Form 84-115-21-8-1-000 (Rev. 04/21)

## Mississippi

rax Yea		2021					
	ar Beginning			Tax Year Ending			
	mm dd yyyy	DO NOT MAIL THIS DOCUMENT			mm dd yyyy		
EIN		TO THE DEPARTMENT OF REVENUE					
₋egal Na	ime and DBA						
Address		City	St	ate Zip +4	County Coo		
PART	I I: TAX RETURN INFORMATION		(R	OUND TO THE	NEAREST DOLLAR)		
Missi	issippi taxable income (Form 84-105, lin	e 5)	1		,		
	l income tax (Form 84-105, line 6)				• C		
		a 7 and line 12)					
	l payments and credits (Form 84-105, lin unt you owe (Form 84-105, line 18)	le 7 and line 12)			(		
	<b>,</b> , , , ,						
	payment (Form 84-105, line 19)				(		
	nd (Form 84-105, line 21) unt of payment remitted electronically						
ansmitt	ter, and/or intermediate service provider (ISF	n officer of the above pass-through entity and that the infor P) and the amounts in Part I above agree with the amounts in Part I above agree brought antitude	its on the o	corresponding line	es of the pass-through entity		
ansmitt onsent	ter, and/or ISP sending the pass-through enti to the DOR my ERO, transmitter, and/or ISP	best of my knowledge and belief, the pass-through entity's ty's return, this declaration, and accompanying schedules ar an acknowledgement of receipt of transmission and an ind on. This declaration is to be maintained by the ERO and prov	nd stateme	whether or not the	nent of Revenue (DOR). I al		
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ransmitt consent accepted Sign Here	ter, and/or ISP sending the pass-through enti to the DOR my ERO, transmitter, and/or ISP d, and, if rejected, the reason(s) for the rejection Signature of Officer	ty's return, this declaration, and accompanying schedules ar an acknowledgement of receipt of transmission and an ind on. This declaration is to be maintained by the ERO and prov	nd statemen lication of w ided to DOI	whether or not the	nent of Revenue (DOR). I als		
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Paid Preparer	Preparer Signature	Date	Check if Also Paid Preparer	Check i Employ		Preparer SSN or PTIN
Use Only	Firm Name (or yours if self-employed), address and ZIP code				EIN	
	-				Phone No.	