



Mississippi Fiduciary Schedule K Beneficiaries Share of Income 2012

FEIN _____

Column A	Column B	Column C		Column D
Name, Address & SSN/ FEIN of Each Beneficiary	Ownership % Enter 25% as 25.00 State of Residence	Allocations to Beneficiaries		
		Income Taxable to Mississippi (Resident & Non-Resident Beneficiaries)	(D) Non-Mississippi Income (Non-Resident Beneficiaries Only)	
Name _____	_____ %			
Address _____				

FEIN _____				
SSN _____				
Name _____	_____ %			
Address _____				

FEIN _____				
SSN _____				
Name _____	_____ %			
Address _____				

FEIN _____				
SSN _____				
Name _____	_____ %			
Address _____				

FEIN _____				
SSN _____				
Name _____	_____ %			
Address _____				

FEIN _____				
SSN _____				

Total Amounts Page 1 _____ % _____ 00 _____ 00

Total Amounts from Supplemental Pages _____ % _____ 00 _____ 00

GRAND TOTALS (Column B, C, & D) _____ % _____ 00 _____ 00

AMOUNT ALLOCATED TO BENEFICIARIES - (Total of Columns C & 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-1's should be attached to the Fiduciary return.**

Duplex and Photocopies are NOT Acceptable



Mississippi

Fiduciary Schedule K

Beneficiaries Share of Income

2012

FEIN _____

Column A	Column B	Column C		Column D
Name, Address & SSN/ FEIN of Each Beneficiary	Ownership % Enter 25% as 25.00 State of Residence	Allocations to Beneficiaries		
		Income Taxable to Mississippi (Resident & Non-Resident Beneficiaries)	(D) Non-Mississippi Income (Non-Resident Beneficiaries Only)	
Name _____	. %			
Address _____				
FEIN _____				
SSN _____				
State _____				
		. 00	. 00	
Name _____	. %			
Address _____				
FEIN _____				
SSN _____				
State _____				
		. 00	. 00	
Name _____	. %			
Address _____				
FEIN _____				
SSN _____				
State _____				
		. 00	. 00	
Name _____	. %			
Address _____				
FEIN _____				
SSN _____				
State _____				
		. 00	. 00	
Name _____	. %			
Address _____				
FEIN _____				
SSN _____				
State _____				
		. 00	. 00	

Total Amounts from this Supplemental Page _____ % _____ . 00 _____ . 00