Form 83-105-20-8 -1-000 (Rev. 07/20)



# Mississippi Corporate Income and Franchise Tax Return 2020

Tax Year Beginning	Tax Year Ending			
FEIN	Mississippi Secretary of S	mm dd yyyy State ID		
Legal Name and DBA	CHECK ALL THAT APPLY	CHECK ONE		
Address	Amended Return	100% Mississippi		
City State Zip +4	Final Return	Multistate Apportioning		
County Code NAICS Code	Non Profit	Multistate Direct Accounting		
FRANCHISE TAX	(ROUN	D 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		
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			
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	3-305, line 19) 14	.00		
15 Late payment interest	15	.00		
16 Late payment penalty	16	00		

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FEIN

17	Late filing penalty (minimum incom	e tax penalty \$100)		17	.00
18	Total balance due (if line 9 is large	r than line 12, add line	13 through line 17)	18	.00
19	<b>Total overpayment</b> (if line 12 is lar from line 12)	ger than line 9 plus line	e 14, subtract line 9 and line 14	19	
20	Overpayment credited to next year	ar (from line 19)		20	.00
21	Overpayment to be refunded (line	e 19 minus line 20)		21	00
	See instructions for electronic pay	ment options or atta	ch payment voucher, Form 83-300	), with check or money or	der for balance due.
F	PART I: CORPORATE INFORMATION	ON			
1	Is this a publicly traded corporation?	Yes	If yes, under what symbol?		No
2	If final return, enter reason and date	ee		<b>.</b>	
3	If the corporation has been sold, me new existing corporation or owner of	rged, or converted to a		plete the following: Name,	address and FEIN of the
1	If amended return, check reason.	Mississippi Co			
,	Check if the company has been aud		If the company has been audited,		
3	Principal business activity in Mississ	ippi	6a County loo	cation in Mississippi	
7	Principal product or service in Missis	ssippi			
8	Contact person for this return		8a Location a	and phone number	
F	PART II: CORPORATE OFFICER IN	FORMATION			
L	ist the owners, officers, directors or pa	artners who have a res	sponsibility in the fiscal management	of the organization.	
	OFFICER NAME AND TITLE	SSN	ADDRESS		OWNERSHIP PERCENTAGE
					1

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PARI III.	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 d	iscussed	with	preparer
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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 F	Phone	
Paid Preparer Signature	Date	Paid Preparer Address			
Paid Preparer PTIN	Paid Preparer Phone	City		State	Zip Code

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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