

Mississippi Schedule K 2021

04
05
06
07
08 FEIN 999999999 Partnership / LLC / LLP (Federal 1065) S Corporation (Federal 1120-S) 08

COLUMN A	COLUMN B	COLUMN C	COLUMN D
OWNER / PARTNER NAME ID TYPE	OWNERSHIP % (ENTER 25% AS 25.0000) STATE OF RESIDENCE (CHECK BOX IF COMPOSITE)	A MISSISSIPPI TAXABLE INCOME (LOSS) B CREDIT CODE C CREDIT AMOUNT	NON-MISSISSIPPI TAXABLE INCOME (LOSS)
16 1 NAME X9X9X9X9X9X9X9X9X	999.9999	a 999999999999	
17 FEIN X 9999999999	STATE XX	b 99 c 999999999999	
18 SSN X 9999999999	X COMPOSITE	b 99 c 999999999999	999999999999
23 NAME X9X9X9X9X9X9X9X9X	99.9999	a 999999999999	
24 FEIN X 9999999999	STATE XX	b 99 c 999999999999	
25 SSN X 9999999999	X COMPOSITE	b 99 c 999999999999	999999999999
30 NAME X9X9X9X9X9X9X9X9X	99.9999	a 999999999999	
31 FEIN X 9999999999	STATE XX	b 99 c 999999999999	
32 SSN X 9999999999	X COMPOSITE	b 99 c 999999999999	999999999999
37 NAME X9X9X9X9X9X9X9X9X	99.9999	a 999999999999	
38 FEIN X 9999999999	STATE XX	b 99 c 999999999999	
39 SSN X 9999999999	X COMPOSITE	b 99 c 999999999999	999999999999
44 NAME X9X9X9X9X9X9X9X9X	99.9999	a 999999999999	
45 FEIN X 9999999999	STATE XX	b 99 c 999999999999	
46 SSN X 9999999999	X COMPOSITE	b 99 c 999999999999	999999999999

51 2 Total column B, column C and column D (from above)	999.9999	2a	999999999999	2	999999999999
		2c	999999999999		
53 3 Totals from additional pages (total of column B, column C and column D from Form 84-131, page 2)	99.9999	3a	999999999999	3	999999999999
		3c	999999999999		
55 4 Total taxable income (loss) and total tax credits (total of column C, line 2 plus line 3. Composite filers enter total composite income from column C, line 4a on Form 84-122, page 2, line 29 and line 4c on Form 84-401, line 3)	999.9999	4a	999999999999	4	999999999999
		4c	999999999999		
60 5 Total taxable income (loss) (column C, line 4a plus column D, line 4)				5	999999999999

Mississippi Schedule K 2021



FEIN 999999999

COLUMN A		COLUMN B	COLUMN C		COLUMN D
OWNER / PARTNER NAME ID TYPE	OWNERSHIP % (ENTER 25% AS 25.0000) STATE OF RESIDENCE (CHECK BOX IF COMPOSITE)	A MISSISSIPPI TAXABLE INCOME (LOSS) B CREDIT CODE	C CREDIT AMOUNT	NON-MISSISSIPPI TAXABLE INCOME (LOSS)	
NAME X9X9X9X9X9X9X9X	99.9999	a	999999999999		
FEIN X 999999999	STATE XX	b 99 c	999999999999		
SSN X 999999999	X COMPOSITE	b 99 c	999999999999	999999999999	
NAME X9X9X9X9X9X9X9X	99.9999	a	999999999999		
FEIN X 999999999	STATE XX	b 99 c	999999999999		
SSN X 999999999	X COMPOSITE	b 99 c	999999999999	999999999999	
NAME X9X9X9X9X9X9X9X	99.9999	a	999999999999		
FEIN X 999999999	STATE XX	b 99 c	999999999999		
SSN X 999999999	X COMPOSITE	b 99 c	999999999999	999999999999	
NAME X9X9X9X9X9X9X9X	99.9999	a	999999999999		
FEIN X 999999999	STATE XX	b 99 c	999999999999		
SSN X 999999999	X COMPOSITE	b 99 c	999999999999	999999999999	

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 999999999999