Form 83-105-17-8 -1-000 (Rev. 10/17)



Mississippi Corporate Income and Franchise Tax Return 2017

Tax Year Beginning		Tax Year Ending	
	mm dd yyyy		mm dd yyyy

FEIN	Mississippi Secretar	Mississippi Secretary of State ID			
Legal Name and DBA	CHECK ALL THAT APPLY	CHECK ONE			
Address	Amended Return	100% Mississippi			
City State Zip +4	Final Return	Multistate Apportioning			
County Code NAICS Code	Non Profit	Multistate Direct Accounting			
FRANCHISE TAX	(R	OUND TO THE NEAREST DOLLAR)			
1 Taxable capital (from Form 83-110, line 18)	1	•00			
2 Franchise tax (minimum tax \$25)	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					
Combined income tax return (enter FEIN of reporting corporations)	tion)				
5 Mississippi net taxable income (from Form 83-122, line 30 or Foline 5, column C)	_	.00			
6 Income tax	6	00			
7 Income tax credits (from Form 83-401, line 3 or Form 83-310, line	ne 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 19) 14	.00			
15 Late payment interest	15	00			
16 Late payment penalty	16	00			



FEIN

Mississippi Corporate Income and Franchise Tax Return 2017

Page 2

17	Late filing penalty (minimum income tax penalty \$100)		17		00
18	Total balance due (if line 9 is larger than line 12, add line 13 through line 17))	18		00
19	Total overpayment (if line 12 is larger than line 9, subtract line 9 from line 12	2)	19		00
20	Overpayment credited to next year (from line 19)		20		00
21	Overpayment to be refunded (line 19 minus line 20)		21		
	See instructions for electronic payment options or attach payment vouch	ner, Fo	orm 83-300, with c	heck or money ord	er for balance due.
F	ART I: CORPORATE INFORMATION				
1	Is this a publicly traded corporation? Yes If yes, under what s	symbo	ol?		No
2	If final return, enter reason and date effective:			Date	
3	If the corporation has been sold or merged, complete the following: Name, add	ldress	and FEIN of the ne	w existing corporation	on:
				FEIN	
4	If amended return, check reason. Mississippi Correction	Fed	eral Correction	Other	
5	Check if the company has been audited by the IRS. If the company ha	as bee	n audited, what yea	ar(s) are involved?	
6	Principal business activity in Mississippi	6a	County location in	Mississippi	
7	Principal product or service in Mississippi				
8	Contact person for this return	8a	Location and Phor	ne number	
F	PART II: CORPORATE OFFICER INFORMATION				
	74C III OOK CIGALE OF TOLK IN CHARACTERS				

List the owners, officers, directors or partners who have a responsibility in the fiscal management of the organization.

SSN	ADDRESS	OWNERSHIP PERCENTAGE
	SSN	SSN ADDRESS

Form 83-105-17-8-3-000 (Rev. 10/17)

FEIN



Mississippi Corporate Income and Franchise Tax Return 2017

Page 3

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PARI III.	CURFURATE	AFFILIATION	SCHEDULE

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 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 Signature	Date	Paid Preparer Address			



Mississippi Corporate Income and Franchise Tax Return 2017

Page 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