

Mississippi Application for Automatic Six Month Extension 2016

| Tax Year Beginning | | | Tax Year Ending | | | |
|--|--------------------------|-------|--|--------------------------------|--|--|
| FEIN | | | Mississippi Secretary of Sta | ate ID | | |
| egal Name and DBA | | | CHECK ALL TH | CHECK ALL THAT APPLY | | |
| Address | | | C Corporation | Initial Return | | |
| City | State | Zip+4 | S Corporation Partnership / LLC / LLF | Final Return Composite Return | | |
| 1 Extension payment amount Enter the total amount of payment remitted by re | | | ers of affiliated group listed below. IDENTIFICATION NUMBER | AMOUNT OF DAYMENT | | |
| NAME | FEIN | SSN | IDENTIFICATION NUMBER | AMOUNT OF PAYMENT | | |
| 2 | | | 2 | | | |
| | | | 3 | | | |
| 4 | | | 4 | | | |
| 5 | | | 5 | | | |
| 6 | | | 6 | | | |
| 7 | | | 7 | | | |
| 8 | | | 8 | | | |
| 9 | | | 9 | | | |
| 10 | | | 10 | | | |
| | | | | | | |
| 40 | | | 11 | | | |
| | | | 12 | | | |
| | | | 13 | | | |
| | | | 14 | | | |
| 15 Total of amounts entered on line 2 through line | 14 | 15 | | | | |
| 16 Total amounts from all supplemental pages (For | m(s) 83-180) | 16 | | | | |
| 17 Total extension payment (add line 15 and line 16 | ent amount on line 1) 17 | | | | | |
| I declare, under penalties of perjury, that I have e knowledge and belief, this is a true, correct and c | examined thi | urn. | accompanying schedules and statem | ents, and to the best of my | | |



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Page 2

FEIN

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