Form 83-105-12--8-1-000 (Rev. 05/12)

831051281000

Mississippi

MS Corporate Income and Franchise Tax Return

2012

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	Check One
☐ Amended Return	☐ 100% Mississippi
☐ Final Return	☐ Multistate Apportioning
☐ Non Profit	☐ Multistate Direct Accounting

County Code __ __ NAICS Code __ __ __ __ __ __

FRANCHISE TAX

(ROUND TO NEAREST DOLLAR)

1.	Taxable Capital (From Form 83-110, Line 19)	1.
2.	Franchise Tax **Minimum Tax $25** — Fee-In-Lieu ☐	2.
3.	Franchise Tax Credit (From Form 83-401, Line 1)	3.
4.	Net Franchise Tax Due (Line 2 Minus Line 3)	4.

INCOME TAX

☐ Combined Income Tax Return (Enter FEIN of Reporting Corporation) __ __ - __ __ __ __ __ __ __

5.	Mississippi Net Taxable Income (From Form 83-122, Line 30 or Form 83-310, Line 5, Column C)	5.
6.	Income Tax	6.
7.	Income Tax Credits (From Form 83-401, Line 3 or Form 83-310, Line 5, Column B)	7.
8.	Net Income Tax Due (Line 6 Minus Line 7)	8.

PAYMENTS AND TAX DUE

9.	Total Franchise and Income Tax (Line 4 Plus Line 8)	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 Income Tax (Line 9 Minus Line 12)	13.
14.	Interest and Penalty on Underestimated Income Tax Payments (From Form 83-305, Line 19)	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) (If Line 9 is Larger Line 12, Add Line 13 Through Line 17.)	18.
19.	**Total OVERPAYMENT of Income and Franchise Tax** (If Line 12 is Larger Than Line 9; Line 12 Minus Line 9)	19.
20.	**Overpayment CREDITED to Next Year** (From Line 19)	20.
21.	**Overpayment to Be REFUNDED** (Line 19 Minus Line 20)	21.

See instructions for electronic payment options or attach Check or Money Order for balance due.

Form 83-105-12-8-2-000 (Rev. 05/12)

831051282000

Mississippi

MS Corporate Income and Franchise Tax Return

2012

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 _____

4. If amended return, check reason. ☐ Mississippi Correction ☐ Federal Correction ☐ Other _____
Attach statement of explanation, if needed.
Amended Federal 1120, Federal Audit (RAR)

5. Check if the company has been audited by the IRS. ☐ If the company has been audited, what year(s) are involved? _____

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 3 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 Preparer PTIN | Paid Preparer Phone | City | State | Zip Code

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

Form 83-105-12-8-3-000 (Rev. 05/12)

831051283000

Mississippi

MS Corporate Income and Franchise Tax Return

2012

FEIN __ __ - __ __ __ __ __ __ __

SUPPLEMENTAL CORPORATE AFFILIATION SCHEDULE

List all entities owned by and affiliated with the corporation. Continued from page 2, part III.

Entity Name	FEIN	Address	Entity Type

Mississippi
MS Corporate Income and Franchise Tax Return
2012

FEIN __ __ - __ __ __ __ __ __ __

SUPPLEMENTAL CORPORATE AFFILIATION SCHEDULE

List all entities owned by and affiliated with the corporation. Continued from page 2, part III.

Entity Name	FEIN	Address	Entity Type

Corp Internet
2012 Forms