



# Mississippi Application for Automatic Six-Month Extension

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                  

|                       |  |   |
|-----------------------|--|---|
| Business Name and DBA | <b>Check All That Apply</b>                      |   |
| Address               | <input type="checkbox"/> C Corporation           | <input type="checkbox"/> Initial Return   |
| City State Zip+4      | <input type="checkbox"/> S Corporation           | <input type="checkbox"/> Final Return     |
|                       | <input type="checkbox"/> Partnership / LLC / LLP | <input type="checkbox"/> Composite Return |

### 1. Extension Payment Amount

Enter the total amount of payment remitted by reporting entity for all members of affiliated group listed below.

\$                        

| Affiliated Member Name    | FEIN                     | SSN                      | Identification Number | Amount of Payment |
|---------------------------|--------------------------|--------------------------|-----------------------|-------------------|
| <b>Reporting Entity</b>   |                          |                          |                       |                   |
| 2. _____                  | <input type="checkbox"/> | <input type="checkbox"/> | _____                 | \$ _____          |
| <b>Affiliated Members</b> |                          |                          |                       |                   |
| 3. _____                  | <input type="checkbox"/> | <input type="checkbox"/> | _____                 | \$ _____          |
| 4. _____                  | <input type="checkbox"/> | <input type="checkbox"/> | _____                 | \$ _____          |
| 5. _____                  | <input type="checkbox"/> | <input type="checkbox"/> | _____                 | \$ _____          |
| 6. _____                  | <input type="checkbox"/> | <input type="checkbox"/> | _____                 | \$ _____          |
| 7. _____                  | <input type="checkbox"/> | <input type="checkbox"/> | _____                 | \$ _____          |
| 8. _____                  | <input type="checkbox"/> | <input type="checkbox"/> | _____                 | \$ _____          |
| 9. _____                  | <input type="checkbox"/> | <input type="checkbox"/> | _____                 | \$ _____          |
| 10. _____                 | <input type="checkbox"/> | <input type="checkbox"/> | _____                 | \$ _____          |
| 11. _____                 | <input type="checkbox"/> | <input type="checkbox"/> | _____                 | \$ _____          |
| 12. _____                 | <input type="checkbox"/> | <input type="checkbox"/> | _____                 | \$ _____          |
| 13. _____                 | <input type="checkbox"/> | <input type="checkbox"/> | _____                 | \$ _____          |
| 14. _____                 | <input type="checkbox"/> | <input type="checkbox"/> | _____                 | \$ _____          |
| 15. _____                 | <input type="checkbox"/> | <input type="checkbox"/> | _____                 | \$ _____          |

16. Total of Amounts Entered on Lines 2 Through 15 \$ \_\_\_\_\_

17. Total Amounts from All Additional Pages (Form(s) 83-180) \$ \_\_\_\_\_

18. Total Extension Payment \$ \_\_\_\_\_  
(Add Lines 16 and 17. Should equal total amount of payment entered on Line 1.)

**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.**

\_\_\_\_\_  
Officer / Agent Signature Title Date

**Mail To: Department of Revenue  
P.O. Box 23050  
Jackson, MS 39225-3050**

