Form 83-105-15-8 -1-000 (Rev. 05/15)



Mississippi Corporate Income and Franchise Tax Return 2015

Year Beginning		Tax Year Endir

Tax mmddyyyy m m d d y y y y**FEIN** Mississippi Secretary of State ID Legal Name and DBA **CHECK ALL THAT APPLY CHECK ONE** Address Amended Return 100% Mississippi State Zip +4 Final Return Multistate Apportioning Multistate Direct Non Profit County Code NAICS Code Accounting (ROUND TO THE NEAREST DOLLAR) FRANCHISE TAX Taxable capital (from Form 83-110, line 18) .00 Fee-In-Lieu 2 Franchise tax (minimum tax \$25) 3 Franchise tax credit (from Form 83-401, line 1) Net franchise tax due (line 2 minus line 3) **INCOME TAX** Combined income tax return (enter FEIN of reporting corporation) Mississippi net taxable income (from Form 83-122, line 30 or Form 83-310, line 5, column C) 6 Income tax 6 Income tax credits (from Form 83-401, line 3 or Form 83-310, line 5, column B) Net income tax due (line 6 minus line 7) 8 **PAYMENTS AND TAX DUE** Total franchise and income tax (line 4 plus line 8) 10 Overpayments from prior year Estimated tax payments and payment with extension Total payments (line 10 plus line 11) Net total franchise and income tax (line 9 minus line 12) Interest and penalty on underestimated income tax payments (from Form 83-305, line 17) 15 Late payment interest 16 Late payment penalty

Form 83-105-15-8-2-000 (Rev. 05/15)



Mississippi Corporate Income and Franchise Tax Return 2015

Page 2

FEI	N				
17	Late filing penalty (minimum incom	ne tax penalty \$100)		17	
18	Total balance due (if line 9 is large	er than line 12, add line	13 through line 17)	18	.00
19	Total overpayment (if line 12 is lar	ger than line 9, subtra	ct line 9 from line 12)	19	•00
20	Overpayment credited to next year	ar (from line 19)		20	.00
21	Overpayment to be refunded (line	e 19 minus line 20)		21	.00
	See instructions for electronic pay	ment options or atta	ch payment voucher, Form 83-300	, with check or money or	
Р	PART I: CORPORATE INFORMATIO	DN .			
1	Is this a publicly traded corporation?		If yes, under what symbol?		No
2	If final return, enter reason and date			Date	
3			ollowing: Name, address and FEIN o		tion:
•	The dolporation has been sold of h	lorgod, complete the N	onowing. Hamo, address and Filtre	FEIN	
	If any and adventure also also according	Mississippi Co	orrection Federal Correc		
4	If amended return, check reason.				
5	Check if the company has been aud		If the company has been audited, v		
6	Principal business activity in Mississ	ippi	6a County loc	ation in Mississippi	
7	Principal product or service in Missis	ssippi			
8	Contact person for this return		8a Location a	nd Phone number	
P	PART II: CORPORATE OFFICER IN	FORMATION			
L	ist the owners, officers, directors or p	artners who have a res	sponsibility in the fiscal management	of the organization.	
	OFFICER NAME AND TITLE	SSN	ADDRESS		OWNERSHIP PERCENTAGE

Form 83-105-15-8-3-000 (Rev. 05/15)



Mississippi Corporate Income and Franchise Tax Return 2015

Page 3

FEIN

ı	3	۸	DT	III-	COPPOP	ATE.	VEEII	IATION	SCHEDUL	F
ı	-	н	ĸI	111:	CURPUR	AIE	AFFIL	JA HUN	SCHEDUL	

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

ENTITY NAME	FEIN	ADDRESS	ENTITY TYPE

Check box if return may be discuss	ed with preparer					
declare, under penalties of perjury, that I have exa this is a true, correct and complete return. Declarat	•	, ,	,		,	,
Officer Signature and Title		Date	Busines	s Phone		
Paid Preparer Signature	Date	Paid Preparer Address		_	_	
Paid Preparer PTIN	Paid Preparer Phone	City		State	Zip Code	

Form 83-105-15-8-4-000 (Rev. 05/15)



Mississippi Corporate Income and Franchise Tax Return 2015

Pag	e	4

FEIN

SUPPLEMENTAL CORPORATE AFFILIATION SCHEDULE

List all entities owned by and affiliated with the corporation. Continued from page 3, part III.

ENTITY NAME	FEIN	ADDRESS	ENTITY TYPE

Supplemental Page	of
-------------------	----