

08	Name of Estate or Trust						
09							
10	X9X						
11	Name and Title of Fiduciary						
12	X9X						
13	Mailing Address (Number and Street, Including Rural Route)						
14	X9X						
15	City	State	Zip	County Code			
16	XXXXXXXXXXXXXXXXXXXXXX	XX	99999	99			

[illegible][illegible]

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.

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.

58	Paid		Preparer Signature	Date	Check if Also Paid Preparer	X	Check if Self- Employed	X	Preparer SSN or PTIN	999999999
59	Preparer									
60	Use Only									
61	Firm Name (or yours if self- employed), address and ZIP code		X9X9X9X9X9X9X9 X9X9X9X9X9X9X9 XX 99999				EIN 999999999			
62							Phone No. (999) 999-9999			
63										