| 4 | | Mississippi | 48 49 50 51 52 53 54 55 56 57 58 59 60 6 | | |
|--|---|--|--|-------------------------------|---|
| | Fiducia | ry Income Ta | x Return | | X Amended |
| | (For E | states and Tr | usts) | | |
| Tax Year Beginning 9 | 9 99 9999 | 2025 | Tax Year Ending | 99 99 | 9999 |
| 3 3 | | | | | |
| | | | | | |
| Date entity created | te entity created Date of decedent's death | | Entity FEIN | | 99999 |
| 99 99 9999 | 99 99 | 9999 | Decedent / Debtor SSN | 1 99999 | 39999 |
| | | 3333 | Check All That Apply | | Type of Entity |
| Name of Estate or Trust | | | | | |
| x9x9x9x9x9x9x9x9x9x9x9 | X9X9X9X9X9X9 | X9X9X9X9X | X Initial Return | X | Decedent's Estate |
| Name and Title of Fiduciary | | | X Short Period Return | X | Bankruptcy Estate-Ch. |
| X9X9X9X9X9X9X9X9X9X9X9X9 Mailing Address | <u> </u> | X9X9X9X9X | X Final Return | X | Bankruptcy Estate-Ch. |
| | V0V0V0V0V0V0V0 | VOVOVOVOV | Data of confirmation | X | Simple Trust |
| X9X9X9X9X9X9X9X9X9X9 City | State Zip | County Code | Date of confirmation 99 99 9999 | X | Complex Trust Grantor Type Trust |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | | 22 22 2229 | X | Qualified Disability Trus |
| | 24 222 3333 | | Date of closure | X | ESBT (S Portion Only) |
| I NII IMPAR OF MISSISSINNI K. 1 | 99 | | 99 99 9999 | X | Pooled Income Fund |
| Scriedules attached | | | | | |
| MISSISSIPPI INCOME TAX | | | | | |
| Mississippi taxable income (loss) (fro | om page 2 line 26) | | | | 999999999 |
| Mississippi taxable income (loss) (from the following form) taxab | | | 1 | | 9999999999 |
| 3 Credit from tax paid to another state | | 12: attach other state | e return) 2 | | 9999999999 |
| 4 Other credits (attach Form 80-401) | (1101111 01111 00 100, 11110 | 12, attasii stiisi state | e return) 3 | | 9999999999 |
| 5 Net income tax due (line 2 minus line | e 3 and line 4) | | 5 | | 999999999 |
| | | | | | |
| PAYMENTS | | | | | |
| 5 | | | | | |
| 6 Mississippi income tax withheld (con | | | 6 | | 999999999 |
| 7 Estimated tax payments, extension p | · · | | 404 E 0D) | | 999999999 |
| 8 Credit for tax paid on an electing Pas9 Refund received and/or amount carr | | | | | 9999999999 |
| 9 Refund received and/or amount carr10 Total payments (line 6 plus line 7 an | | | | | 9999999999 |
| | a line o minus line 9) | | 10 | | 999999999 |
| REFUND OR BALANCE DUE | | | | | |
| REPORT OF BALANCE BOL | | | | | |
| 11 Enter amount of overpayment (if line | 10 is more than line 5, | subtract line 5 from lir | ne 10) | | 999999999 |
| 12 Overpayment to be applied to next y | ear estimate tax accoun | t | 12 | | 999999999 |
| 13 Overpayment refund (line 11 minus | s line 12) | | REFUND 13 | | 999999999 |
| 14 Balance due (if line 5 is more than I | ine 10, subtract line 10 f | rom line 5) | BALANCE DUE 14 | | 999999999 |
| 15 Interest and penalty (see instructions | s) | | 15 | | 999999999 |
| 16 Total due (line 14 plus line 15) | | A | MOUNT YOU OWE 16 | | 999999999 |
| T | | 77 81 | | | |
| This return may be discussed with the p | oreparer X Yes | X No | | | |
| | | | | | |
| I declare, under penalties of perjury, that I this is a true, correct and complete return. | nave examined this return Declaration of preparer (o | n and accompanying so ther than taxpaver) is the | chedules and statements, an pased on all information of w | a to the best hich prepare | ot my knowledge and bel r has any knowledge. |
| | | | 999999 | | |
| Signature of Fiduciary or Officer Representing Fiduc | ciary Date | Phone Number | FEIN of Fiducia | | +++++++++ |
| | | | x99999 | 9999 | |
| | Date | Paid Preparer Phone | | | |
| Paid Preparer Signature | | | | | |
| Paid Preparer Signature | | | | | |
| Paid Preparer Signature | | City | State Zip | Code | |
| Paid Preparer Signature Paid Preparer Address | FUND To: Department of | | | | |
| Paid Preparer Signature Paid Preparer Address Mail RE | | of Revenue, P.O. Box | State Zip 23058, Jackson, MS 3922 Box 23050, Jackson, MS 3 | 5-3058 | |

| Mississippi Mississippi | | 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 <u>78 7</u> |
|---|-------------|--|
| Fiduciary Net Taxable Income Sche | dule | Page 2 |
| | | |
| | | |
| | Entity FEIN | 99999999 |
| COMPUTATION OF TAXABLE INCOME | | |
| 7 Federal adjusted total income (loss) from federal Form 1041 line 17 | 17 | 999999999 |
| ADDITIONS | | |
| | | 00000000 |
| a State, local and foreign government taxes based on income | 18a | 999999999 |
| b Depletion in excess of cost basis | 18b | 999999999 |
| c Interest on obligations of other states or political subdivisions d Expenses applicable to earning interest on U.S. Government obligations (see instructions | 18c | 999999999 |
| | | 999999999 |
| Itemized deductions claimed on federal Form 1041 (add if claimed standard deduction on line 21e) | | 999999999 |
| f Mississippi source QSST income | 18e | |
| g Other additions (itemize each item) | 18f | 999999999 |
| g Other additions (itemize each item) | 18g | 999999999 |
| | 18h | 999999999 |
| | 18i | 999999999 |
| Total additions (add lines 19s through line 19i) | 10 | 000000000 |
| 7 Total additions (add lines 18a through line 18i) | 19 | 999999999 |
| Total income (line 17 plus line 10) | 20 | 000000000 |
| Total income (line 17 plus line 19) | 20 | 999999999 |
| DEDUCTIONS | | |
| | | |
| a Interest on U.S. government obligations | 21a | 999999999 |
| b Wages reduced by federal employment tax credits | 21b | 999999999 |
| c Miss. Code Ann.§ 27-7-9(f)(10) included in line 4, page 1, federal Form 1041 (see instruction | tions) 21c | 999999999 |
| d Expenses applicable to earning interest income on line 18c above (see instructions) | 21d | 999999999 |
| e Standard deduction (see line 18e above if standard deduction is claimed) | 21e | 999999999 |
| f Non-Mississippi income (net of expenses) (non-resident fiduciary returns only) | 21f | 999999999 |
| g Other deductions (itemize each item) | 21g | 999999999 |
| h | 21h | 999999999 |
| | 21i | 999999999 |
| | | |
| 2 Total deductions (add lines 21a through 21i) | 22 | 999999999 |
| TAXABLE INCOME | | |
| TAXABLE INCOME | | |
| 3 Adjusted net income (loss) for Mississippi purposes (line 20 minus line 22) | 23 | 999999999 |
| 714,45504 110, 11100 1110 (1000) 11111 11111 11111 11111 11111 11111 1111 | 20 | 333333333 |
| 4 Amount allocated to beneficiaries (attach Schedule K, Form 81-131) | 24 | 999999999 |
| | | |
| 5 Exemption (see instructions) | 25 | 999999999 |
| | | |
| Taxable income (loss) for Mississippi purposes (line 23 minus line 24 and line 25; enter he and on page 1, line 1) | ere 26 | 999999999 |
| 1 79- 1, 7 | | |
| | | |
| | | |
| | | |
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