Form 83-105-19-8 -1-000 (Rev. 04/19)



# Mississippi Corporate Income and Franchise Tax Return 2019

Tax Year Beginning	Tax Year Endingmm dd yyyy			
FEIN	Mississippi S	Secretary of S	tate ID	
Legal Name and DBA	CHECK ALL THAT	T APPLY	CHECK ONE	
Address	Amended R	eturn	100% Mississippi	
City State Zip +4	Final Return		Multistate Apportioning	
County Code NAICS Code	Non Profit		Multistate Direct Accounting	
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				
Combined income tax return (enter FEIN of reporting corporation)				
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			
7 Income tax credits (from Form 83-401, line 3 or Form 83-310, line 5, column E	<b>3)</b> 7			
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	)		
11 Estimated tax payments and payment with extension	11			
12 Total payments (line 10 plus line 11)	12		00	
13 Net total franchise and income tax (line 9 minus line 12)	13	3	00	
14 Interest and penalty on underestimated income tax payments (from Form 83-	305, line 19) 14	ļ	00	
15 Late payment interest	15		00	
16. Late payment negative	16			

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		2019		
FEIN				
17 Late filing penalty (	minimum income tax penalty \$100)	17		00
18 Total balance due	e (if line 9 is larger than line 12, add line 13 thr			
19 Total overpaymer	nt (if line 12 is larger than line 9, subtract line 9	9 from line 12) 19		
20 Overpayment cred	dited to next year (from line 19)	20		00
21 Overpayment to b	e refunded (line 19 minus line 20)	21 _		
See instructions for	or electronic payment options or attach pay	yment voucher, Form 83-300, with ch	eck or money order for ba	lance due.
PART I: CORPORA	TE INFORMATION			
1 Is this a publicly tra	ded corporation? Yes If yes,	, under what symbol?		No
2 If final return, enter	reason and date effective:		Date	
3 If the corporation h	as been sold or merged, complete the followin	g: Name, address and FEIN of the new	v existing corporation:	
			FEIN	
4 If amended return,	check reason. Mississippi Correctio	n Federal Correction	Other	
5 Check if the compa	ny has been audited by the IRS.	e company has been audited, what year	(s) are involved?	
6 Principal business	activity in Mississippi	6a County location in M	lississippi	
7 Principal product or	service in Mississippi			
8 Contact person for	this return	8a Location and phone	number	
PART II: CORPORA	TE OFFICER INFORMATION			
List the owners, office	ers, directors or partners who have a responsib	oility in the fiscal management of the org	ganization.	

OFFICER NAME AND TITLE	SSN	ADDRESS	OWNERSHIP PERCENTAGE

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FEIN

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PARIIII.	CURPURATE	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		

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#### 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