

7

Tax Year Ending m m d d y y y y

Mississippi Secretary of State ID

Legal Name and DBA	CHECK ALL THAT APPLY <input type="checkbox"/> Amended Return <input type="checkbox"/> Final Return <input type="checkbox"/> Non Profit	CHECK ONE <input type="checkbox"/> 100% Mississippi <input type="checkbox"/> Multistate Apportioning <input type="checkbox"/> Multistate Direct Accounting
Address		
City State Zip +4		
County Code NAICS Code		
FRANCHISE TAX (ROUND TO THE NEAREST DOLLAR)		

FRANCHISE TAX

(ROUND TO THE NEAREST DOLLAR)

- | | | | | | |
|---|---|--------------------------------------|---|-------|-----|
| 1 | Taxable capital (from Form 83-110, line 19) | | 1 | _____ | .00 |
| 2 | Franchise tax (minimum tax \$25) | <input type="checkbox"/> Fee-In-Lieu | 2 | _____ | .00 |
| 3 | Franchise tax credit (from Form 83-401, line 1) | | 3 | _____ | .00 |
| 4 | Net franchise tax due (line 2 minus line 3) | | 4 | _____ | .00 |

INCOME TAX

- | | | | |
|--------------------------|---|---|----------|
| <input type="checkbox"/> | 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 | _____.00 |
| 6 | Income tax | 6 | _____.00 |
| 7 | Income tax credits (from Form 83-401, line 3 or Form 83-310, line 5, column B) | 7 | _____.00 |
| 8 | Net income tax due (line 6 minus line 7) | 8 | _____.00 |

PAYMENTS AND TAX DUE

- | | | | | |
|----|--|----|-------|-----|
| 9 | Total franchise and income tax (line 4 plus line 8) | 9 | _____ | .00 |
| 10 | Overpayments from prior year | 10 | _____ | .00 |
| 11 | Estimated tax payments and payment with extension | 11 | _____ | .00 |
| 12 | Total payments (line 10 plus line 11) | 12 | _____ | .00 |
| 13 | Net total franchise and income tax (line 9 minus line 12) | 13 | _____ | .00 |
| 14 | Interest and penalty on underestimated income tax payments (from Form 83-305, line 17) | 14 | _____ | .00 |
| 15 | Late payment interest | 15 | _____ | .00 |
| 16 | Late payment penalty | 16 | _____ | .00 |

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FEIN _____

17	Late filing penalty (minimum income tax penalty \$100)	17	_____	00
18	Total balance due (if line 9 is larger than line 12, add line 13 through line 17)	18	_____	00
19	Total overpayment (if line 12 is larger than line 9, subtract line 9 from line 12)	19	_____	.00
20	Overpayment credited to next year (from line 19)	20	_____	.00
21	Overpayment to be refunded (line 19 minus line 20)	21	_____	.00

See instructions for electronic payment options or attach payment voucher, Form 83-300, with check or money order for balance due.

PART I: CORPORATE INFORMATION

1	Is this a publicly traded corporation?	<input type="checkbox"/>	Yes	If yes, under what symbol? _____	<input type="checkbox"/>	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.	<input type="checkbox"/>	Mississippi Correction	<input type="checkbox"/>	Federal Correction	<input type="checkbox"/>	Other _____
5	Check if the company has been audited by the IRS. <input type="checkbox"/> If the company has been audited, what year(s) are involved? _____						
6	Principal business activity in Mississippi _____			6a	County location in Mississippi _____		
7	Principal product or service in Mississippi _____						
8	Contact person for this return			8a	Location and Phone number		

PART II: CORPORATE OFFICER INFORMATION

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

[illegible]

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FEIN _____

[illegible]

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

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SUPPLEMENTAL CORPORATE AFFILIATION SCHEDULE

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