Form 83-180-21-8-1-000 (Rev. 04/21)

31802181000

Mississippi Application for Automatic Extension 2021

Tax Year Beginning

Legal Name and DBA

FEIN

Address

ng		Tax Year Ending			
	mm dd yyyy		-	mm dd yyyy	
			Mississippi Secretary of State ID		
			CHECK ALL THAT APPL	Y	

	C Corporation Initial Return
Dity State Zip+4	S Corporation Final Return
	Partnership / LLC / LLP 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	AMO	UNT 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	n 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)					

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.

Form 83-180-21-8-2-000 (Rev. 04/21)



Mississippi Application for Automatic Extension 2021

FEIN

NAME	FEIN	SSN	IDENTIFICATION NUMBER	AMOUNT OF PAYMENT

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

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