841312531000

Mississippi
Schedule K
2025

FEIN 999999999

X Pass-Through Entity Election

X Partnership / LLC / LLP (Federal 1065) X S Corporation (Federal 1120-S)

COLUMN A	COLUMN B	COLUMN C				COLUMN D
PARTNER'S / SHAREHOLDER'S NAME FEIN / SSN	OWNERSHIP % (TO THE FOURTH DECIMAL PLACE) STATE OF RESIDENCE (CHECK BOX IF COMPOSITE)	a MISSISSIPPI TAXABLE INCOME (LOSS) b CREDIT CODE c CREDIT AMOUNT				TAX PAID BY ELECTING PASS-THROUGH ENTITY
1 NAME X9X9X9X9X9X9X9X	999.9999	a			99999999999	
		b	99	c	99999999999	
FEIN X 999999999	STATE XX	b	99	c	99999999999	
		b	99	c	99999999999	
SSN X 999999999	X COMPOSITE	b	99	c	99999999999	99999999999
NAME X9X9X9X9X9X9X9X	99.9999	a			99999999999	
		b	99	c	99999999999	
FEIN X 999999999	STATE XX	b	99	c	99999999999	
		b	99	c	99999999999	
SSN X 999999999	X COMPOSITE	b	99	c	99999999999	99999999999
NAME X9X9X9X9X9X9X9X	99.9999	a			99999999999	
		b	99	c	99999999999	
FEIN X 999999999	STATE XX	b	99	c	99999999999	
		b	99	c	99999999999	
SSN X 999999999	X COMPOSITE	b	99	c	99999999999	99999999999
NAME X9X9X9X9X9X9X9X	99.9999	a			99999999999	
		b	99	c	99999999999	
FEIN X 999999999	STATE XX	b	99	c	99999999999	
		b	99	c	99999999999	
SSN X 999999999	X COMPOSITE	b	99	c	99999999999	99999999999
NAME X9X9X9X9X9X9X9X	99.9999	a			99999999999	
		b	99	c	99999999999	
FEIN X 999999999	STATE XX	b	99	c	99999999999	
		b	99	c	99999999999	
SSN X 999999999	X COMPOSITE	b	99	c	99999999999	99999999999

Line	Description	Column B	Column C		Column D	
2	Total column B, column C and column D (from above)	999.9999	2a	99999999999	2	99999999999
			2c	99999999999		
3	Totals from additional pages (from Form 84-131, page 2)	99.9999	3a	99999999999	3	99999999999
			3c	99999999999		
4	Total Mississippi taxable income (loss) and total tax credits (column C, line 2 plus line 3. If composite, enter total composite income (loss) from line 4a on Form 84-122, page 2, line 29)	999.9999	4a	99999999999		
			4c	99999999999		
5	Total tax paid by electing pass-through entity (column D, line 2 plus line 3)				5	99999999999

Form 84-131-25-3-2-000 (Rev. 09/25)

841312532000

Mississippi
Schedule K
2025

FEIN 999999999

COLUMN A	COLUMN B	COLUMN C	COLUMN D
PARTNER'S / SHAREHOLDER'S NAME FEIN / SSN	OWNERSHIP % (TO THE FOURTH DECIMAL PLACE) STATE OF RESIDENCE (CHECK BOX IF COMPOSITE)	a MISSISSIPPI TAXABLE INCOME (LOSS) b CREDIT CODE c CREDIT AMOUNT	TAX PAID BY ELECTING PASS-THROUGH ENTITY
NAME X9X9X9X9X9X9X9X FEIN X 999999999 SSN X 999999999	99.9999 STATE XX X COMPOSITE	a 99999999999 b 99 c 99999999999 b 99 c 99999999999 b 99 c 99999999999 b 99 c 99999999999	99999999999
NAME X9X9X9X9X9X9X9X FEIN X 999999999 SSN X 999999999	99.9999 STATE XX X COMPOSITE	a 99999999999 b 99 c 99999999999 b 99 c 99999999999 b 99 c 99999999999 b 99 c 99999999999	99999999999
NAME X9X9X9X9X9X9X9X FEIN X 999999999 SSN X 999999999	99.9999 STATE XX X COMPOSITE	a 99999999999 b 99 c 99999999999 b 99 c 99999999999 b 99 c 99999999999 b 99 c 99999999999	99999999999
NAME X9X9X9X9X9X9X9X FEIN X 999999999 SSN X 999999999	99.9999 STATE XX X COMPOSITE	a 99999999999 b 99 c 99999999999 b 99 c 99999999999 b 99 c 99999999999 b 99 c 99999999999	99999999999
NAME X9X9X9X9X9X9X9X FEIN X 999999999 SSN X 999999999	99.9999 STATE XX X COMPOSITE	a 99999999999 b 99 c 99999999999 b 99 c 99999999999 b 99 c 99999999999 b 99 c 99999999999	99999999999
Subtotal (add column B, column C, and column D; enter total on Form 84-131, page 1, line 3)	99.9999	a 99999999999 c 99999999999	99999999999