



Mississippi Pass-Through Entity Tax Return 2025

Tax Year Beginning _____
mm dd yyyy

Tax Year Ending _____
mm dd yyyy

FEIN _____

Mississippi Secretary of State ID _____

NAICS Code _____

Legal Name and DBA _____ Address _____ City _____ State _____ Zip +4 _____ County Code _____ Total Number of Mississippi K-1s _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/> Partnership / LLC / LLP (Federal 1065)</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/> S Corporation (Federal 1120-S)</td> </tr> <tr> <td style="text-align: center;">CHECK ALL THAT APPLY</td> <td style="text-align: center;">CHECK ONE</td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Electing Pass-Through Entity <input type="checkbox"/> Composite Return <input type="checkbox"/> Amended Return <input type="checkbox"/> Final Return </td> <td style="vertical-align: top;"> <input type="checkbox"/> 100% Mississippi <input type="checkbox"/> Multistate Apportioning <input type="checkbox"/> Multistate Direct Accounting </td> </tr> </table>	<input type="checkbox"/> Partnership / LLC / LLP (Federal 1065)	<input type="checkbox"/> S Corporation (Federal 1120-S)	CHECK ALL THAT APPLY	CHECK ONE	<input type="checkbox"/> Electing Pass-Through Entity <input type="checkbox"/> Composite Return <input type="checkbox"/> Amended Return <input type="checkbox"/> Final Return	<input type="checkbox"/> 100% Mississippi <input type="checkbox"/> Multistate Apportioning <input type="checkbox"/> Multistate Direct Accounting
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If issuing 100 or more K-1s, this return must be filed electronically.

S CORPORATION FRANCHISE TAX	(ROUND TO THE NEAREST DOLLAR)
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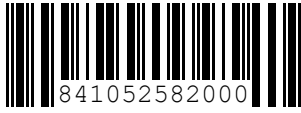
1 Taxable capital (from Form 84-110, line 18)	1	_____ .00
2 Franchise tax (minimum tax \$25) <input type="checkbox"/> Fee-In-Lieu	2	_____ .00
3 Franchise tax credit (from Form 84-401, line 1)	3	_____ .00
4 Net franchise tax due (line 2 minus line 3)	4	_____ .00

COMPOSITE / ELECTING PASS-THROUGH ENTITY INCOME TAX
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5 Mississippi net taxable income (from Form 84-122, line 32 (composite) or line 35 (electing pass-through entity))	5	_____ .00
6 Income tax	6	_____ .00
7 Income tax credits (from Form 84-401, line 3)	7	_____ .00
8 Net income tax due (line 6 minus line 7)	8	_____ .00

PAYMENTS AND TAX DUE

9 Total franchise tax (S corporations only) and/or income tax (composite or electing pass-through entity), (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 Credit for tax paid on an electing Pass-Through Entity Tax Return (from Form 84-161, line 3D; must attach K-1(s) received from electing pass-through entities)	12	_____ .00
13 Total payments (line 10 plus line 11 and line 12)	13	_____ .00
14 Net total franchise tax and/or income tax (line 9 minus line 13)	14	_____ .00
15 Interest and penalty on underestimated income tax payments (from Form 83-305, line 19 or Form 80-320, line 11 (composite partnerships only), see instructions)	15	_____ .00
16 Late payment interest	16	_____ .00



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FEIN _____

- 17 Late payment penalty 17 _____ .00
- 18 Late filing penalty (minimum income tax penalty \$100) 18 _____ .00
- 19 Total balance due (if line 9 is larger than line 13, add line 14 through line 18) 19 _____ .00
- 20 Total overpayment (if line 13 is larger than line 9 plus line 15, subtract line 9 and line 15 from line 13) 20 _____ .00
- 21 Overpayment credited to next year (from line 20) 21 _____ .00
- 22 Overpayment to be refunded (line 20 minus line 21) 22 _____ .00

PART I: ENTITY INFORMATION

- 1 If final return, enter reason and date effective: _____ Date _____
- 2 If the entity has been sold, merged, incorporated, or elected to become a Qualified Sub-Chapter S Subsidiary (QSSS), or converted to a Single-Member LLC (SMLLC), complete the following: Name, address and FEIN of the new existing corporation, parent of QSSS or owner of the SMLLC:
 _____ FEIN _____
- 3 If amended return, check reason. Mississippi Correction Federal Correction Other _____
- 4 If a partnership or LLC, has a federal election been made to file as a corporation? Yes No
- 5 Check if the company has been audited by the IRS. If the company has been audited, what year(s) are involved? _____
- 6 Principal business activity in Mississippi _____ 6a County location in Mississippi _____
- 7 Principal product or service in Mississippi _____
- 8 Contact person for this return _____ 8a Location and phone number _____

PART II: PASS-THROUGH ENTITY SCHEDULE

List all pass-through entities in Mississippi that the S corporation / Partnership invested in during the tax year. Attach additional schedule(s), Form 84-105, page 4, if needed.

ENTITY NAME	FEIN	ADDRESS	ENTITY TYPE





Mississippi Supplemental Pass-Through Entity Schedule 2025

FEIN _____

PASS-THROUGH ENTITY SCHEDULE

List all pass-through entities in Mississippi that the S corporation / Partnership invested in during the tax year, continued from page 2, part II.

ENTITY NAME	FEIN	ADDRESS	ENTITY TYPE

Q-SUBS/DISREGARDED ENTITY SCHEDULE

List all qualified subchapter S subsidiaries (Q-Subs) and/or disregarded entities, continued from page 3, part III.

ENTITY NAME	FEIN	ADDRESS	MISSISSIPPI OPERATIONS (Y/N)