

7

Tax Year Ending           m m d d y y y y          

Mississippi Secretary of State ID

Legal Name and DBA	<b>CHECK ALL THAT APPLY</b>  <input type="checkbox"/> Amended Return  <input type="checkbox"/> Final Return  <input type="checkbox"/> Non Profit	<b>CHECK ONE</b>  <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		
<b>FRANCHISE TAX (ROUND TO THE NEAREST DOLLAR)</b>		

## FRANCHISE TAX

(ROUND TO THE NEAREST DOLLAR)

- |   |   |                                      |   |       |     |
|---|---|--------------------------------------|---|-------|-----|
| 1 | Taxable capital (from Form 83-110, line 18)     |                                      | 1 | _____ | .00 |
| 2 | Franchise tax <b>(minimum tax \$25)</b>         | <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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17	Late filing penalty ( <b>minimum income tax penalty \$100</b> )	17	_____	.00
18	<b>Total balance due</b> (if line 9 is larger than line 12, add line 13 through line 17)	18	_____	.00
19	<b>Total overpayment</b> (if line 12 is larger than line 9, subtract line 9 from line 12)	19	_____	.00
20	<b>Overpayment credited to next year</b> (from line 19)	20	_____	.00
21	<b>Overpayment to be refunded</b> (line 19 minus line 20)	21	_____	.00

[illegible]

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FEIN

List all entities owned by and affiliated with the corporation. See page 4 for supplemental schedule if needed.

[illegible]☐ 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 23191 Jackson, MS 39225-3191**

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SUPPLEMENTAL CORPORATE AFFILIATION SCHEDULE	
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