation or Trust \_\_\_\_\_
- 14. Income (Loss) From Construction Contracting or Production of Natural  
Mineral Resource Products (Net of Expenses) \_\_\_\_\_
- 15. Additional Depreciation Due to a Difference in the Depreciable Base  
for Federal and State Purposes (Attach Schedule of Computations) \_\_\_\_\_
- 16. Other Deductions (Attach Schedule of Computations) \_\_\_\_\_
- 17. **Total Deductions** (Add Line 11 Through Line 16) \_\_\_\_\_

**APPORTIONMENT / ALLOCATION**

**If 100% Mississippi, Complete Line 18 then Skip to Page 2, Line 20**

- 18. Adjusted Federal Income (Loss) (Line 4 Plus Line 10 Minus Line 17) \_\_\_\_\_
- 19. Adjustment for Nonbusiness Income (Loss) Net of Expenses  
(From Form 84-150, Column E, Line 2) \_\_\_\_\_



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## APPORTIONMENT / ALLOCATION (Continuation From Page 1)

20. Apportionable Business Income (Loss)  
(Line 18 Minus Line 19) \_\_\_\_\_

21. Apportionment Ratio  Sales (Retail)  Manufacturers (Retail)  Manufacturers (Wholesale), Financial Institutions, Pipelines  Special Formula \_\_\_\_\_ %  
(Enter Ratio and Check Box As Shown on Form 84-125, Part II.)

22. Mississippi Apportioned Income (Loss) (Multiply Line 20 By Line 21; If 100% Mississippi, Enter Amount from Line 18.) \_\_\_\_\_

23. Nonbusiness Income (Loss) Allocated to Mississippi  
(From Form 84-150, Column F, Line 2) \_\_\_\_\_

24. Mississippi Income (Loss) from Partnership, S Corporation or Trust  
(Attach Mississippi K-1's, Form 84-132) \_\_\_\_\_

25. Mississippi Income (Loss) from Construction Contracting or Production of Natural Mineral Resource Products (From Form 84-124, Page 1, Line 31 and/or Page 2, Line 46) \_\_\_\_\_

26. Other Adjustments Required By Law (Attach Schedule of Computations) \_\_\_\_\_

27. Income Exemption (Enter the Amount of Exemption. (Attach Schedule of Computations. If Not Applicable, Enter Zero.) \_\_\_\_\_

28. Total Income (Loss) Apportioned and Directly Allocated to Mississippi  
(Sum of Line 22 Through Line 27) \_\_\_\_\_

## MISSISSIPPI COMPOSITE TAXABLE INCOME

If Filing Composite, Complete Lines 29 Through 32 Below

29. Mississippi Composite Net Income (Loss)  
(From Form 84-131) \_\_\_\_\_

30. Composite Return Filing Adjustment  
(Attach Schedule) \_\_\_\_\_

31. Less Mississippi Composite Net Operating Loss Deduction  
(From Form 84-155, Line 2) \_\_\_\_\_

32. Mississippi Composite Net Taxable Income (Loss)  
(Line 29 Minus Line 30 and Line 31. Enter here and on Form 84-105, Line 5. If Negative, Enter Zero here and on Form 84-105 Line 5) \_\_\_\_\_