

# Mississippi Reforestation Tax Credit 2025

Taxpayer Name \_\_\_\_\_

 SSN \_\_\_\_\_  
 FEIN \_\_\_\_\_

**PART I: COMPUTATION OF REFORESTATION TAX CREDIT (RTC)**

- |  |    |     |
|--|----|-----|
| 1 Total expenditures during the year 2025 for seedlings, seed/acorns, seeding, planting by hand or machine, site preparation and post-planting site preparation on all eligible acres  | 1  | .00 |
| 2 Total cost of approved practices as established by the Mississippi Forestry Commission (complete the worksheet on the reverse side of this form and enter the total from column C here)  | 2  | .00 |
| 3 Eligible costs (enter lesser of line 1 or line 2)  | 3  | .00 |
| 4 Enter 50% of amount in line 3 above or \$10,000 whichever is less; <b>this is your RTC earned this year</b>  | 4  | .00 |
| 5a Enter the amount of RTC carried over from earlier years (attach Form 80-315 for immediate prior year)   | 5a | .00 |
| 5b Enter the current year RTC passed through to you as an investor in a pass-through entity (see K-1 forms)  | 5b | .00 |
| 6 Total Amount of RTC available to be utilized this year (pass-through entities only; add line 4, line 5a and line 5b; <b>do not enter an amount larger than amount on line 16, Part IV below</b> ; enter the amount on Form 84-401 and skip Part II and Part III below) | 6  | .00 |

**Was either of the following elected on your Federal income tax return with respect to the qualifying expenditures on the same eligible lands on which the RTC is claimed:**

Investment tax credit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Reforestation amortization	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**PART II: REFORESTATION TAX CREDIT UTILIZED THIS YEAR**

(NOTE: When married taxpayers file jointly and each spouse qualifies as an eligible owner, see instructions for completion of lines 7 and 8)

- |   |    |     |
|---|----|-----|
| 7 Enter the amount of total income tax due shown on line 17, Form 80-105 and line 20, Form 80-205 (individuals); line 6, Form 83-105 (corporations) or line 2, Form 81-110 (fiduciary return)                                     | 7  | .00 |
| 8 Enter the total amount of all other credit(s) available to you this year (refer to the instructions for the return you are filing for a list of available credits); <b>do not include withholding or estimated tax payments</b> | 8  | .00 |
| 9 Net income tax due (line 7 minus line 8)  | 9  | .00 |
| 10 Reforestation tax credit (enter LESSER of line 6 or line 9 here and Form 80-401 or 83-401)   | 10 | .00 |

**PART III: COMPUTATION OF REFORESTATION TAX CREDIT CARRYOVER AMOUNT**

- |   |    |     |
|---|----|-----|
| 11 Total reforestation tax credit available to be utilized this year (amount from line 6 above)           | 11 | .00 |
| 12 Amount of RTC utilized this year (amount from line 10 above)   | 12 | .00 |
| 13 Amount of RTC available to be carried forward and used in succeeding tax years (line 11 minus line 12) | 13 | .00 |

**PART IV: COMPUTATION OF ACCUMULATED REFORESTATION TAX CREDIT LIFETIME CREDIT UTILIZED**

- |  |    |                |
|--|----|----------------|
| 14 LIFETIME REFORESTATION TAX CREDIT ALLOWANCE   | 14 | 7 5, 0 0 0 .00 |
| 15 Total RTC utilized in prior years to offset income tax due (total of amounts shown on Line 12, Part III, Form 80-315) for all prior years; pass-through entities enter total RTC passed through to investors in ALL prior years | 15 | .00            |
| 16 Balance of lifetime RTC allowance available to be used (line 14 minus line 15; for pass-through entities, this is the balance of your lifetime RTC allowance which is available to be passed through to investors)              | 16 | .00            |

**PART V: CERTIFICATION OF FORESTER**

In accordance with Miss. Code Ann. Section 27-7-22.15, I certify that a reforestation prescription or plan as indicated above for eligible lands owned by \_\_\_\_\_, ☐ a graduate forester of a college, school or university accredited by the Society of American Foresters or ☐ a registered forester under the Foresters Registration Law of 1977; and that the reforestation practices below have been completed and that the reforestation prescription or plan was followed.

- |  |  |
|--|--|
| <input type="checkbox"/> Site preparation<br><input type="checkbox"/> Planting by hand or machine and/or seeding | <input type="checkbox"/> Cost of seedlings and/or seed/acorns<br><input type="checkbox"/> Post-planting site preparation practices |
|--|--|

Signature

Title

Date

Business Address

Identifying Number

**NOTICE:** A copy of the above worksheet **MUST** be furnished to:  
Mississippi Forestry Commission 660 North St. Suite 300, Jackson, MS 39202