



Mississippi Application for Automatic Six Month Extension 2014

Tax Year Beginning _____
m m d d y y y y

Tax Year Ending _____
m m d d y y y y

FEIN _____

Mississippi Secretary of State ID _____

Legal Name and DBA Address City _____ State _____ Zip+4 _____	CHECK ALL THAT APPLY						
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> C Corporation</td> <td style="width: 50%;"><input type="checkbox"/> Initial Return</td> </tr> <tr> <td><input type="checkbox"/> S Corporation</td> <td><input type="checkbox"/> Final Return</td> </tr> <tr> <td><input type="checkbox"/> Partnership / LLC / LLP</td> <td><input type="checkbox"/> Composite Return</td> </tr> </table>	<input type="checkbox"/> C Corporation	<input type="checkbox"/> Initial Return	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Final Return	<input type="checkbox"/> Partnership / LLC / LLP	<input type="checkbox"/> Composite Return
<input type="checkbox"/> C Corporation	<input type="checkbox"/> Initial Return						
<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. _____ .00

NAME	FEIN	SSN	IDENTIFICATION NUMBER	AMOUNT OF PAYMENT
2 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ 2	_____ .00
3 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ 3	_____ .00
4 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ 4	_____ .00
5 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ 5	_____ .00
6 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ 6	_____ .00
7 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ 7	_____ .00
8 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ 8	_____ .00
9 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ 9	_____ .00
10 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ 10	_____ .00
11 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ 11	_____ .00
12 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ 12	_____ .00
13 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ 13	_____ .00
14 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ 14	_____ .00
15 Total of amounts entered on line 2 through line 14		15	_____	_____ .00
16 Total amounts from all supplemental pages (Form(s) 83-180)		16	_____	_____ .00
17 Total extension payment (add line 15 and line 16; total should equal payment amount on line 1)		17	_____	_____ .00

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



Mississippi Application for Automatic Six-Month Extension 2014

FEIN _____

NAME	FEIN	SSN	IDENTIFICATION NUMBER	AMOUNT OF PAYMENT
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00

Subtotal (add lines and enter total amount on Form 83-180, line 17) _____ .00