

Scanband Version of Form 80-108-10-5 Schedules A, B, Part IV (Income from Rents, Royalties, Partnerships, S Corporations, Trusts & Estates), Other Income (Loss) Supplemental Income, and Voluntary Contributions Check-Off

We have tried to include the changes from the previous year in this list, but we may have missed a few. Please check the form as well as this list.

- 1) Updated barcode, year, and form number
- 2) Updated Line 6 page 1 (Line 6 1a & 2a)
- 3) Updated page 1 PART 3: VOLUNTARY CONTRIBUTION CHECK-OFFS adding MS Bicentennial Celebration Fund
(See forms 80-105, 80-108, and 80-110)
- 4) Updated "MUST ATTACH" on all forms
- 5) Updated the agency name



MS

Mississippi Schedule A - Itemized Deductions Schedule B - Interest & Dividends

2010

Duplex or Photocopies NOT Acceptable

Social Security Number

Name

Large dashed box for name and address information.

For Computer Use Only-Do Not Write Above This Line MUST COMPLETE FULLY

PART 1: SCHEDULE A - Itemized Deductions - (From Federal Form 1040 Schedule A)

If the amount of AGI on Form 1040 exceeds the federal limits, you must refer to your Federal Schedule A and complete the worksheet provided in the MS Instructions on Page 12. Enter the result on Line 9 below. In the event you filed using the standard deduction on your Federal Return and wish to itemize for Mississippi purposes, use Federal Form 1040 Schedule A as a worksheet and transfer the information from the specific lines indicated to this Schedule A.

Form 1: SCHEDULE A - Itemized Deductions. Includes lines 1-9 with sub-questions (a, b, c) and corresponding input boxes on the right.

PART 2: SCHEDULE B - Interest and Dividend Income (From Federal Form 1040 Schedule B, enter the amount from the line indicated)

Total interest and dividend amounts on Lines 4 & 5 below, from jointly owned accounts, may be split between taxpayer and spouse before the amounts are transferred to Form 80-105, Page 2, Lines 40 and 41, respectively.

Form 2: SCHEDULE B - Interest and Dividend Income. Includes lines 1-6 with sub-questions and corresponding input boxes for Interest and Dividends.

PART 3: VOLUNTARY CONTRIBUTION CHECK-OFFS (Resident Returns Only)

You may elect to voluntarily contribute all or part (at least \$1) of your income tax refund to one or more of the funds listed below. Your contribution may be claimed as a tax deductible charitable contribution on your state and federal income tax returns. Once your return is filed, your contribution is final and cannot be refunded. On page 1, Line 30, form 80-105 please indicate by each Fund J, K, L, M, N, Q and/or Z the amount(s) of your refund you wish to contribute to each of these funds, then enter total in the box provided. Refer to the instruction booklet 80-100 (may be downloaded from our website www.dor.ms.gov) for an explanation of the purpose of each of these funds and how the refund donations will be used.

- (J) Mississippi Military Family Relief Fund
(K) Mississippi Commission for Volunteer Service Fund
(L) Mississippi Wildlife Heritage Fund
(M) Mississippi Educational Trust Fund
(N) Mississippi Wildlife Fisheries and Parks Foundation
(Q) Mississippi Bicentennial Celebration Fund
(Z) Mississippi Burn Care Fund



MS

**MISSISSIPPI
Other Income (Loss) and Supplemental Income
2010**

Duplex or Photocopies NOT Acceptable

Social Security Number []

<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height:20px;"> </td></tr> <tr><td style="height:20px;"> </td></tr> <tr><td style="height:20px;"> </td></tr> <tr><td style="height:20px;"> </td></tr> <tr><td style="height:20px;"> </td></tr> <tr><td style="height:20px;"> </td></tr> </table>							<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height:20px;"> </td></tr> <tr><td style="height:20px;"> </td></tr> <tr><td style="height:20px;"> </td></tr> <tr><td style="height:20px;"> </td></tr> <tr><td style="height:20px;"> </td></tr> <tr><td style="height:20px;"> </td></tr> </table>							<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height:20px;"> </td></tr> <tr><td style="height:20px;"> </td></tr> <tr><td style="height:20px;"> </td></tr> <tr><td style="height:20px;"> </td></tr> <tr><td style="height:20px;"> </td></tr> <tr><td style="height:20px;"> </td></tr> </table>							<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height:20px;"> </td></tr> <tr><td style="height:20px;"> </td></tr> <tr><td style="height:20px;"> </td></tr> <tr><td style="height:20px;"> </td></tr> <tr><td style="height:20px;"> </td></tr> <tr><td style="height:20px;"> </td></tr> </table>						

For Computer Use Only - Do Not Write Above This Line **MUST COMPLETE FULLY**

SSN []

PART 4: Income (Loss) from Rents, Royalties, Partnerships, S Corporations, Trusts & Estates

INCOME (LOSS) FROM RENTAL REAL ESTATE AND ROYALTIES

Total Rental Real Estate and Royalty Income (Loss) from Part 1, (Must Attach Federal Schedule E)	\$
Add: Depletion claimed in excess of cost basis	\$
A. Rental Real Estate and Royalty Income (Loss) for Mississippi purposes. (Add above 2 lines)	\$

INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS (Must Attach MS K1)

Name of Partnership or S Corporation	FEIN (Must include FEIN)	INCOME (LOSS) (Non-residents Use Mississippi K-1's)
B. Total Partnership and/or S Corporation Income (Loss)		\$

INCOME (LOSS) FROM ESTATES AND TRUSTS (Must Attach MS K1)

Name of Estate or Trust	FEIN (Must include FEIN)	INCOME (LOSS) (Non-residents Use Mississippi K-1's)
C. Total Estate and Trust Income (Loss)		\$
D. Total of lines A, B & C. Enter here and on Line 38, Page 2, Form 80-105 or Line 37 Page 2, Form 80-205.(Income From Rents, Royalties, P'ships, S Corps., Trusts, etc.)		\$

PART 5: Schedule N - Other Income (Loss) and Supplemental Income

List type of Income or Adjustment

1.	
2.	
3.	
4.	
5.	
6.	\$
Total Schedule N Other Income Or Loss. Enter here and on Line 45, Page 2, Form 80-105 or Line 44 Page 2, Form 80-205.	\$



MS

Mississippi Schedule A - Itemized Deductions Schedule B - Interest & Dividends

2010

Duplex or Photocopies NOT Acceptable

Social Security Number

Name

Grid of boxes for itemized deductions: A1a, A1b, A1c, A2a, A2b, A2c, A3, A4, A5, A6a, A6b, A6c, A7a, A7b, A7c, A8, A9, B1, B2, B3, B4, B5, B6, TS

For Computer Use Only-Do Not Write Above This Line MUST COMPLETE FULLY

PART 1: SCHEDULE A - Itemized Deductions - (From Federal Form 1040 Schedule A)

If the amount of AGI on Form 1040 exceeds the federal limits, you must refer to your Federal Schedule A and complete the worksheet provided in the MS Instructions on Page 12. Enter the result on Line 9 below. In the event you filed using the standard deduction on your Federal Return and wish to itemize for Mississippi purposes, use Federal Form 1040 Schedule A as a worksheet and transfer the information from the specific lines indicated to this Schedule A.

Form for Part 1: SCHEDULE A - Itemized Deductions. Includes lines 1 through 9 with sub-questions (a, b, c) and checkboxes for applicable boxes.

PART 2: SCHEDULE B - Interest and Dividend Income (From Federal Form 1040 Schedule B, enter the amount from the line indicated)

Total interest and dividend amounts on Lines 4 & 5 below, from jointly owned accounts, may be split between taxpayer and spouse before the amounts are transferred to Form 80-105, Page 2, Lines 40 and 41, respectively.

Form for Part 2: SCHEDULE B - Interest and Dividend Income. Includes lines 1 through 6 with columns for Interest and Dividends.

PART 3: VOLUNTARY CONTRIBUTION CHECK-OFFS (Resident Returns Only)

You may elect to voluntarily contribute all or part (at least \$1) of your income tax refund to one or more of the funds listed below. Your contribution may be claimed as a tax deductible charitable contribution on your state and federal income tax returns. Once your return is filed, your contribution is final and cannot be refunded. On page 1, Line 30, form 80-105 please indicate by each Fund J, K, L, M, N, Q and/or Z the amount(s) of your refund you wish to contribute to each of these funds, then enter total in the box provided. Refer to the instruction booklet 80-100 (may be downloaded from our website www.dor.ms.gov) for an explanation of the purpose of each of these funds and how the refund donations will be used.

- (J) Mississippi Military Family Relief Fund
(K) Mississippi Commission for Volunteer Service Fund
(L) Mississippi Wildlife Heritage Fund
(M) Mississippi Educational Trust Fund
(N) Mississippi Wildlife Fisheries and Parks Foundation
(Q) Mississippi Bicentennial Celebration Fund
(Z) Mississippi Burn Care Fund



MS

Mississippi
Schedule A - Itemized Deductions
Schedule B - Interest & Dividends

2010

Duplex or Photocopies NOT Acceptable

Social Security Number []

Name []

9/11 to 17/11	20/11 to 28/11	31/11 to 39/11	43/11 to 51/11	55/11 to 63/11
9/12 to 17/12	20/12 to 28/12	31/12 to 39/12	43/12 to 51/12	55/12 to 63/12
9/13 to 17/13	20/13 to 28/13	31/13 to 39/13	43/13 to 51/13	55/13 to 63/13
9/14 to 17/14	20/14 to 28/14	31/14 to 39/14	43/14 to 51/14	54/14 to 63/14
9/15 to 17/15	20/15 to 28/15	31/15 to 39/15	43/15 to 51/15	

For Computer Use Only-Do Not Write Above This Line **MUST COMPLETE FULLY**

The beginning and ending positions of each data box above are referenced in the box.

There must be data in all fields of the scanband. There cannot be any handwritten information on these forms. The preparer or taxpayer should not be able to print this form with data missing from the scanband.



MS

**Mississippi
Schedule A - Itemized Deductions
Schedule B - Interest & Dividends**

2010

Duplex or Photocopies NOT Acceptable

Social Security Number **321-45-6789**

Name **Smith, John P**

0	1700	2000	12800	0
0	400	8000	0	0
0	0	11000	0	0
2300	0	8300	0	3214567897
600	10000	2700	0	

For Computer Use Only-Do Not Write Above This Line **MUST COMPLETE FULLY**

PART 1: SCHEDULE A - Itemized Deductions - (From Federal Form 1040 Schedule A)

If the amount of AGI on Form 1040 exceeds the federal limits, you must refer to your Federal Schedule A and complete the worksheet provided in the MS Instructions on Page 12. Enter the result on Line 9 below. In the event you filed using the standard deduction on your Federal Return and wish to itemize for Mississippi purposes, use Federal Form 1040 Schedule A as a worksheet and transfer the information from the specific lines indicated to this Schedule A.

1. a. Medical and Dental Expenses (Must Attach Federal Form 1040 Schedule A)	1a.	0
b. AGI from Federal Form 1040: \$ _____ X 7.5% (.075)	1b.	0
c. Medical & Dental Expense Deduction (Subtract line 1b from line 1a)	1c.	0
2. a. Total Taxes Paid	2a.	2,300
b. Less State Income Taxes (or other taxes in lieu of)	2b.	600
c. Total Taxes Paid Deduction (Subtract Line 2b From Line 2a)	2c.	1,700
3. Total Interest Paid	3.	400
4. Charitable Contributions	4.	0
5. Total Casualty or Theft Loss (Must Attach Federal Form 4684)	5.	0
6. 1a. Employee Business Expenses (Must Attach Federal Form 2106)	6a.	10,000
2a. Miscellaneous Itemized Deductions (1a & 2a subject to 2% limitation)		
b. AGI from Federal Form 1040 \$ _____ X 2% (.02)		
c. Subtract line 6b from line 6a.	6c.	8,000
7. a. Miscellaneous Deductions not subject to Federal 2% AGI Limit	7a.	11,000
b. Less Gambling Losses	7b.	8,300
c. Other Miscellaneous Deductions (Subtract Line 7b from Line 7a)	7c.	2,700
8. Mississippi Itemized Deductions - (Add Lines 1c, 2c, 3, 4, 5, 6c, and 7c) Enter here and on Form 80-105, Page 1, Line 19 or Form 80-205, Page 1, Line 16a.	8.	12,800
9. Mississippi Itemized Deductions (Federal limits due to AGI apply) Enter the amount here and on Form 80-105, Page 1, Line 19 or Form 80-205, Page 1, Line 16a.	9.	0

PART 2: SCHEDULE B - Interest and Dividend Income (From Federal Form 1040 Schedule B, enter the amount from the line indicated)

Total interest and dividend amounts on Lines 4 & 5 below, from jointly owned accounts, may be split between taxpayer and spouse before the amounts are transferred to Form 80-105, Page 2, Lines 40 and 41, respectively.

	Interest	Dividends
1. Interest Income From All Sources	1. 0	
2. Amount of MS Nontaxable Interest reported in Line 1	2. 0	
3. Total MS Interest (Line 1 minus Line 2). Enter here & on Form 80-105, Page 2, Line 40 or Form 80-205, Page 2 Line 39	3. 0	
4. Total Dividends From All Sources		4. 0
5. Amount of Nontaxable Distributions Reported in Line 4		5. 0
6. Total MS Dividends (Line 4 minus Line 5) Enter here and on Resident Form 80-105, Page 2, Line 41 or Non-Resident Form 80-205, Page 2, Line 40.		6. 0

PART 3: VOLUNTARY CONTRIBUTION CHECK-OFFS (Resident Returns Only)

You may elect to voluntarily contribute all or part (at least \$1) of your income tax refund to one or more of the funds listed below. Your contribution may be claimed as a tax deductible charitable contribution on your state and federal income tax returns. Once your return is filed, your contribution is final and cannot be refunded. On page 1, Line 30, form 80-105 please indicate by each Fund J, K, L, M, N, Q and/or Z the amount(s) of your refund you wish to contribute to each of these funds, then enter total in the box provided. Refer to the instruction booklet 80-100 (may be downloaded from our website www.dor.ms.gov) for an explanation of the purpose of each of these funds and how the refund donations will be used.

- (J) Mississippi Military Family Relief Fund
- (K) Mississippi Commission for Volunteer Service Fund
- (L) Mississippi Wildlife Heritage Fund
- (M) Mississippi Educational Trust Fund
- (N) Mississippi Wildlife Fisheries and Parks Foundation
- (Q) Mississippi Bicentennial Celebration Fund
- (Z) Mississippi Burn Care Fund



MS

**MISSISSIPPI
Other Income (Loss) and Supplemental Income
2010**

Page 2

Duplex or Photocopies NOT Acceptable

Social Security Number _____

TS	F5	I7	P4 GT
RR1	F6	ET1	SNI-1
RR2	I1	ET2	SNI-2
RR3	I2	ET3	SNI-3
F1	I3	ETI-1	SNI-4
F2	I4	ETI-2	SNI-5
F3	I5	ETI-3	SNI-6
F4	I6	ETI-4	SNI-7

For Computer Use Only - Do Not Write Above This Line **MUST COMPLETE FULLY**

SSN _____

PART 4: Income (Loss) from Rents, Royalties, Partnerships, S Corporations, Trusts & Estates
INCOME (LOSS) FROM RENTAL REAL ESTATE AND ROYALTIES

Total Rental Real Estate and Royalty Income (Loss) from Part 1, (Must Attach Federal Schedule E)	\$
Add: Depletion claimed in excess of cost basis	\$
A. Rental Real Estate and Royalty Income (Loss) for Mississippi purposes. (Add above 2 lines)	\$

INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS (Must Attach MS K1)

Name of Partnership or S Corporation	FEIN (Must include FEIN)	INCOME (LOSS) (Non-residents Use Mississippi K-1's)
B. Total Partnership and/or S Corporation Income (Loss)		\$

INCOME (LOSS) FROM ESTATES AND TRUSTS (Must Attach MS K1)

Name of Estate or Trust	FEIN (Must include FEIN)	INCOME (LOSS) (Non-residents Use Mississippi K-1's)
C. Total Estate and Trust Income (Loss)		\$
D. Total of lines A, B & C. Enter here and on Line 38, Page 2, Form 80-105 or Line 37 Page2, Form 80-205.(Income From Rents, Royalties, P'ships, S Corps., Trusts, etc.)		\$

PART 5: Schedule N - Other Income (Loss) and Supplemental Income

List type of Income or Adjustment

1.	
2.	
3.	
4.	
5.	
6.	\$
Total Schedule N Other Income Or Loss. Enter here and on Line 45, Page 2, Form 80-105 or Line 44 Page 2, Form 80-205.	\$



MS

MISSISSIPPI
Other Income (Loss) and Supplemental Income
2010

Duplex or Photocopies NOT Acceptable

Social Security Number []

11/10 to 20/10	25/10 to 34/10	39/10 to 47/10	53/10 to 61/10
12/11 to 20/11	25/11 to 34/11	38/11 to 47/11	53/11 to 61/11
12/12 to 20/12	26/12 to 34/12	38/12 to 47/12	53/12 to 61/12
12/13 to 20/13	26/13 to 34/13	38/13 to 47/13	53/13 to 61/13
11/14 to 20/14	26/14 to 34/14	39/14 to 47/14	53/14 to 61/14
11/15 to 20/15	26/15 to 34/15	39/15 to 47/15	53/15 to 61/15
11/16 to 20/16	26/16 to 34/16	39/16 to 47/16	53/16 to 61/16
11/17 to 20/17	26/17 to 34/17	39/17 to 47/17	53/17 to 61/17

For Computer Use Only - Do Not Write Above This Line **MUST COMPLETE FULLY**

The beginning and ending positions of each data box above are referenced in the box.

There must be data in all fields of the scanband. There cannot be any handwritten information on these forms. The preparer or taxpayer should not be able to print this form with data missing from the scanband.



MS

MISSISSIPPI
Other Income (Loss) and Supplemental Income
2010

Duplex or Photocopies NOT Acceptable

Social Security Number 1234567897

1234567897	0	0	0
20000	0	0	0
25000	0	0	0
45000	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

For Computer Use Only - Do Not Write Above This Line **MUST COMPLETE FULLY**

SSN 1234567897

PART 4: Income (Loss) from Rents, Royalties, Partnerships, S Corporations, Trusts & Estates

INCOME (LOSS) FROM RENTAL REAL ESTATE AND ROYALTIES

Total Rental Real Estate and Royalty Income (Loss) from Part 1, (Must Attach Federal Schedule E)	\$	20000
Add: Depletion claimed in excess of cost basis	\$	25000
A. Rental Real Estate and Royalty Income (Loss) for Mississippi purposes. (Add above 2 lines)	\$	45000

INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS (Must Attach MS K1)

Name of Partnership or S Corporation	FEIN (Must include FEIN)	INCOME (LOSS) (Non-residents Use Mississippi K-1's)
B. Total Partnership and/or S Corporation Income (Loss)		\$

INCOME (LOSS) FROM ESTATES AND TRUSTS (Must Attach MS K1)

Name of Estate or Trust	FEIN (Must include FEIN)	INCOME (LOSS) (Non-residents Use Mississippi K-1's)
C. Total Estate and Trust Income (Loss)		\$
D. Total of lines A, B & C. Enter here and on Line 38, Page 2, Form 80-105 or Line 37 Page 2, Form 80-205.(Income From Rents, Royalties, P'ships, S Corps., Trusts, etc.)		\$

PART 5: Schedule N - Other Income (Loss) and Supplemental Income

List type of Income or Adjustment

1.	
2.	
3.	
4.	
5.	
6.	\$
Total Schedule N Other Income Or Loss. Enter here and on Line 45, Page 2, Form 80-105 or Line 44 Page 2, Form 80-205.	\$

Key to Data Fields for the Schedules A, B, Part 4 (Income from Rents, Royalties, Partnerships, Corporations, Trusts & Estates), and N. This form must be approved by the Mississippi Department of Revenue.

Key to the data fields for the Income Tax scanband version for 2010. The form number is 80-108

Page 1:

The lower left corner of the scanband must be located on the left and bottom edge of grid space x=6, y=16.

"MS" to the left of the header must begin in grid space 27/4 and end in grid space 28/4 and be in a Courier 12pt.

Page 2:

The top left corner of the barcode is located at position x=6, y=4 on the 10/6 grid.

The top right registration mark is located at the top right corner of grid box x=80, y=4.

The lower left corner of the scanband must be located on the left and bottom edge of grid space x=6, y=19.

"MS" to the left of the header must begin in grid space 27/4 and end in grid space 28/4 and be in an Courier 12 pt.

The following is the labeling and the description of the items to be included in the Scanband of this form. The beginning and ending data positions are included in one of the templates for the form. The field length is included in this key for each data position. Grid positioning given is from the first grid space to the last grid space included in a data field. (Example 22/9 to 29/9 is 8 grid spaces.) You should use this information to position the data on the returns. Do not use a grid overlay to determine the positions from a printed paper form. The field length specified assumes using a **Courier 12 point** font, which is the required font. In the Scanband, the name and address fields should be left justified. **All other fields should be right justified. All fields in the scanband must be filled. If a field is blank in the scanband, your software should fill the field using a "0" (zero) for numeric fields and an "N" for alpha or alphanumeric fields.** The money field in the scanband should not contain any commas, cents, decimals or other formatting information except for the negative signs (-) as a leading indicator for any negative amount. The amounts in the body of the return should contain commas. Example -123,456 in the

NOTE: All Fields below (A1a thru B6) must be populated for deductions to be allowed.

Front (Page 1) of the form:

Field Name Description

A1a. This is a numeric field. This field is 9 characters long.

A1b This is a numeric field. This field is 9 characters long.

A1c This is a numeric field. This field is 9 characters long.

A2a This is a numeric field. This field is 9 characters long.

A2b This is a numeric field. This field is 9 characters long.

A2c This is a numeric field. This field is 9 characters long.

A3 This is a numeric field. This field is 9 characters long.

A4 This is a numeric field. This field is 9 characters long.

A5 This is a numeric field. This field is 9 characters long. Taxpayer must attach Fed. Form 4684.

A6a This is a numeric field. This field is 9 characters long. Taxpayer must attach Fed. Form 2106.

A6b This is a numeric field. This field is 9 characters long.

A6c This is a numeric field. This field is 9 characters long.

A7a This is a numeric field. This field is 9 characters long.

A7b This is a numeric field. This field is 9 characters long.

A7c This is a numeric field. This field is 9 characters long.

A8 This is a numeric field. This field is 9 characters long

A9 This is a numeric field. This field is 9 characters long.

Page 1: Continued

B1 This is a numeric field. This field is 9 characters long.

B2 This is a numeric field. This field is 9 characters long.

B3 This is a numeric field. This field is 9 characters long.

B4 This is a numeric field. This field is 9 characters long.

B5 This is a numeric field. This field is 9 characters long.

B6 This is a numeric field. This field is 9 characters long.

TS This is a numeric field. This is the taxpayer's Social Security Number. This field is 10 characters long. The last digit in this field is a check digit. This check digit is in the scanband but not in the body of the form. Check digits should be calculated using Modulus 10 Self-check Digit Computation found in the Mississippi Guidelines for Providers of Substitute Tax Forms.

Key to the data fields for Part 4, Income (Loss) from Rents, Royalties, Partnerships, S Corporations, Trusts & Estates and Part V, Schedule N - Other Income (Loss) and Supplemental Income. The form number is 80-108.

Page 2 of the form:

Field Name	Description
TS	This is a numeric field. This is the taxpayer's Social Security Number. This field is 10 characters long. The last digit in this field is a check digit. This check digit is in the scanband but not in the body of the form. Check digits should be calculated using Modulus 10 Self-Check Digit Computation found in the Mississippi Guidelines for Providers of Substitute Forms.
RR1 - RR3	These are numeric fields and are money fields. These are the income (loss) amount, adjustment for excess depletion and the net total income or loss From rental real estate and royalty activities. These fields are 9 characters long.
F1 - F6	These are numeric fields. These are the FEINs of the Partnerships or S-Corporations in Part B: Income or Loss From Partnerships and S Corporations . These fields are 10 characters long. The last digit in this field is a check digit. This check digit is in the scanband but not in the body of the form. Check digits should be calculated using Modulus 10 Self-Check Digit Computation found in the Mississippi Guidelines for Providers of Substitute Forms. For each INCOME (LOSS) entry, a FEIN must be entered.
I1 - I7	These are the income or loss amounts from the Partnerships or S Corporations in Part B: Income or Loss From Partnerships and S Corporations. These are numeric fields that are money fields. They are 9 characters long. I7 is the total of fields I1 - I6.
ET1 - ET3	These are numeric fields. These are the FEINs of the Estates and Trusts. These fields are 10 characters long. The last digit in this field is a check digit. This check digit is in the scanband but not in the body of the form. Check digits should be calculated using Modulus 10 Self-Check Digit Computation found in the Mississippi Guidelines for Providers of Substitute Forms.
ETI-1 - ETI-4	These are the income or loss amounts from the Estates or Trusts. These are numeric fields that are money fields. They are 9 characters long. ETI-4 is the total of fields ETI-1 through ETI-3.
P4IGT	This is a numeric field. This is the total of lines RR3, I7 & ETI-4 and represent the total income or loss from Part Four.
SNI-1 - SNI-7	These are numeric fields and money fields. These are the separate Schedule N adjustments. For each item of income (loss) or adjustment a separate entry is made. These fields are 9 characters long. For each entry, a description MUST be entered into the body of the form. SNI-7 is the total of fields SNI-1 through SNI-6.