



Mississippi Fiduciary Schedule K Beneficiaries Share of Income 2020

FEIN _____

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 _____ Address _____ FEIN _____ SSN _____	_____ . _____ % State _____	_____.00	_____.00
Name _____ Address _____ FEIN _____ SSN _____	_____ . _____ % State _____	_____.00	_____.00
Name _____ Address _____ FEIN _____ SSN _____	_____ . _____ % State _____	_____.00	_____.00
Name _____ Address _____ FEIN _____ SSN _____	_____ . _____ % State _____	_____.00	_____.00
Name _____ Address _____ FEIN _____ SSN _____	_____ . _____ % State _____	_____.00	_____.00

Total amounts page 1	_____ . _____ %	_____.00	_____.00
Total amounts from supplemental pages	_____ . _____ %	_____.00	_____.00
Grand totals (columns B, C and D)	_____ . _____ %	_____.00	_____.00
Amount allocated to beneficiaries - (total of column C and column D)			_____.00

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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Name _____ Address _____ _____ FEIN _____ SSN _____	_____ . _____ % State _____	_____ .00	_____ .00
Name _____ Address _____ _____ FEIN _____ SSN _____	_____ . _____ % State _____	_____ .00	_____ .00
Name _____ Address _____ _____ FEIN _____ SSN _____	_____ . _____ % State _____	_____ .00	_____ .00
Name _____ Address _____ _____ FEIN _____ SSN _____	_____ . _____ % State _____	_____ .00	_____ .00
Name _____ Address _____ _____ FEIN _____ SSN _____	_____ . _____ % State _____	_____ .00	_____ .00
Name _____ Address _____ _____ FEIN _____ SSN _____	_____ . _____ % State _____	_____ .00	_____ .00
Name _____ Address _____ _____ FEIN _____ SSN _____	_____ . _____ % State _____	_____ .00	_____ .00

Total amounts from this supplemental page _____ . _____ % _____ .00 _____ .00