



Mississippi Application for Automatic Extension 2020

Tax Year Beginning _____
mm dd yyyy

Tax Year Ending _____
mm dd yyyy

FEIN _____

Mississippi Secretary of State ID _____

Legal Name and DBA Address City _____ State _____ Zip+4 _____	CHECK ALL THAT APPLY						
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> C Corporation</td> <td style="width: 50%;"><input type="checkbox"/> Initial Return</td> </tr> <tr> <td><input type="checkbox"/> S Corporation</td> <td><input type="checkbox"/> Final Return</td> </tr> <tr> <td><input type="checkbox"/> Partnership / LLC / LLP</td> <td><input type="checkbox"/> Composite Return</td> </tr> </table>	<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
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<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 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	2 _____
3 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	3 _____
4 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	4 _____
5 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	5 _____
6 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	6 _____
7 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	7 _____
8 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	8 _____
9 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	9 _____
10 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	10 _____
11 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	11 _____
12 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	12 _____
13 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	13 _____
14 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	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
2020

FEIN _____

Table with columns: NAME, FEIN, SSN, IDENTIFICATION NUMBER, AMOUNT OF PAYMENT. Contains 21 rows of empty input lines.

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