Form 83-105-21-8 -1-000 (Rev. 04/21)



Mississippi Corporate Income and Franchise Tax Return 2021

| Tax Year Beginning | lax Yea | ar Ending |
|---|----------------------------|------------------------------|
| mm dd yyyy 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 | (ROUNE | O TO THE NEAREST DOLLAR) |
| 1 Taxable capital (from Form 83-110, line 18) | 1 | 00 |
| 2 Franchise tax (minimum tax \$25) |] = | 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 | .00 |
| 6 Income tax | 6 | 00 |
| 7 Income tax credits (from Form 83-401, line 3 or Form 83-310, line 5, column E | 3) 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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| FE | IN | | 2021 | | |
|----|---|---------------------------|--------------------------------------|-----------------------------|-------------------------|
| | | | | | |
| 17 | Late filing penalty (minimum incom | ne 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 | Total overpayment (if line 12 is lar from line 12) | ger than line 9 plus line | e 14, subtract line 9 and line 14 | 19 | 00 |
| 20 | , | 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 83-30 | 0, with check or money or | der for balance due. |
| | 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 | effective: | | Date | |
| 3 | If the corporation has been sold, me new existing corporation or owner or | • | n Single-Member LLC (SMLLC), con | nplete the following: Name, | address and FEIN of the |
| 4 | If amended return, check reason. | Mississippi Co | prrection Federal Corre | ction Other | |
| 5 | Check if the company has been aud | ited by the IRS. | If the company has been audited | what year(s) are involved? | |
| 6 | Principal business activity in Mississ | sippi | 6a County lo | ocation in Mississippi | |
| 7 | Principal product or service in Missis | ssippi | | | |
| 8 | Contact person for this return | | 8a Location | and phone number | |
| ı | PART II: CORPORATE OFFICER IN | FORMATION | | | |
| L | ist the owners, officers, directors or p | artners who have a res | sponsibility in the fiscal managemer | nt of the organization. | |
| | OFFICER NAME AND TITLE | SSN | ADDRES | 3 | OWNERSHIP PERCENTAGE |
| | | | | | |
| Г | | | | | |
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| DADT III. | CORPORATE | A E E II I A TION | CCHEDIII E |
|-----------|-----------|-------------------|------------|
| PARIIII. | CURPURATE | AFFILIATION | SCHEDULE |

List all entities owned by and affiliated with the corporation. See page 4 for supplemental schedule if needed.

| FEIN | ADDRESS | ENTITY TYPE |
|------|---------|--------------|
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| | FEIN | FEIN ADDRESS |

| 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 |

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| FF | INI | | |
|----|-----|--|--|

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 |
|-------------|------|---------|-------------|
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