



Mississippi

Fiduciary Schedule K

Beneficiaries Share of Income

2026

Page 1

FEIN 999999999

Column A		Column B	Column C		Column D
Name, Address and SSN/FEIN of Each Beneficiary		Ownership % (Enter 25% as 25.00) State of Residence	Allocations to Beneficiaries		
			Income Taxable to Mississippi (Resident and Non-Resident Beneficiaries)	Non-Mississippi Income (Non-Resident Beneficiaries Only)	
Name	X9X9X9X9X9X9X9X9X9				
Address	X9X9X9X9X9X9X9X9X9 XXXXXXXXXX XX 99999	999.9999			
FEIN	999999999				
SSN	999999999	State XX	9999999999	9999999999	
Name	X9X9X9X9X9X9X9X9X9				
Address	X9X9X9X9X9X9X9X9X9 XXXXXXXXXX XX 99999	999.9999			
FEIN	999999999				
SSN	999999999	State XX	9999999999	9999999999	
Name	X9X9X9X9X9X9X9X9X9				
Address	X9X9X9X9X9X9X9X9X9 XXXXXXXXXX XX 99999	999.9999			
FEIN	999999999				
SSN	999999999	State XX	9999999999	9999999999	
Name	X9X9X9X9X9X9X9X9X9				
Address	X9X9X9X9X9X9X9X9X9 XXXXXXXXXX XX 99999	999.9999			
FEIN	999999999				
SSN	999999999	State XX	9999999999	9999999999	
Name	X9X9X9X9X9X9X9X9X9				
Address	X9X9X9X9X9X9X9X9X9 XXXXXXXXXX XX 99999	999.9999			
FEIN	999999999				
SSN	999999999	State XX	9999999999	9999999999	
Name	X9X9X9X9X9X9X9X9X9				
Address	X9X9X9X9X9X9X9X9X9 XXXXXXXXXX XX 99999	999.9999			
FEIN	999999999				
SSN	999999999	State XX	9999999999	9999999999	
Total amounts page 1		999.9999	9999999999	9999999999	
Total amounts from supplemental pages		999.9999	9999999999	9999999999	
Grand totals (columns B, C and D)		999.9999	9999999999	9999999999	

Amount allocated to beneficiaries - (total of column C and column D)

9999999999

A Mississippi Fiduciary Schedule K-1, Form 81-132, should be prepared for each beneficiary. The amount taxable to each beneficiary of the estate or trust must be reported by each beneficiary in their individual capacity as an element of income earned in Mississippi. Resident beneficiaries must report such income on Mississippi Resident Individual Income Tax Form 80-105. Non-Resident beneficiaries must report their distributive share on Mississippi Nonresident or Part-year Individual Income Tax Form 80-205. **A copy of all Mississippi Schedule K-1s should be attached to the fiduciary return.**



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Fiduciary Schedule K

Beneficiaries Share of Income

2026

FEIN 999999999

Column A		Column B	Column C		Column D
Name, Address and SSN/FEIN of Each Beneficiary		Ownership % (Enter 25% as 25.00) State of Residence	Allocations to Beneficiaries		
			Income Taxable to Mississippi (Resident and Non-Resident Beneficiaries)	Non-Mississippi Income (Non-Resident Beneficiaries Only)	
Name	X9X9X9X9X9X9X9X9X9				
Address	X9X9X9X9X9X9X9X9X9 XXXXXXXXXX XX 99999	999.9999			
FEIN	999999999				
SSN	999999999	State XX	9999999999	9999999999	
Name	X9X9X9X9X9X9X9X9X9				
Address	X9X9X9X9X9X9X9X9X9 XXXXXXXXXX XX 99999	999.9999			
FEIN	999999999				
SSN	999999999	State XX	9999999999	9999999999	
Name	X9X9X9X9X9X9X9X9X9				
Address	X9X9X9X9X9X9X9X9X9 XXXXXXXXXX XX 99999	999.9999			
FEIN	999999999				
SSN	999999999	State XX	9999999999	9999999999	
Name	X9X9X9X9X9X9X9X9X9				
Address	X9X9X9X9X9X9X9X9X9 XXXXXXXXXX XX 99999	999.9999			
FEIN	999999999				
SSN	999999999	State XX	9999999999	9999999999	
Name	X9X9X9X9X9X9X9X9X9				
Address	X9X9X9X9X9X9X9X9X9 XXXXXXXXXX XX 99999	999.9999			
FEIN	999999999				
SSN	999999999	State XX	9999999999	9999999999	
Name	X9X9X9X9X9X9X9X9X9				
Address	X9X9X9X9X9X9X9X9X9 XXXXXXXXXX XX 99999	999.9999			
FEIN	999999999				
SSN	999999999	State XX	9999999999	9999999999	
Total amounts from this supplemental page		999.9999	9999999999	9999999999	