

7

Tax Year Ending mm dd yyyy

Mississippi Secretary of State ID

Legal Name and DBA	CHECK ALL THAT APPLY	CHECK ONE
Address		
City State Zip +4		
County Code NAICS Code	Amended Return	100% Mississippi
	Final Return	Multistate Apportioning
	Non Profit	Multistate Direct Accounting
FRANCHISE TAX (ROUND TO THE NEAREST DOLLAR)		

FRANCHISE TAX

(ROUND 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

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 19) | 14 | _____ | .00 |
| 15 | Late payment interest | 15 | _____ | .00 |
| 16 | Late payment penalty | 16 | _____ | .00 |

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FEIN

See instructions for electronic payment options or attach payment voucher, Form 83-300, with check or money order for balance due.

1	Is this a publicly traded corporation?	Yes	If yes, under what symbol?	No
2	If final return, enter reason and date effective:			Date
3	If the corporation has been sold or merged, complete the following: Name, address and FEIN of the new existing corporation:			
				FEIN _____
4	If amended return, check reason.	Mississippi Correction	Federal Correction	Other
5	Check if the company has been audited by the IRS.	If the company has been audited, what year(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 Phone number	

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

[illegible]

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PART III: CORPORATE AFFILIATION SCHEDULE

[illegible]

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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