



Mississippi

Summary of Net Income Schedule

2014

Page 1

FEIN _____

(ROUND TO THE NEAREST DOLLAR)

Column A	Column B		Column C
Name of Company FEIN	Credit Code	Credit Amount	Net Taxable Income (Loss)
1 Reporting company			
NAME _____	_____	_____ .00	
	_____	_____ .00	
FEIN _____	_____	_____ .00	_____ .00
	_____	_____ .00	
2 Subsidiary companies			
NAME _____	_____	_____ .00	
	_____	_____ .00	
FEIN _____	_____	_____ .00	_____ .00
	_____	_____ .00	
NAME _____	_____	_____ .00	
	_____	_____ .00	
FEIN _____	_____	_____ .00	_____ .00
	_____	_____ .00	
NAME _____	_____	_____ .00	
	_____	_____ .00	
FEIN _____	_____	_____ .00	_____ .00
	_____	_____ .00	
NAME _____	_____	_____ .00	
	_____	_____ .00	
FEIN _____	_____	_____ .00	_____ .00
	_____	_____ .00	
3 Total column B and column C (total of credit amounts line 1 and line 2, column B and total net taxable income (loss) from column C)		_____ .00	_____ .00
4 Totals from page 2 (total of column B and column C from additional page(s) Form 83-310)		_____ .00	_____ .00
5 Total income tax credits and net taxable income (loss) (sum of line 3 and line 4. Enter the total from column B on Form 83-105, page 1, line 7 or Form 83-391, line 4, page 1. Enter the total from column C on Form 83-105, page 1, line 5 or Form 83-391, page 1, line 1. If the total in column C is negative, enter zero on Form 83-105, page 1, line 5 or Form 83-391, page 1, line 1)		_____ .00	_____ .00



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Page 2

FEIN _____

(ROUND TO THE NEAREST DOLLAR)

Column A	Column B		Column C
Name of Company FEIN	Credit Code	Credit Amount	Net Taxable Income (Loss)
NAME: _____ FEIN _____	_____ _____ _____ _____	_____.00 _____.00 _____.00 _____.00	_____.00
NAME: _____ FEIN _____	_____ _____ _____ _____	_____.00 _____.00 _____.00 _____.00	_____.00
NAME: _____ FEIN _____	_____ _____ _____ _____	_____.00 _____.00 _____.00 _____.00	_____.00
NAME: _____ FEIN _____	_____ _____ _____ _____	_____.00 _____.00 _____.00 _____.00	_____.00
NAME: _____ FEIN _____	_____ _____ _____ _____	_____.00 _____.00 _____.00 _____.00	_____.00
Totals (total of column B and column C; enter on Form 83-310, page 1, line 4)		_____.00	_____.00