



Mississippi Fiduciary Income Tax Return (For Estates and Trusts) 2024

☐ Amended

Tax Year Beginning

mm dd yyyy

Tax Year Ending

mm dd yyyy

Date entity created	Date of decedent's death	Entity FEIN																			
mm dd yyyy	mm dd yyyy	Decedent / Debtor SSN																			
Name of Estate or Trust Name and Title of Fiduciary Mailing Address City State Zip County Code Number of Mississippi K-1 schedules attached <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Check All That Apply</th> <th style="width: 50%;">Type of Entity</th> </tr> </thead> <tbody> <tr> <td>☐ Initial Return</td> <td>☐ Decedent's Estate</td> </tr> <tr> <td>☐ Short Period Return</td> <td>☐ Bankruptcy Estate-Ch. 7</td> </tr> <tr> <td>☐ Final Return</td> <td>☐ Bankruptcy Estate-Ch. 11</td> </tr> <tr> <td></td> <td>☐ Simple Trust</td> </tr> <tr> <td></td> <td>☐ Complex Trust</td> </tr> <tr> <td></td> <td>☐ Grantor Type Trust</td> </tr> <tr> <td></td> <td>☐ Qualified Disability Trust</td> </tr> <tr> <td></td> <td>☐ ESBT (S Portion Only)</td> </tr> <tr> <td></td> <td>☐ Pooled Income Fund</td> </tr> </tbody> </table>		Check All That Apply	Type of Entity	☐ Initial Return	☐ Decedent's Estate	☐ Short Period Return	☐ Bankruptcy Estate-Ch. 7	☐ Final Return	☐ Bankruptcy Estate-Ch. 11		☐ Simple Trust		☐ Complex Trust		☐ Grantor Type Trust		☐ Qualified Disability Trust		☐ ESBT (S Portion Only)		☐ Pooled Income Fund
Check All That Apply	Type of Entity																				
☐ Initial Return	☐ Decedent's Estate																				
☐ Short Period Return	☐ Bankruptcy Estate-Ch. 7																				
☐ Final Return	☐ Bankruptcy Estate-Ch. 11																				
	☐ Simple Trust																				
	☐ Complex Trust																				
	☐ Grantor Type Trust																				
	☐ Qualified Disability Trust																				
	☐ ESBT (S Portion Only)																				
	☐ Pooled Income Fund																				

MISSISSIPPI INCOME TAX

1 Mississippi taxable income (loss) (from page 2, line 26)	1	_____ .00
2 Total income tax due (see instructions)	2	_____ .00
3 Credit from tax paid to another state (from Form 80-160, line 12; attach other state return)	3	_____ .00
4 Other credits (attach Form 80-401)	4	_____ .00
5 Net income tax due (line 2 minus line 3 and line 4)	5	_____ .00

PAYMENTS

6 Mississippi income tax withheld (complete Form 80-107)	6	_____ .00
7 Estimated tax payments, extension payments and/or amount paid on original return	7	_____ .00
8 Credit for tax paid on an electing Pass-Through Entity Tax Return (from Form 80-161, line 3D)	8	_____ .00
9 Refund received and/or amount carried forward from original return (amended return only)	9	_____ .00
10 Total payments (line 6 plus line 7 and line 8 minus line 9)	10	_____ .00

REFUND OR BALANCE DUE

11 Enter amount of overpayment (if line 10 is more than line 5, subtract line 5 from line 10)	11	_____ .00
12 Overpayment to be applied to next year estimate tax account	12	_____ .00
13 Overpayment refund (line 11 minus line 12)	13	_____ .00
14 Balance due (if line 5 is more than line 10, subtract line 10 from line 5)	14	_____ .00
15 Interest and penalty (see instructions)	15	_____ .00
16 Total due (line 14 plus line 15)	16	_____ .00

 This return may be discussed with the preparer ☐ Yes ☐ No

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of Fiduciary or Officer Representing Fiduciary	Date	Phone Number	FEIN of Fiduciary
Paid Preparer Signature	Date	Paid Preparer Phone Number	Paid 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
Duplex and Photocopies are NOT Acceptable



Mississippi

Fiduciary Net Taxable Income Schedule

2024

Entity FEIN _____

COMPUTATION OF TAXABLE INCOME

17 Federal adjusted total income (loss) from federal Form 1041 line 17 17 _____ .00

ADDITIONS

18

a State, local and foreign government taxes based on income	18a	_____ .00
b Depletion in excess of cost basis	18b	_____ .00
c Interest on obligations of other states or political subdivisions	18c	_____ .00
d Expenses applicable to earning interest on U.S. Government obligations (see instructions)	18d	_____ .00
e Itemized deductions claimed on federal Form 1041 (add if claimed standard deduction on line 21e)	18e	_____ .00
f Mississippi source QSST income _____	18f	_____ .00
g Other additions (itemize each item) _____	18g	_____ .00
h _____	18h	_____ .00
i _____	18i	_____ .00

19 Total additions (add lines 18a through line 18i) 19 _____ .00

20 Total income (line 17 plus line 19) 20 _____ .00

DEDUCTIONS

21

a Interest on U.S. government obligations	21a	_____ .00
b Wages reduced by federal employment tax credits	21b	_____ .00
c Miss. Code Ann. § 27-7-9(f)(10) included in line 4, page 1, federal Form 1041 (see instructions)	21c	_____ .00
d Expenses applicable to earning interest income on line 18c above (see instructions)	21d	_____ .00
e Standard deduction (see line 18e above if standard deduction is claimed)	21e	_____ .00
f Non-Mississippi income (net of expenses) (non-resident fiduciary returns only)	21f	_____ .00
g Other deductions (itemize each item) _____	21g	_____ .00
h _____	21h	_____ .00
i _____	21i	_____ .00

22 Total deductions (add lines 21a through 21i) 22 _____ .00

TAXABLE INCOME

23 Adjusted net income (loss) for Mississippi purposes (line 20 minus line 22) 23 _____ .00

24 Amount allocated to beneficiaries (attach Schedule K, Form 81-131) 24 _____ .00

25 Exemption (see instructions) 25 _____ .00

26 Taxable income (loss) for Mississippi purposes (line 23 minus line 24 and line 25; enter here and on page 1, line 1) 26 _____ .00