



Mississippi Application for Automatic Extension 2019

Tax Year Beginning _____

Tax Year Ending _____

FEIN _____

Mississippi Secretary of State ID _____

Legal Name and DBA _____

Address _____

City _____ State _____ Zip+4 _____

CHECK ALL THAT APPLY

- | | |
|--|---|
| <input type="checkbox"/> C Corporation | <input type="checkbox"/> Initial Return |
| <input type="checkbox"/> S Corporation | <input type="checkbox"/> Final Return |
| <input type="checkbox"/> Partnership / LLC / LLP | <input type="checkbox"/> Composite Return |

1 Extension payment amount

Enter the total amount of payment remitted by reporting entity for all members of affiliated group listed below. _____

NAME	FEIN	SSN	IDENTIFICATION NUMBER	AMOUNT OF PAYMENT
2 _____				2 _____
3 _____				3 _____
4 _____				4 _____
5 _____				5 _____
6 _____				6 _____
7 _____				7 _____
8 _____				8 _____
9 _____				9 _____
10 _____				10 _____
11 _____				11 _____
12 _____				12 _____
13 _____				13 _____
14 _____				14 _____
15 Total of amounts entered on line 2 through line 14			15 _____	
16 Total amounts from all supplemental pages (Form(s) 83-180)			16 _____	
17 Total extension payment (add line 15 and line 16; total should equal payment amount on line 1)				17 _____

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.

Officer / Agent Signature

Title

Date



Mississippi Application for Automatic Extension 2019

FEIN _____

NAME	FEIN	SSN	IDENTIFICATION NUMBER	AMOUNT OF PAYMENT
_____			_____	_____
_____			_____	_____
_____			_____	_____
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_____			_____	_____
_____			_____	_____
_____			_____	_____
_____			_____	_____

Subtotal (add lines and enter total amount on Form 83-180, page 1, line 16) _____