Form 81-115-24-3-1-000 (Rev. 08/24)

MS8453-F

Mississippi
Fiduciary Income Tax Declaration For Electronic Filing
2024

Submission Number: X9X9X9X9X9X9X9X9X9

Tax Year Beginning 99 99 9999 Tax Year Ending 99 99 9999

Name of Estate or Trust: X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X

Name and Title of Fiduciary: X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X

Mailing Address (Number and Street, Including Rural Route): X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X

City	State	Zip	County Code
XXXXXXXXXXXXXXXXXXXXXX	XX	99999	99

YOU MUST ENTER FEIN/SSN

Entity FEIN: 999999999

Decedent/Debtor SSN: 999999999

PART I: TAX RETURN INFORMATION (ROUND TO THE NEAREST DOLLAR)

1	Mississippi taxable income (Form 81-110, line 1)	1	9999999999
2	Total Mississippi tax (Form 81-110, line 5)	2	9999999999
3	Mississippi tax payments (Form 81-110, line 10)	3	9999999999
4	Refund (Form 81-110, line 13)	4	9999999999
5	Amount you owe (Form 81-110, line 16)	5	9999999999

PART II: DIRECT DEPOSIT/DIRECT DEBIT

1	Routing number	999999999	3	Type of account:	Checking	X	Savings	X
2	Account number	99999999999999999						
4	Routing number	999999999	6	Type of account:	Checking	X	Savings	X
5	Account number	99999999999999999						

My request for direct deposit/direct debit of my refund/payment includes my authorization for the Mississippi Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to insure my refund/payment is properly processed.

PART III: DECLARATION OF FIDUCIARY

Under penalties of perjury, I declare that I have compared the information contained on my income tax return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my Mississippi income tax return. To the best of my knowledge and belief, my return is true, correct and complete. This declaration is to be maintained by the electronic return originator and provided to Mississippi Department of Revenue on request.

Signature of fiduciary or officer representing fiduciary | Date

PART IV: DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

Under penalties of perjury, I declare that I have reviewed the above fiduciary's return and that the entries on this form (MS8453-F) are complete and correct to the best of my knowledge. I have obtained the fiduciary's signature and will maintain this return for the Mississippi Department of Revenue as part of my permanent records. Upon written request, I will furnish this return to the Mississippi Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed electronically with the Mississippi Department of Revenue and have followed all other requirements described in the Mississippi Handbook for Electronic Filers and any additional requirements specified by the Mississippi Department of Revenue. If I am the paid preparer, under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which preparer has any knowledge.

ERO Use Only

ERO Signature	Date	Check if Also Paid Preparer	Check if Self-Employed	ERO SSN or PTIN
		X	X	999999999

Firm Name (or yours if self-employed), address and ZIP code: X9X9X9X9X9X9X9 X9X9X9X9X9X9X9 XX 99999

EIN: 999999999

Phone No.: (999)999-9999

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer Use Only

Preparer Signature	Date	Check if Also Paid Preparer	Check if Self-Employed	Preparer SSN or PTIN
		X	X	999999999

Firm Name (or yours if self-employed), address and ZIP code: X9X9X9X9X9X9X9 X9X9X9X9X9X9X9 XX 99999

EIN: 999999999

Phone No.: (999)999-9999

DO NOT Mail this Document to the Mississippi Department of Revenue