

## Mississippi Pass-Through Entity Tax Return 2017

Tax	Year Beginning	Tax Year Ending		
FEI	N Mississippi Secretary of Stat	ID NAICS Code		
Lega	Il Name and DBA	Partnership / LLC / LLP (Federal 1065)	S Corporation (Federal 1120-S)	
		CHECK ALL THAT APPLY	CHECK ONE	
City	State Zip +4	Composite Return  Amended Return	100% Mississippi  Multistate Apportioning	
Co	unty Code Total Number of Mississippi K-1's	Final Return	Multistate Direct Accounting	
I <sup>1</sup>	f issuing 100 or more K-1's, this return <u>must</u> be filed electronically.  See www.dor.ms.gov for information.	Non Profit		
S	CORPORATION FRANCHISE TAX	(ROU	ND TO THE NEAREST DOLLAR)	
1	Taxable capital (from Form 84-110, line 18)	1	00	
2	Franchise tax (minimum tax \$25)	Fee-In-Lieu 2	00	
3	Franchise tax credit (from Form 84-401, line 1)	3	00	
4	Net franchise tax due (line 2 minus line 3)	4	00	
С	OMPOSITE INCOME TAX			
5	Mississippi net taxable income (from Form 84-122, line 32)	5	00	
6	Income tax	6	00	
7	Income tax credits (from Form 84-401, line 3)	7		
8	Net income tax due (line 6 minus line 7)	8	00	
P	AYMENTS AND TAX DUE			
9	Total franchise and/or income tax (S corporations use line 4 only; composit S corporations use line 4 plus line 8; composite partnerships use line 8 only		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/or income tax (line 9 minus line 12)	13		
14	Interest and penalty on underestimated income tax payments (composite S from Form 83-305, line 19 and composite partnerships from IIT Form 80-32		00	
15	Late payment interest	15	00	
16	Late payment penalty	16	00	



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17	Late filing penalty (minimum incom	17	-00		
18	3 <b>Total balance due</b> (if line 9 is larger than line 12, add line 13 through line 17)				-00
19	9 <b>Total overpayment</b> (if line 12 is larger than line 9, subtract line 9 from line 12)				-00
20	Overpayment credited to next year	ar (from line 19)		20	-00
21	Overpayment to be refunded (line	19 minus line 20)		21	-00
	See instructions for electronic pa	yment options or a	ttach payment voucher, Form	84-300, with check or mone	ey order for balance due.
P.	ART I: ENTITY INFORMATION				
1	If final return, enter reason and date	effective:		Da	ate
	If the entity has been sold or merg	ged or incorporated, o	complete the following: Name, a	ddress and FEIN of the new	existing corporation:
2	If amended return, check reason.	Mississippi C	orrection Federal Correc	ction Other	
3	If a partnership or LLC, has a federa	al election been made	e to file as a corporation?	Yes No	
4	Check if the company has been aud	ited by the IRS.	If the company has been au	dited, what year(s) are involv	ed?
5	Principal business activity in Mississ	sippi	5a Cou	nty location in Mississippi	
6	Principal product or service in Missis	ssippi			
7	Contact person for this return		7a Loca	ation and Phone number	
P	ART II: PASS-THROUGH ENTITY	SCHEDULE			
	t all pass-through entities in Mississip m 84-105, page 4, if needed.	opi that the S corpora	ation / Partnership invested in du	ring the tax year. Attach add	itional schedule(s),
	ENTITY NAME	FEIN	ADDI	RESS	ENTITY TYPE
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PART III Q-SUB/DISREGARDED ENTITY SCHEDULE							
List all qualified subchapter S subsidiaries (Q-Sub) and/or disregarded entities. Attach additional schedule(s), Form 84-105, page 4, if needed.							
ENTITY NAME	FEIN		ADDRESS		MISSISSIPPI OPERATIONS (Y/N)		
PART IV	E	NTITY OFFICER	INFORMATION				
List the owners, officers, directors, or par	tners who have a re	sponsibility in the	fiscal management of the	ne organization.			
OFFICER NAME AND TITLE	SSN		ADDRESS		OWNERSHIP PERCENTAGE		
Check box if return may be dis	Check box if return may be discussed with preparer.						
I declare, under penalties of perjury, that I h	ave examined this ret	urn and accompa	nving schedules and state	ements, and to the be	st of mv knowledge and belief.		
this is a true, correct and complete return.	Declaration of prepare	er (other than taxp	ayer) is based on all infor	mation of which prep	arer has any knowledge.		
Officer Signature and Title			Date	Business Phone			
Paid Preparer Signature	Date <b>I</b>		Paid Preparer Address	I	ı		
Paid Preparer PTIN	Paid Pre	parer Phone	City	State	Zip Code		
•		•	•		•		



### Mississippi Supplemental Pass-Through Entity Schedule 2017

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PASS-THROUGH ENTITY SCHEDULE

List all pass-through entities in Mississippi that the S corporation / Partnership invested in during the tax year, continued from page 2, part II.

FEIN	ADDRESS	ENTITY TYPE
	FEIN	FEIN ADDRESS

#### Q-SUB/DISREGARDED ENTITY SCHEDULE

List all qualified subchapter S subsidiaries (Q-Sub) and/or disregarded entities, continued from page 3, part III.

ENTITY NAME	FEIN	ADDRESS	MISSISSIPPI OPERATIONS (Y/N)