

Mississippi
Schedule K
2026

Page 1

FEIN 999999999

☒ Pass-Through Entity Election☒ Partnership / LLC / LLP (Federal 1065)☒ 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)	a MISSISSIPPI TAXABLE INCOME (LOSS) b CREDIT CODE	c CREDIT AMOUNT	TAX PAID BY ELECTING PASS-THROUGH ENTITY
		STATE OF RESIDENCE (CHECK BOX IF COMPOSITE)			
1 NAME X9X9X9X9X9X9X9X		999.9999	a	999999999999	
FEIN X 9999999999		STATE XX	b 99 c	999999999999	
SSN X 9999999999		X COMPOSITE	b 99 c	999999999999	999999999999
NAME X9X9X9X9X9X9X9X		99.9999	a	999999999999	
FEIN X 9999999999		STATE XX	b 99 c	999999999999	
SSN X 9999999999		X COMPOSITE	b 99 c	999999999999	999999999999
NAME X9X9X9X9X9X9X9X		99.9999	a	999999999999	
FEIN X 9999999999		STATE XX	b 99 c	999999999999	
SSN X 9999999999		X COMPOSITE	b 99 c	999999999999	999999999999
NAME X9X9X9X9X9X9X9X		99.9999	a	999999999999	
FEIN X 9999999999		STATE XX	b 99 c	999999999999	
SSN X 9999999999		X COMPOSITE	b 99 c	999999999999	999999999999
NAME X9X9X9X9X9X9X9X		99.9999	a	999999999999	
FEIN X 9999999999		STATE XX	b 99 c	999999999999	
SSN X 9999999999		X COMPOSITE	b 99 c	999999999999	999999999999

2 Total column B, column C and column D (from above)	999.9999	2a	999999999999	2	999999999999
		2c	999999999999		
3 Totals from additional pages (from Form 84-131, page 2)	99.9999	3a	999999999999	3	999999999999
		3c	999999999999		
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 31)	999.9999	4a	999999999999		
		4c	999999999999		
5 Total tax paid by electing pass-through entity (column D, line 2 plus line 3)				5	999999999999

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PARTNER'S / SHAREHOLDER'S NAME FEIN / SSN		OWNERSHIP % (TO THE FOURTH DECIMAL PLACE)	a MISSISSIPPI TAXABLE INCOME (LOSS) b CREDIT CODE c CREDIT AMOUNT	TAX PAID BY ELECTING PASS-THROUGH ENTITY	
		STATE OF RESIDENCE (CHECK BOX IF COMPOSITE)			
NAME X9X9X9X9X9X9X9X		99.9999	a 999999999999		
FEIN X 999999999		STATE XX	b 99 c 99999999999		
SSN X 999999999		X COMPOSITE	b 99 c 99999999999	99999999999	
NAME X9X9X9X9X9X9X9X		99.9999	a 999999999999		
FEIN X 999999999		STATE XX	b 99 c 99999999999		
SSN X 999999999		X COMPOSITE	b 99 c 99999999999	99999999999	
NAME X9X9X9X9X9X9X9X		99.9999	a 999999999999		
FEIN X 999999999		STATE XX	b 99 c 99999999999		
SSN X 999999999		X COMPOSITE	b 99 c 99999999999	99999999999	
NAME X9X9X9X9X9X9X9X		99.9999	a 999999999999		
FEIN X 999999999		STATE XX	b 99 c 99999999999		
SSN X 999999999		X COMPOSITE	b 99 c 99999999999	99999999999	
NAME X9X9X9X9X9X9X9X		99.9999	a 999999999999		
FEIN X 999999999		STATE XX	b 99 c 99999999999		
SSN X 999999999		X COMPOSITE	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 999999999999 c 999999999999 99999999999