Reset Form
Print Form

Form 83-180-25-8-1-000 (Rev. 10/25)

831802581000

Mississippi
Application for Automatic Extension
2025

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

- ☐ C Corporation
- ☐ S Corporation
- ☐ Partnership / LLC / LLP
- ☐ Initial Return
- ☐ Final Return
- ☐ Composite Return
- ☐ Electing Pass-Through Entity

1 **Extension payment amount**
Enter the total amount of payment remitted by the reporting entity for all members of affiliated group listed below. _____ .00

	NAME	FEIN	SSN	IDENTIFICATION NUMBER	AMOUNT OF PAYMENT
2		☐	☐		2 .00
3		☐	☐		3 .00
4		☐	☐		4 .00
5		☐	☐		5 .00
6		☐	☐		6 .00
7		☐	☐		7 .00
8		☐	☐		8 .00
9		☐	☐		9 .00
10		☐	☐		10 .00
11		☐	☐		11 .00
12		☐	☐		12 .00
13		☐	☐		13 .00
14		☐	☐		14 .00

15 Total of amounts entered on line 2 through line 14 — 15 _____ .00

16 Total amounts from all supplemental pages (Form(s) 83-180) — 16 _____ .00

17 Total extension payment (add line 15 and line 16; total should equal payment amount on line 1) — 17 _____ .00

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 _____

Mail To: Department of Revenue P.O. Box 23191 Jackson, MS 39225-3191

831802582000

Mississippi
Application for Automatic Extension
2025

FEIN _____

NAME	FEIN	SSN	IDENTIFICATION NUMBER	AMOUNT OF PAYMENT
	☐	☐		.00
	☐	☐		.00
	☐	☐		.00
	☐	☐		.00
	☐	☐		.00
	☐	☐		.00
	☐	☐		.00
	☐	☐		.00
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	☐	☐		.00
	☐	☐		.00
	☐	☐		.00
	☐	☐		.00
	☐	☐		.00
	☐	☐		.00

Subtotal (add lines and enter total amount on Form 83-180, page 1, line 16) _____ .00