

Mississippi Pass-Through Entity Tax Return 2011

lax	Year Beginning d		Tax Y	ear Ending	\overline{m} \overline{m} \overline{d} \overline{d} \overline{y} \overline{y} \overline{y}	<u>_</u>
FEIN MS Secretary of Sta				N	AICS Code	
Busin	ess Name and DBA		Partnership / I (Federal 10		S-Corporation (Federal 1120-S)	
Addr	ess	Check All That Apply			,	
		┼╤╴				_
			Composite Re	eturn 🔲	100% Mississippi	
City	State Zip+4	1 🗆	Amended Ref	turn 🗌	Multistate Apportioning	
Carr	ahi Cada		Final Return		Multistate Direct Accounting	
Coul	nty Code Number of Mississippi Resident Number of Owners / Shareholders Owners / Shareholders		ippi Non-Residen Iders	t	Total Number of Mississippi K-1's	
	S-CORPORATION F	RANC	HISE TAX		(ROUND TO NEAREST DOLLAR)	
1.	Taxable Capital		1.	,	1	
2.	(From Form 84-110, Line 19) Franchise Tax		2.			_
۷.	Fee-In-Lieu		2.			-
3.	Franchise Tax Credit		3.			_
4.	(From Form 84-401, Line 1) Net Franchise Tax Due		4.	,		_
	(Line 2 Minus Line 3) Minimum Tax \$25 COMPOSITE IN	ICOME	TAX			
5.	Mississippi Net Taxable Income		5.			_
	(From Form 84-122, Line 32)					-
6. 7.	Income Tax Income Tax Credits		6.			_
	(From Form 84-401, Line 3)		7.		,,,	
8.	Net Income Tax Due (Line 6 Minus Line 7)		8.		,	
	PAYMENTS AND	TAX	DUE			
9.	Total Franchise and/or Income Tax (For S-Corporations, Line 4; S-Corporation Composite, Line 4 Plus Line 8.) (For Composite Partnerships, Line 8 Only)		9.			_
10.	Overpayments From Prior Year		10.		,	
11.	Estimated Tax Payments and Payment with Extension		11.			
12.	Total Payments					_
	(Line 10 Plus Line 11)		12.			_
13.	Net Total Franchise and/or Income Tax (Line 9 Minus Line 12)		13.	7	,,	
14.	Interest and Penalty on Underestimated Income Tax Payments (Composite S-Corporations and Composite Partnerships Only)		14.			_
15.	Late Payment Interest		15.			-
16.	Late Payment Penalty		16.			_
17.	Late Filing Penalty		17.			_
18.	TOTAL BALANCE DUE (Tax, Penalty and Interest)					-
	(If Line 9 is Larger than Line 12, Add Line 13 Through Line 17.) Attach Payment Voucher, Form 84-300, with Check or Money Order for Balance Due.		18.	,		_
19.	TOTAL OVERPAYMENT of Income and /or Franchise Tax		40			
20.	(If Line 12 is Larger Than Line 9; Line 9 Minus Line 12) Overpayment CREDITED to Next Year		19.			_
	(From Line 19)		20.			_
21.	Overpayment to Be REFUNDED (Line 19 Minus Line 20)		21			



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FEIN						
PART I	ENTIT	Y INFORMATION				
If final return, indicate if the complete the company has been dissolv ✓ Nature of change	· · · —	solved Sold/Merged sted, complete the following:	☐ Incorporated			
∉ Name, FEIN/SSN and address of new company, corporation or owner(s). Attach schedule if needed.						
			FEIN / SSN			
If amended return, check reason Attach statement of explanation,	<u> </u>	n Federal Correction Amended Federal 1065 / Federal Audit (RAR)				
3. If a partnership or LLC, has a fee	deral election been made to fi	le as a corporation?	□No			
4. Check if the company has been	audited by the IRS. If the	ne company has been audited, w	hat year(s) are involved?			
PART II	PASS-THROU	IGH ENTITY SCHEDULE				
List All Pass-Through Entities in Mississippi	that the S-Corporation / Partnership	invested in during the tax year. Attach a	additional schedule, Form 84-105	i, page 3, if needed.		
Entity Name	FEIN	Addre	ss	Entity Type (Corporation, LLC, Etc)		
DADT III			=			
PART III		ARDED ENTITY SCHEDU				
List All Qualified Subchapter Subsidiaries (C	N-Sub) and/or Disregarded Entities. A	Attach additional schedule, Form 84-105,	page 3, if needed.	Mississippi Operations		
Entity Name	Entity Name FEIN Address		ss	(Y / N)		
PART IV		OFFICER INFORMATION				
List the Owners, Officers, Directors or Partne	ers who have a responsibility in the f	iscal management of the organization.		Ownership		
Officer Name and Title	Add	Iress	SSN	Ownership Percentage		
				0/		
				%		
				%		
				%		
				%		
				70		
Check Box if Return N I declare, under penalties of perjury, th this is a true, correct and complete retu	lay Be Discussed with Pi at I have examined this return a urn. Declaration of preparer (ot	and accompanying schedules and s	statements, and to the best information of which prepare	of my knowledge and belief, er has any knowledge.		
Otticor Signature and Little		Date	Pucinose Phone			
Officer Signature and Title	I	Date	Business Phone			
Paid Preparer Signature	Date	Paid Preparer Address	Ī			
			Preparer Phone			

Form 84-105-11-8-3-000 (Rev. 08/11)



Mississippi Supplemental Pass-Through Entity Schedule 2011

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FEIN			
	PASS-THROU	GH ENTITY SCHEDULE	
List All pass-through entities in Mississip		nvested in during the tax year. Continued from page 2, part II.	
Entity Name	FEIN	Address	Entity Type
•			
			<u> </u>
	Q-SUB / DISREG	ARDED ENTITY SCHEDULE	
List all Qualified Subchapter S Subsidiarie			
Entity Name	FEIN	Address	Mississippi Operations
	+		

Form 84-105-11-8-4-000 (Rev. 08/11)



Mississippi

Supplemental Pass-Through Entity Schedule			
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			-
FEIN			
	PASS-THROL	IGH ENTITY SCHEDULE	
List All pass-through entities in Mississipp		invested in during the tax year. Continued from page 2, part I	II.
Entity Name	FEIN	Address	Entity Type
List all Qualified Subchapter S Subsidiaries		SARDED ENTITY SCHEDULE	
Entity Name	FEIN	Address	Mississippi Operations