

Mississippi Pass-Through Entity Tax Return 2014

| Tax | X Year Beginning | Ta | ax Year Ending |
|---------|--|---|---|
| FEI | N Mississippi Secretary of State | e ID | NAICS Code |
| Lega | al Name and DBA | Partnership / LLC / LLP (Federal 1065) | S Corporation (Federal 1120-S) |
| , , , , | | CHECK ALL THAT APPLY | CHECK ONE |
| City | State Zip +4 | Composite Return Amended Return | 100% Mississippi Multistate Apportioning |
| Co | unty Code Total Number of Mississippi K-1's | Final Return | Multistate Direct Accounting |
| ŀ | f issuing 100 or more K-1's, this return <u>must</u> be filed electronically. See www.dor.ms.gov for information. | Non Profit | |
| S | CORPORATION FRANCHISE TAX | (ROU | ND TO THE NEAREST DOLLAR) |
| 1 | Taxable capital (from Form 84-110, line 19) | 1 | .00 |
| 2 | Franchise tax (minimum tax \$25) | Fee-In-Lieu 2 | 00 |
| 3 | Franchise tax credit (from Form 84-401, line 1) | 3 | 00 |
| 4 | Net franchise tax due (line 2 minus line 3) | 4 | 00 |
| С | OMPOSITE INCOME TAX | | |
| 5 | Mississippi net taxable income (from Form 84-122, line 32) | 5 | 00 |
| 6 | Income tax | 6 | 00 |
| 7 | Income tax credits (from Form 84-401, line 3) | 7 | 00 |
| 8 | Net income tax due (line 6 minus line 7) | 8 | 00 |
| Р | AYMENTS AND TAX DUE | | |
| 9 | Total franchise and/or income tax (S corporations use line 4 only; composite S corporations use line 4 plus line 8; composite partnerships use line 8 only | e 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/or income tax (line 9 minus line 12) | 13 | 00 |
| 14 | Interest and penalty on underestimated income tax payments (composite S and composite partnerships only; from Form 83-305, line 17) | corporations 14 | 00 |
| 15 | Late payment interest | 15 | 00 |
| 16 | Late payment penalty | 16 | 00 |



FEIN

Mississippi Pass-Through Entity Tax Return 2014

Page 2

| 17 | Late filing penalty (minimum incom | e tax penalty \$100 |) | 17 | 00 | | |
|----|---|--|--|------------------------------|----------------------|--|--|
| 18 | Total balance due (if line 9 is larger than line 12, add line 13 through line 17) | | | | | | |
| 19 | Total overpayment (if line 12 is large | Total overpayment (if line 12 is larger than line 9, subtract line 9 from line 12) 19 | | | | | |
| 20 | Overpayment credited to next year | ır (from line 19) | | 20 | 000 | | |
| 21 | Overpayment to be refunded (line | 19 minus line 20) | | 21 | .00 | | |
| | See instructions for electronic pa | yment options or a | ttach payment voucher, Form 84-3 | 00, with check or money | | | |
| Р | ART I: ENTITY INFORMATION | | | | | | |
| 1 | If final return, enter reason and date | effective: | | Date | | | |
| | If the entity has been sold or merg | ed or incorporated, | complete the following: Name, addre | ss and FEIN of the new ex | cisting corporation: | | |
| | | | | FEIN | | | |
| 2 | If amended return, check reason. | Mississippi C | Correction Federal Correction | Other | | | |
| 3 | If a partnership or LLC, has a federa | al election been mad | le to file as a corporation? | es No | | | |
| 4 | Check if the company has been aud | ited by the IRS. | If the company has been audited | , what year(s) are involved | ? | | |
| 5 | Principal business activity in Mississ | sippi | 5a County k | ocation in Mississippi | | | |
| 6 | Principal product or service in Missis | ssippi | | | | | |
| 7 | Contact person for this return | | 7a Location | and Phone number | | | |
| Р | ART II: PASS-THROUGH ENTITY | SCHEDULE | | | | | |
| | t all pass-through entities in Mississip rm 84-105, page 4, if needed. | ppi that the S corpora | ation / Partnership invested in during t | he tax year. Attach addition | onal schedule(s), | | |
| | ENTITY NAME | FEIN | ADDRESS | 3 | ENTITY TYPE | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | I | 1 | | l | | |



Mississippi Pass-Through Entity Schedule 2014

Q-SUB/DISREGARDED ENTITY SCHEDULE

| Page | 3 |
|------|---|
| | |

PART III

| ENTITY NAME | FEIN | | ADDRESS | MISSISSIPPI OPERATI (Y/N) |
|--------------------------------------|-----------------------|------------------------------|---------------------------|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | <u> </u> | | | |
| | | | | |
| T IV | E | NTITY OFFICER INFOR | MATION | |
| e owners, officers, directors, or pa | artners who have a re | sponsibility in the fiscal n | nanagement of the organiz | zation. |
| FICER NAME AND TITLE | SSN | | ADDRESS | OWNERSHIP PERCENTAGE |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Check box if return may be dis | cussed with prepare | r | | I |
| | | | | |
| | | | | d to the best of my knowledge and be which preparer has any knowledge. |
| | | | | |
| ficer Signature and Title | | Date | Busin | ess Phone |
| aid Preparer Signature | Date | Paid I | Preparer Address | |
| .a. roparor e.g.tataro | I | l | | |



Mississippi Supplemental Pass-Through Entity Schedule 2014

| Dar | * | 4 |
|-----|---|---|
| | | |

| FEIN |
|------|
|------|

| | PASS-THROUGH ENTITY SCHEDULE | | | | |
|--|------------------------------|--|--|--|--|
| | | | | | |

List all pass-through entities in Mississippi that the S corporation / Partnership invested in during the tax year, continued from page 2, part II.

| ENTITY NAME | FEIN | ADDRESS | ENTITY TYPE |
|-------------|------|---------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Q-SUB/DISREGARDED ENTITY SCHEDULE

List all qualified subchapter S subsidiaries (Q-Sub) and/or disregarded entities, continued from page 3, part III.

| ENTITY NAME | FEIN | ADDRESS | MISSISSIPPI OPERATIONS (Y/N) |
|-------------|------|---------|---------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| _ | | | |