

Mississippi Fiduciary Schedule K Beneficiaries Share of Income 2023

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EEINI

Name, Address and SSN/FEIN of Each Beneficiary Name Address	Ownership % (Enter 25% as 25.00) State of Residence	Allocations to Income Taxable to Mississippi (Resident and Non-Resident Beneficiaries)	Beneficiaries Non-Mississippi Income (Non-Resident Beneficiaries Only)
of Each Beneficiary	(Enter 25% as 25.00) State of Residence	Income Taxable to Mississippi (Resident and Non-Resident Beneficiaries)	Non-Mississippi Income (Non-Resident Beneficiaries Only)
	%		
Address	%		
	%		
FEIN			
SSN	State	00	0.0
		00	00
Name			
Address			
	%		
FEIN			
SSN	State	00	00
Name			
Address	0/		
	%		
FEIN			
SSN	State	00	00
Name			
Addless	. %		
FEIN			
SSN	State	00	00
lawa			
Name			
	. %		
FEIN			
SSN	State	00	00
Total amounts page 1	. %	00	00
			00
Total amounts from supplemental pages	%	00	00
Grand totals (columns B, C and D)	0/		
Grand totals (columns B, C and D)	%	00	00
Amount allocated to beneficiaries - (t	otal of column C and columr	n D)	00

A Mississippi Fiduciary Schedule K-1, Form 81-132, should be prepared for each beneficiary. The amount taxable to each beneficiary of the estate or trust must be reported by each beneficiary in their individual capacity as an element of income earned in Mississippi. Resident beneficiaries must report such income on Mississippi Resident Individual Income Tax Form 80-105. Non-Resident beneficiaries must report their distributive share on Mississippi Nonresident or Part-year Individual Income Tax Form 80-205. A copy of all Mississippi Schedule K-1s should be attached to the fiduciary return.



Mississippi Fiduciary Schedule K Beneficiaries Share of Income 2023

FEIN

Column A	Column B	Column C	Column D	
Name, Address and SSN/FEIN of Each Beneficiary	Ownership %	Allocations to	Allocations to Beneficiaries	
	(Enter 25% as 25.00) State of Residence	Income Taxable to Mississippi (Resident and Non-Resident Beneficiaries)	Non-Mississippi Income (Non-Resident Beneficiaries Only)	
Name				
Address	_			
	%			
FEIN				
SSN	State	00	00	
	_			
Name	_			
Address	%			
	%			
FEIN				
SSN	State	00	00	
Name Address	_			
Addiess				
FEIN	_			
SSN	State	00	00	
Name				
Address	_			
FEIN SSN	_ State			
	_ State	00	00	
Name				
Address	_			
	%			
FEIN				
SSN	 State	00	00	
		00	00	
Name	_			
Address	_			
FEIN				
SSN	State	00	00	
Total amounts from this averal amounts in a sur-	•			
Total amounts from this supplemental pag	e %	00	00	