Form 83-180-15-8-1-000 (Rev. 05/15)



## Mississippi Application for Automatic Six Month Extension 2015

Tax Year Beginning		Tax \	Tax Year Ending		
FEIN		Mississippi Secretary of	State ID		
Legal Name and DBA		CHECK ALL	CHECK ALL THAT APPLY		
Address		C Corporation	Initial Return		
City	State Zip+4	S Corporation Partnership / LLC /	Final Return  Composite Return		
1 Extension payment amount Enter the total amount of payment remitted by	reporting entity for all mem	bers of affiliated group listed below.			
NAME	FEIN SSN	IDENTIFICATION NUMBER	AMOUNT OF PAYMENT		
2		2			
3 4		3			
5		5			
6		6			
7		7			
8 9		8			
10		10			
11		11			
12		12			
13		13			
<ul><li>14</li><li>15 Total of amounts entered on line 2 through line</li></ul>	e 14 15				
16 Total amounts from all supplemental pages (F	orm(s) 83-180)				
17 Total extension payment (add line 15 and line	nent amount on line 1) 17				
I declare, under penalties of perjury, that I have knowledge and belief, this is a true, correct and	l complete return.	d accompanying schedules and stat	tements, and to the best of my		



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FFIN

NAME	FEIN	SSN	IDENTIFICATION NUMBER	AMOUNT OF PAYMENT
				_
				_
Subtotal (add lines and enter total amount on Fe	orm 83-180, li	ine 17)		