

Mississippi

Corporate Income and Franchise Tax Return

2011

Tax Year Beginning
m m d d y y y y

Tax Year Ending
m m d d y y y y

FEIN

MS Secretary of State ID

Legal Name and DBA Address City State Zip +4	Check All That Apply <input type="checkbox"/> Amended Return <input type="checkbox"/> 100% Mississippi <input type="checkbox"/> Final Return <input type="checkbox"/> Multistate Apportioning <input type="checkbox"/> Multistate Direct Accounting
County Code <u> </u> <u> </u> NAICS Code <u> </u> <u> </u> <u> </u> <u> </u>	

FRANCHISE TAX (ROUND TO NEAREST DOLLAR)

- | | | |
|--|----|--------------------------|
| 1. Taxable Capital
<small>(From Form 83-110, Line 19)</small> | 1. | ____,____,____,____,____ |
| 2. Franchise Tax
<input type="checkbox"/> Fee-In-Lieu | 2. | ____,____,____,____,____ |
| 3. Franchise Tax Credit
<small>(From Form 83-401, Line 1)</small> | 3. | ____,____,____,____,____ |
| 4. Net Franchise Tax Due
<small>(Line 2 Minus Line 3) Minimum Tax \$25</small> | 4. | ____,____,____,____,____ |

INCOME TAX

- | | | |
|---|----|--------------------------|
| <input type="checkbox"/> Combined Income Tax Return
<small>(Enter FEIN of Reporting Corporation) <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u></small> | | |
| 5. Mississippi Net Taxable Income
<small>(From Form 83-122, Line 30 or Form 83-310, Line 5, Column C)</small> | 5. | ____,____,____,____,____ |
| 6. Income Tax | 6. | ____,____,____,____,____ |
| 7. Income Tax Credits
<small>(From Form 83-401, Line 3 or Form 83-310, Line 5, Column B)</small> | 7. | ____,____,____,____,____ |
| 8. Net Income Tax Due
<small>(Line 6 Minus Line 7)</small> | 8. | ____,____,____,____,____ |

PAYMENTS AND TAX DUE

- | | | |
|---|-----|--------------------------|
| 9. Total Franchise and Income Tax
<small>(Line 4 Plus Line 8)</small> | 9. | ____,____,____,____,____ |
| 10. Overpayments From Prior Year | 10. | ____,____,____,____,____ |
| 11. Estimated Tax Payments and Payment with Extension | 11. | ____,____,____,____,____ |
| 12. Total Payments
<small>(Line 10 Plus Line 11)</small> | 12. | ____,____,____,____,____ |
| 13. Net Total Franchise and Income Tax
<small>(Line 9 Minus Line 12)</small> | 13. | ____,____,____,____,____ |
| 14. Interest and Penalty on Underestimated Income Tax Payments
<small>(From Form 83-305, Line 19)</small> | 14. | ____,____,____,____,____ |
| 15. Late Payment Interest | 15. | ____,____,____,____,____ |
| 16. Late Payment Penalty | 16. | ____,____,____,____,____ |
| 17. Late Filing Penalty
Minimum Income Tax Penalty \$100 | 17. | ____,____,____,____,____ |
| 18. TOTAL BALANCE DUE (Tax, Penalty and Interest)
<small>(If Line 9 is Larger Line 12, Add Line 13 Through Line 17.)
Attach Payment Voucher, Form 83-300, with Check or Money Order for Balance Due, or See Instructions for Electronic Payment Options.</small> | 18. | ____,____,____,____,____ |
| 19. Total OVERPAYMENT of Income and Franchise Tax
<small>(If Line 12 is Larger Than Line 9; Line 9 Minus Line 12)</small> | 19. | ____,____,____,____,____ |
| 20. Overpayment CREDITED to Next Year
<small>(From Line 19)</small> | 20. | ____,____,____,____,____ |
| 21. Overpayment to Be REFUNDED
<small>(Line 19 Minus Line 20)</small> | 21. | ____,____,____,____,____ |

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FEIN _____

PART I CORPORATE INFORMATION

1. Is this a publicly traded corporation? Yes If Yes, under what symbol? _____ No
2. If final return, enter reason and date effective: _____ Date _____
3. If the corporation has been sold or merged, complete the following: Name, address and FEIN of the new existing corporation:
 _____ FEIN _____

PART II CORPORATE OFFICER INFORMATION

List the owners, officers, directors or partners who have a responsibility in the fiscal management of the organization. Attach schedule if needed.

Officer Name and Title	Address	SSN	Ownership Percentage

PART III CORPORATE AFFILIATION SCHEDULE

List all entities owned by and affiliated with the corporation. See page 2 for additional schedule if needed.

Entity Name	FEIN	Address	Entity Type

Check Box if Return May Be Discussed with Preparer

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.

Officer Signature and Title	Date	Business Phone
Paid Preparer Signature	Date	Paid Preparer Address
Paid Firm Identification Number	Paid Preparer PTIN	Preparer Phone

Mail Return To: DEPARTMENT OF REVENUE P.O. BOX 23050 JACKSON, MS 39225-3050

