



Mississippi Corporate Income and Franchise Tax Return 2019

Tax Year Beginning _____
mm dd yyyy

Tax Year Ending _____
mm dd yyyy

FEIN _____

Mississippi Secretary of State ID _____

Legal Name and DBA	CHECK ALL THAT APPLY	CHECK ONE
Address	Amended Return Final Return Non Profit	100% Mississippi Multistate Apportioning Multistate Direct Accounting
City State Zip +4		
County Code NAICS Code		

FRANCHISE TAX **(ROUND TO THE NEAREST DOLLAR)**

1 Taxable capital (from Form 83-110, line 18)	1	_____ .00
2 Franchise tax (minimum tax \$25)	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	_____ .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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PART III: CORPORATE 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 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

List all entities owned by and affiliated with the corporation. Continued from page 3, part III.

ENTITY NAME	FEIN	ADDRESS	ENTITY TYPE