



Mississippi Fiduciary Income Tax Return

Amended

■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	(For Esta	ates and ⁻ 2021	Trusts) Tax Year Endir	•	nm dd yyyy	
Date entity created	Date of decedent's death		Entity FEIN Decedent / Debtor SSN			
			Check All That A	pply	Type of Entity	
Name of Estate or Trust Name of Fiduciary Title of Fiduciary Mailing Address City State Zip County Code			Initial Return Short Period Return Final Return Date of confirmation mm dd yyyy Date of closure		Decedent's Estate Bankruptcy Estate-Ch. 7 Bankruptcy Estate-Ch. 11 Simple Trust Complex Trust Grantor Type Trust Qualified Disability Trust ESBT (S Portion Only)	
				ууу	Pooled Income Fund	
			Number of Mississippi K-1 schedules attache	d		
MISSISSIPPI INCOME TAX						
 Mississippi taxable income (loss) (fro Total income tax due (see instruction Credit from tax paid to another state Other credits (attach Form 80-401) Net income tax due (line 2 minus line) 	ons) (from Form 80-160, line 14;	attach other si	ate return)	2		
PAYMENTS						
 Mississippi income tax withheld (complete Form 80-107) Estimated tax payments, extension payments and/or amount paid on original ret Refund received and/or amount carried forward from original return (amended region of the second seco				7		
REFUND OR BALANCE DUE						
 10 Enter amount of overpayment (if line 11 Overpayment to be applied to next ye 12 Overpayment refund (line 10 minus 13 Balance due (if line 5 is more than li 14 Interest and penalty (see instructions 15 Total due (line 13 plus line 14) 	ear estimate tax account line 11) ne 9, subtract line 9 from lin		line 9) REFUND BALANCE DUE AMOUNT YOU OWE	11 12 13 14		
		7				
This return may be discussed with the pr I declare, under penalties of perjury, that I h this is a true, correct and complete return. I Signature of Fiduciary or Officer Representing Fiduc	nave examined this return and Declaration of preparer (other		is based on all informatio			
Paid Preparer Signature	Date	Paid Preparer P	hone Number Paid F	Preparer PTIN		
Paid Preparer Address		City	State	Zip Code		

Mail REFUND To: Department of Revenue, P.O. Box 23058, Jackson, MS 39225-3058 Mail All Other Returns To: Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050



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Mississippi Fiduciary Net Taxable Income Schedule 2021

Entity FEIN **COMPUTATION OF TAXABLE INCOME** Federal adjusted total income (loss) from federal Form 1041 line 17 16 16 -00 ADDITIONS 17 a State, local and foreign government taxes based on income 17a -00 b Depletion in excess of cost basis 17b _.00 c Interest on obligations of other states or political subdivisions 17c d Expenses applicable to earning interest on U.S. Government obligations (see instructions) 17d _____00 e Itemized deductions claimed on federal Form 1041 (add if claimed standard deduction on line 20e) 17e f Mississippi source QSST income 17f ____00 g Other additions (itemize each item) 17g _____00 h 17h ..00 i 17i _.00 18 Total additions (add lines 17a through line 17i) 18 .00 Total income (line 16 plus line 18) 19 19 _.00 DEDUCTIONS a Interest on U.S. government obligations 20 20a -00 b Wages reduced by federal employment tax credits 20b ..00 c Miss. Code Ann. § 27-7-9(f)(10) included in line 4, page 1, federal Form 1041 (see instructions) 20c _.00 d Expenses applicable to earning interest income on line 17c above (see instructions) 20d e Standard deduction (see line 17e above if standard deduction is claimed) 20e f Non-Mississippi income (net of expenses) (non-resident fiduciary returns only) 20f -00 **g** Other deductions (itemize each item) 20g ..00 h 20h ___00 i 20i _____.00 Total deductions (add lines 20a through 20i) 21 21 ...00 TAXABLE INCOME Adjusted net income (loss) for Mississippi purposes (line 19 minus line 21) 22 22 .00 23 Amount allocated to beneficiaries (attach Schedule K, Form 81-131) 23 24 Exemption (see instructions) 24 _____00 25 25 Taxable income (loss) for Mississippi purposes (line 22 minus line 23 and line 24; enter here -00

and on page 1, line 1)

Page 2