DEPARTMENT OF REVENUE
STATE OF MISSISSIPPI

CORPORATE & PASS-THROUGH ENTITY E-FILE TEST PACKAGE

2015

11/06/2015

DEPARTMENT OF REVENUE
STATE OF MISSISSIPPI

OFFICE OF TAX ADMINISTRATION

MISSISSIPPI TESTING OVERVIEW

Corporate & Pass-Through Entity E-File

September 19, 2015

Thank you for participating in the Mississippi E-file program. Enclosed is the State of Mississippi e-file test package for tax year 2015. All software developers are required to successfully complete the testing process. These tests will ensure that the software meets Mississippi specifications, electronic submissions have no validation or computation errors, and submissions are transmitted in the correct format.

This package contains Nine (9) testing scenarios and returns. A small summary of the tests are listed below:

- Test 1 and 2 - 1120/MS 83-105
- Test 3 - Pass-Through Entity 1120S/MS 84-105
- Test 4 - Pass-Through Entity 1065/MS 84-105
- Test 5 - Pass-Through Entity Composite Partnership 1065/MS 84-105
- Test 6 - Pass-Through Entity Composite S Corporation 1120S/MS 84-105
- Test 7 - Extension Form 1120S/MS 83-180
- Test 8 - Insurance Company Income Tax Return 1120PC/1120L /MS 83-391
- Test 9 – 1120/MS 83-105 Non Profit

Please make sure you have completed the Software Company Information Form located on our website at www.dor.ms.gov prior to submitting test returns to the DOR.

After submitting the test scenarios, please email including a list of the submission ids, along with your test EFIN and ETIN. Upon receipt of the test cases, each test will be compared to expected results. The results of the tests will be provided by email to the registered software developer's contact person on file. The results will list the test cases reviewed and identify any incorrect data submitted.

The Mississippi Department of Revenue is looking forward to working with you for the 2015 filing season. Please contact us with any questions, comments and suggestions regarding the Corporate & Pass-Through Entity E-file Program.

Janet Cahee
Electronic Filing Coordinator
janet.cahee@dor.ms.gov

Test Scenario 1

Name: Help For All Inc
FEIN: **000110001**

2015
Corporation

RETURN INFORMATION

Tax Period: Calendar Year 2015 **Return Type:** Refund Return

Filing Status: Multistate Apportioning

REQUIRED FORMS	Form Name	Binary Attachments
83-105	Corporate Income and Franchise Tax Return	None
83-110	Corporate Franchise Tax Schedule	• Line 5 – Schedule of Deferred Taxes and Gains, Contingent Liabilities, All True Reserves and Other Elements • Line 7 – Schedule of Holding Company Exclusion • Line 9 – Mississippi Balance Sheet Per Books (Form 83-120)
83-122	Net Taxable Income Schedule	• Line 7 – Other Additions • Line 14 – Other Deductions • Line 17 – Nonbusiness Income Worksheet (Form 83-150) • Line 21 – Nonbusiness Income Worksheet (Form 83-150) • Line 28 – Net Operating Loss & Capital Loss Schedule (Form 83-155)
83-125	Business Income Apportionment Schedule	None
83-150	Nonbusiness Income Worksheet	None
83-155	Net Operating Loss & Capital Loss Schedule	None
83-401	Tax Credit Summary Schedule	• Part II, Lines 3 & 4 – Income Tax Credit Schedule of Computations

Prepared By: Self Prepared Return

Form 83-105-15-8 -1-000 (Rev. 05/15)

831051581000

Mississippi
Corporate Income and Franchise Tax Return
2015

Tax Year Beginning 01012015 (mmddyyyy)

Tax Year Ending 12312015 (mmddyyyy)

FEIN 000110001

Mississippi Secretary of State ID 1234567890

Legal Name and DBA: Help For All Inc

Address: 31 Any Street

City: Anytown State: MD Zip +4: 21260

County Code 83 NAICS Code 212600

CHECK ALL THAT APPLY	CHECK ONE
☐ Amended Return	☐ 100% Mississippi
☐ Final Return	☒ Multistate Apportioning
☐ Non Profit	☐ Multistate Direct Accounting

FRANCHISE TAX (ROUND TO THE NEAREST DOLLAR)

1	Taxable capital (from Form 83-110, line 18)	1	1,068,467,000.00
2	Franchise tax **(minimum tax $25)** ☐ Fee-In-Lieu	2	2,671,168.00
3	Franchise tax credit (from Form 83-401, line 1)	3	.00
4	Net franchise tax due (line 2 minus line 3)	4	2,671,168.00

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	37,672,235.00
6	Income tax	6	1,883,462.00
7	Income tax credits (from Form 83-401, line 3 or Form 83-310, line 5, column B)	7	1,000,000.00
8	Net income tax due (line 6 minus line 7)	8	883,462.00

PAYMENTS AND TAX DUE

9	Total franchise and income tax (line 4 plus line 8)	9	3,554,630.00
10	Overpayments from prior year	10	500,000.00
11	Estimated tax payments and payment with extension	11	3,500,000.00
12	Total payments (line 10 plus line 11)	12	4,000,000.00
13	Net total franchise and income tax (line 9 minus line 12)	13	0.00
14	Interest and penalty on underestimated income tax payments (from Form 83-305, line 17)	14	.00
15	Late payment interest	15	.00
16	Late payment penalty	16	.00

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FEIN 000110001

Mississippi
Corporate Income and Franchise Tax Return
2015

17	Late filing penalty **(minimum income tax penalty $100)**	17	.00
18	**Total balance due** (if line 9 is larger than line 12, add line 13 through line 17)	18	0.00
19	**Total overpayment** (if line 12 is larger than line 9, subtract line 9 from line 12)	19	445,370.00
20	**Overpayment credited to next year** (from line 19)	20	400,000.00
21	**Overpayment to be refunded** (line 19 minus line 20)	21	45,370.00

See instructions for electronic payment options or attach payment voucher, Form 83-300, with check or money order for balance due.

PART I: CORPORATE INFORMATION

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 or merged, complete the following: Name, address and FEIN of the new existing corporation:

_____ FEIN _____

4 If amended return, check reason. ☐ Mississippi Correction ☐ Federal Correction ☐ Other _____

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 Retailing 6a County location in Mississippi Hinds

7 Principal product or service in Mississippi Clothing

8 Contact person for this return John Jones 8a Location and Phone number MS 601-923-7055

PART II: CORPORATE OFFICER INFORMATION

List the owners, officers, directors or partners who have a responsibility in the fiscal management of the organization.

OFFICER NAME AND TITLE	SSN	ADDRESS	OWNERSHIP PERCENTAGE
Rodger Rabbit Chief Executive Office	999060042	301 N Estates Avenue Columbia MD 20901	20.0000%
Robert Fleece Vice President	123456789	509 Kingston Place Columbia MD 20901	10.0000%

831051583000

Mississippi
Corporate Income and Franchise Tax Return
2015

FEIN 0001100001

PART III: CORPORATE AFFILIATION SCHEDULE

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

ENTITY NAME	FEIN	ADDRESS	ENTITY TYPE

☐ **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

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

Form 83-105-15-8-4-000 (Rev. 05/15)

831051584000

FEIN 000110001

Mississippi
Corporate Income and Franchise Tax Return
2015

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

Form 83-110-15-8-1-000 (Rev. 05/15)

831101581000
000110001

FEIN

Mississippi
Corporate Franchise Tax Schedule
2015

CAPITAL BASE		(ROUND TO THE NEAREST DOLLAR)
1 Capital stock	1	326,013,891.00
2 Paid in capital	2	675,611,707.00
3 Surplus and retained earnings	3	1,085,306,580.00
4 Loans from shareholders or affiliates	4	.00
5 Deferred taxes, contingent liabilities, all true reserves, and other elements (attach schedule)	5	50,000,000.00
6 Less treasury stock	6	.00
7 Holding company exclusion (attach schedule)	7	.00
8 Total capital base (add line 1 through line 7)	8	2,136,932,178.00

APPORTIONMENT RATIO		A MISSISSIPPI		B EVERYWHERE
9 Real & tangible personal property owned at year end (net book value)	9A	103,786,143.00	9B	207,572,285.00
10 Gross receipts	10A	342,263.00	10B	684,525.00
11 Total (line 9 plus line 10)	11A	104,128,406.00	11B	208,256,810.00
12 Mississippi ratio (line 11A divided by line 11B)			12	50.0000
13 Taxable capital apportioned to Mississippi (line 8 multiplied by line 12. If 100% Mississippi, enter amount from line 8)			13	1,068,466,089.00

ASSESSED VALUE OF MISSISSIPPI PROPERTY

Mississippi County	Mississippi Assessed Value of Real Property	Mississippi Assessed Value of Personal Property

TAXABLE CAPITAL		
14 Total assessed value of Mississippi property (attach additional schedule if needed)	14	0.00
15 Taxable capital (enter the larger of line 13 or line 14)	15	1,068,466,089.00
16 Prorate (except for initial return; if period is less than twelve months, multiply line 15 by the number of months covered by the return and divide by twelve)	16	.00
17 Capital exemption (attach schedule)	17	.00
18 Final taxable capital (line 15 or line 16 minus line 17. Round amount up to the next highest $1,000 and enter amount on Form 83-105, line 1. If negative, enter zero on Form 83-105, line 1)	18	1,068,467,000.00

Form 83-120-15-8-1-000 (Rev. 05/15)

Mississippi Balance Sheet Per Books

FEIN 000110001

SCHEDULE L - BALANCE SHEETS PER BOOKS	Beginning of Tax Year		End of Tax Year	
ASSETS	**(A) Amount**	**(B) Total**	**(C) Amount**	**(D) Total**
1 Cash		1,400,129		1,084,483
2a Trade notes and accounts receivable	000110001		88,009,947	
b Less allowance for bad debts	(3,565,083)	63,940,499	(3,429,116)	84,580,831
3 Inventories		96,446,105		597,174,579
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement)		58,184,400		601,409,677
7 Loans to shareholders				
8 Mortgage and real estate loans		391,810,173		
9 Other investments (attach statement)				1,084,773,045
10a Buildings and other depreciable assets	165,666,792		191,729,290	
b Less accumulated depreciation	(114,027,850)	51,638,942	(117,663,548)	74,065,742
11a Depletable assets				
b Less accumulated depletion	( )		( )	
12 Land (net of any amortization)		3,046,857		3,058,582
13a Intangible assets (amortizable only)	9,649,921		17,146,830	
b Less accumulated amortization	(5,122,236)	4,527,685	(6,175,345)	10,971,485
14 Other assets (attach statement)		25,320,662		39,650,087
15 Total assets		696,315,452		2,496,768,511
LIABILITIES AND SHAREHOLDERS' EQUITY				
16 Accounts payable		17,736,997		26,805,004
17 Mortgages, notes, bonds payable in less than 1 year		45,556,804		57,898,678
18 Other current liabilities (attach statement)		47,235,461		56,200,717
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more		216,040,151		268,662,559
21 Other liabilities (attach statement)		2,039,040		269,375
22 Capital stock: **a** Preferred stock				
b Common stock	40,156,378	40,156,378	326,013,891	326,013,891
23 Additional paid-in capital		278,955,000		675,611,707
24 Retained earnings—Appropriated (attach statement)				
25 Retained earnings—Unappropriated		48,595,621		1,085,306,580
26 Adjustments to shareholders' equity (attach statement)				
27 Less cost of treasury stock		( )		( )
28 Total liabilities and shareholders' equity		696,315,452		2,496,768,511

SCHEDULE M-1, RECONCILIATION OF INCOME (LOSS) PER BOOKS WITH FEDERAL INCOME PER RETURN

Note: Schedule M-3 required instead of schedule M-1 if total assets are $10 million or more - see instructions

1 Net income (loss) per books		**7** Income recorded on books this year not included on this return (itemize): tax-exempt interest $	
2 Federal income tax per books			
3 Excess of capital losses over capital gains			
4 Income subject to tax not recorded on books this year (itemize):			
5 Expenses recorded on books this year not deducted on this return (itemize):		**8** Deductions on this return not charged against book income this year (itemize):	
a Depreciation $		**a** Depreciation $	
b Charitable contributions $		**b** Charitable contributions $	
c Travel and entertainment $			
		9 Add lines 7 and 8	
6 Add lines 1 through 5		**10** Income (page 1, line 28) line 6 less line 9	

SCHEDULE M-2, ANALYSIS OF UNAPPROPRIATED RETAINED EARNINGS PER BOOKS

1 Balance at beginning of year	48,595,621	**5** Distributions: **a** Cash	
2 Net income (loss) per books	80,224,706	**b** Stock	
3 Other increases (itemize):		**c** Property	
		6 Other decreases (itemize):	
	7,283,986	**7** Add lines 5 and 6	
4 Add lines 1,2, and 3	136,104,313	**8** Balance at end of year (line 4 less line 7)	

Form 83-122-15-8-1-000 (Rev. 05/15)

831221581000

Mississippi
Net Taxable Income Schedule
2015

FEIN 000110001

COMPUTATION OF MISSISSIPPI NET TAXABLE INCOME		(ROUND TO THE NEAREST DOLLAR)
1 Federal taxable income (loss) before net operating loss deductions and special deductions (from federal Form 1120, page 1, line 28. If multistate direct accounting, enter zero and skip to line 23)	1	138,938,859 .00
STATE ADDITIONS TO FEDERAL TAXABLE INCOME		
2 State, local or foreign government taxes based on income	2	7,000,000 .00
3 Interest on obligations of other states or political subdivisions (net of expenses)	3	.00
4 Depletion expense in excess of cost	4	.00
5 Federal capital loss carryover deduction	5	.00
6 Federal special depreciation allowance	6	.00
7 Other additions required by law (attach schedule)	7	12,203,275 .00
8 **Total additions** (add line 2 through line 7)	8	19,203,275 .00
STATE DEDUCTIONS FROM FEDERAL TAXABLE INCOME		
9 Interest on obligations of the United States (net of expenses)	9	2,300,000 .00
10 Wages reduced on federal return for federal employment tax credits	10	2,290,150 .00
11 Income (loss) from partnership, S corporation or trust	11	.00
12 Income (loss) from construction contracting or production of natural mineral resource products (net of expenses)	12	.00
13 Additional depreciation due to a difference in the depreciable base for federal and state purposes (attach schedule)	13	.00
14 Other deductions (attach schedule)	14	18,534,206 .00
15 **Total deductions** (add line 9 through line 14)	15	23,124,356 .00
APPORTIONMENT / ALLOCATION (MULTISTATE ONLY)		
If 100% Mississippi, complete line 16 then skip to page 2, line 20		
16 **Adjusted federal income (loss)** (line 1 plus line 8 minus line 15)	16	135,017,778 .00
17 Adjustment for nonbusiness income (loss) net of expenses (from Form 83-150, column E, line 2)	17	25,734,816 .00
18 Apportionable business income (loss) (line 16 minus line 17)	18	109,282,962 .00
19 Apportionment ratio (enter ratio and check box as shown on Form 83-125, part II)	19	50.0001 %

☒ Sales retail ☐ Manufacturers (retail ☐ Manufacturers (wholesale), Financial institutions, Pipelines, (for pharmaceutical suppliers, see instructions) ☐ Special Formula

Form 83-122-15-8-2-000 (Rev. 05/15)

831221582000

Mississippi
Net Taxable Income Schedule
2015

FEIN 000110001

APPORTIONMENT / ALLOCATION

20	Mississippi apportioned income(loss)(if 100% Mississippi, enter line 16, otherwise, multiply line 18 by line 19)	20	54,641,590 .00
21	Nonbusiness income (loss) allocated to Mississippi (from Form 83-150, column F, line 2)	21	3,030,645 .00
22	Mississippi income (loss) from partnership, S corporation or trust (attach Mississippi K-1's, Form 84-132)	22	.00
23	Mississippi income (loss) from construction contracting or production of natural mineral resource products (from Form 83-124, page 2, line 31 and/or page 3, line 46)	23	.00
24	Adjustments related to Mississippi tax credits claimed	24	.00
25	Mississippi capital loss carryover/carryback deduction (from Form 83-155, part II, line 2)	25	.00
26	Other adjustments (attach schedule)	26	.00

MISSISSIPPI TAXABLE INCOME

27	Income (loss) apportioned and allocated to Mississippi (add line 20 through line 26)	27	57,672,235 .00
28	Mississippi net operating loss deduction (from Form 83-155, part I, line 2)	28	20,000,000 .00
29	Income exemption (attach schedule; if not applicable enter zero)	29	.00
30	**Mississippi net taxable income (loss)** (line 27 minus line 28 and line 29. Enter on Form 83-105, line 5; If filing combined, enter income (loss) on Form 83-310. If negative, enter zero on Form 83-105, line 5)	30	37,672,235 .00

Form 83-125-15-8-1-000 (Rev. 05/15)

Mississippi
Business Income Apportionment Schedule
2015

FEIN 0 0 0 1 1 0 0 0 1

PART I: COMPUTATION OF APPORTIONMENT FACTORS (ROUND TO FOUR DECIMAL PLACES)

	A Total Mississippi	B Total Everywhere	C Mississippi Ratio
1 Property factor			
a Beginning of taxable year	89,844,340	215,144,570	
b End of taxable year	153,487,030	200,000,000	
c Total (line 1a plus line 1b)	243,331,370	415,144,570	
d Average net book value of assets (divide line 1c by two)	121,665,685	207,572,285	
e Rental property (enter annual rental property multiplied by eight)	300,000	750,000	
f Total (line 1d plus line 1e)	121,965,685	208,322,285	
g Mississippi property factor (line 1f, column A divided by line 1f, column B)			58.5466 %
2 Payroll factor (line 2, column A divided by line 2, column B)	16,857,750	37,118,850	45.4156 %
3 Sales factor (line 3, column A divided by line 3, column B)	342,263	684,525	50.0001 %

PART II: APPLICATION OF APPORTIONMENT FACTORS (CHECK ONE)

☒ Retailing, renting, servicing, merchandising or wholesaling

4 Sales factor (from part I, line 3, column C) (enter ratio on Form 83-122, line 19) 50.0001 %

Manufacturers that sell principally at retail

5a Property factor (from part I, line 1g, column C) ___ . ___ %
5b Payroll factor (from part I, line 2, column C) ___ . ___ %
5c Subtotal (line 5a plus line 5b) ___ . ___ %
5d Average (divide line 5c by two) ___ . ___ %
5e Sales factor (from part I, line 3, column C) ___ . ___ %

5f Total (line 5d plus Line 5e) ___ . ___ %

5g Weighted average (divide line 5f by two) (enter ratio on Form 83-122, line 19) ___ . ___ %

Financial institutions, pipelines or manufacturers that sell principally at wholesale (for major medical or pharmaceutical suppliers, see instructions Form 83-100)

6a Property factor (from part I, line 1g, column C) ___ . ___ %
6b Payroll factor (from part I, line 2, column C) ___ . ___ %
6c Sales factor (from part I, line 3, column C) ___ . ___ %

6d Total (add lines 6a, 6b and 6c) ___ . ___ %

6e Average (divide line 6d by three) (enter ratio on Form 83-122, line 19) ___ . ___ %

Airlines, motor carriers, express companies, telephone and telegraph companies

7 Special formula required (attach schedule and enter ratio on Form 83-122, line 19) ___ . ___ %

Form 83-150-15-8-1-000 (Rev. 05/15)

Mississippi
Nonbusiness Income Worksheet
2015

Tax Year Beginning 0 1 0 1 2 0 1 4 (m m d d y y y y)

Tax Year Ending 1 2 3 1 2 0 1 4 (m m d d y y y y)

FEIN 0 0 0 1 1 0 0 0 1

DIRECTLY ALLOCABLE ITEMS	ALLOCABLE GROSS INCOME (LOSS)		RELATED EXPENSE		NET OF RELATED EXPENSE	
	Column A Everywhere	Column B Mississippi	Column C Everywhere	Column D Mississippi	Column E Everywhere (Column A Less Column C)	Column F Mississippi (Column B Less Column D)
1a Other Interest	15,734,816	2,030,645	0	0	15,734,816	2,030,645
b Capital Gain (Loss)	10,000,000	1,000,000	0	0	10,000,000	1,000,000
c						
d						
e						
f						
g						
h						
i						
2 Net non-business income (loss) (enter column E total on Form 83-122, line 17; enter column F total on Form 83-122, line 21)					25,734,816	3,030,645

Form 83-155-15-8-1-000 (Rev. 05/15)

831551581000

FEIN 0 0 0 1 1 0 0 0 1

Mississippi
Net Operating Loss & Capital Loss Schedule
2015

☐ Amended

☐ State election to forgo carryback and to carryforward the current year NOL

PART I: NET OPERATING LOSS

A NOL Year End MMDDYYYY	B NOL Amount Enter as a Negative Number	C Income Year NOL Applied MMDDYYYY	D Amount Used In Income Year Enter as a Positive Number	E NOL Balance (B) + D = (E) Enter as a Negative Number or Zero
12/31/2011	(25,500,000)	12/31/2012	5,500,000	(20,000,000)
12/31/2011	0	12/31/2015	20,000,000	0

1 Total NOL available (from schedule above, enter as a negative number)	(20,000,000)
2 NOL used in current year (from schedule above, enter as a positive number) (enter on Form 83-122, line 28 or Form 83-391, page 2, line 16)	20,000,000
3 Remaining NOL available for carryforward (line 1 plus line 2)	0

PART II: CAPITAL LOSS

A Loss Year End MMDDYYYY	B Capital Loss Amount Enter as a Negative Number	C Income Year Loss Applied MMDDYYYY	D Amount Used in Income Year Enter as a Positive Number	E Capital Loss Balance (B) + D = (E) Enter as a Negative Number or Zero
				0

1 Total capital loss available (from schedule above, enter as a negative number)	0
2 Capital loss used in current year (from schedule above, enter as a positive number) (enter here and on Form 83-122, line 25)	0
3 Remaining capital loss available for carryforward (line 1 plus line 2)	

Form 83-401-15-8-1-000 (Rev. 05/15)

834011581000

Mississippi
Tax Credit Summary Schedule
2015

FEIN 000110001

(*Carryover Not Available)

TAX CREDIT CODES			
CODE	CREDIT	CODE	CREDIT
* 02	Premium Retaliatory	18	Land Donation
* 03	Finance Company Privilege	19	Broadband Technology
* 04	Advanced Technology / Enterprise Zone	21	Brownfield Credit
05	Jobs Tax	22	Airport Cargo Charges
06	National or Regional Headquarters	23	Manufacturer's Investment Tax Credit
07	Research and Development Skills	24	Alternative Energy Jobs
08	Employer Child / Dependent Care	25	Child Adoption
09	Basic Skills Training or Retraining	26	**Historic Structure Rehabilitation (Attach Statement)**
10	Reforestation		Check if requesting refund in lieu of 10-year carryforward
* 11	Gambling License Fee	* 27	Long Term Care
* 12	Financial Institution Jobs	28	New Markets
13	Mississippi Revenue Bond Service	29	Biomass Energy Investment
14	Ad Valorem Inventory	30	Wildlife Land Use
15	Export Port Charges	31	Prekindergarten Credit
16	Insurance Guaranty	32	Headquarters Relocation Credit
17	Import Credit	33	Veteran Employee Credit
		* 50	Bank Share

PART I: FRANCHISE TAX CREDITS (CODES 16, 19 AND 50)

A	B	C	D	E	F	G
CODE	CREDIT EARNED THIS YEAR	CREDIT RECEIVED FROM PASS-THROUGH ENTITY	*CREDIT CARRYOVER FROM PRIOR YEAR	CREDIT USED THIS YEAR	CREDIT EXPIRED THIS YEAR	CREDIT CARRYOVER AVAILABLE FOR NEXT YEAR (B+C+D-E-F)

1 Total franchise tax credit used this year (total column E); (enter on Form 83-105, page 1, line 3) — 1

2 Total franchise tax credit available for next year (total amounts in column G) — 2

PART II: INCOME TAX CREDITS

A	B	C	D	E	F	G
CODE	CREDIT EARNED THIS YEAR	CREDIT RECEIVED FROM PASS-THROUGH ENTITY	*CREDIT CARRYOVER FROM PRIOR YEAR	CREDIT USED THIS YEAR	CREDIT EXPIRED THIS YEAR	CREDIT CARRYOVER AVAILABLE FOR NEXT YEAR (B+C+D-E-F)
13	0	0	2,000,000	1,000,000	1,000,000	0

3 Total income tax credit used this year (total column E); (enter on Form 83-105, page 1, line 7 or Form 83-391, page 1, line 4 or Form 83-310, column B, line 5; if more than three income tax credits taken, see instructions, Form 83-100) — 3 — 1,000,000

4 Total income tax credit available for next year (total amounts in column G) — 4 — 0

Test Scenario 2

Name: Hide N Seek Foods Inc
FEIN: **00011**0002

2015
Corporation

RETURN INFORMATION

Tax Beginning: 01/01/2015
Tax Year Ending: 12/31/2015

Filing Status: Multistate Direct Accounting
Return Type: Balance Due Return

REQUIRED FORMS	Form Name	Binary Attachments
83-105	Corporate Income and Franchise Tax Return	• Line 14 – Underestimate of Corporate Income Tax Worksheet (Form 83-305)
83-110	Corporate Franchise Tax Schedule	• Line 5 - Deferred Taxes, Deferred Gains, Contingent Liabilities, All True Reserves, and Other Elements • Line 8 – Holding Company Exclusion • Line 18 – Capital Exemption
83-122	Net Taxable Income Schedule	• Line 29 – Income Exemption
83-124	Direct Accounting Income Statement	• Page 2, Line 33 – Adjustments • Page 2, Line 36 – Total Non-Allocable Business Income • Page 3, Line 41 – Total Non-Allocable General & Administrative Expenses
83-155	Net Operating Loss & Capital Loss Schedule	None
83-310	Corporation Summary of Net Income	None
83-401	Tax Credit Summary Schedule	None

Form 83-105-15-8 -1-000 (Rev. 05/15)

831051581000

Mississippi
Corporate Income and Franchise Tax Return
2015

Tax Year Beginning 01012015 (mmddyyyy)

Tax Year Ending 12312015 (mmddyyyy)

FEIN 000110002

Mississippi Secretary of State ID 547210

Legal Name and DBA: Hide N Seek Foods Inc

Address: 32 Any Street

City: Anytown State: TX Zip +4: 77287

County Code 83 NAICS Code 236116

CHECK ALL THAT APPLY	CHECK ONE
☐ Amended Return	☐ 100% Mississippi
☐ Final Return	☐ Multistate Apportioning
☐ Non Profit	☒ Multistate Direct Accounting

FRANCHISE TAX (ROUND TO THE NEAREST DOLLAR)

1	Taxable capital (from Form 83-110, line 18)	1	60,328,000.00
2	Franchise tax **(minimum tax $25)** ☐ Fee-In-Lieu	2	150,820.00
3	Franchise tax credit (from Form 83-401, line 1)	3	.00
4	Net franchise tax due (line 2 minus line 3)	4	150,820.00

INCOME TAX

☒ Combined income tax return (enter FEIN of reporting corporation) 000110002

5	Mississippi net taxable income (from Form 83-122, line 30 or Form 83-310, line 5, column C)	5	22,931,481.00
6	Income tax	6	1,146,424.00
7	Income tax credits (from Form 83-401, line 3 or Form 83-310, line 5, column B)	7	20,000.00
8	Net income tax due (line 6 minus line 7)	8	1,126,424.00

PAYMENTS AND TAX DUE

9	Total franchise and income tax (line 4 plus line 8)	9	1,277,244.00
10	Overpayments from prior year	10	25,000.00
11	Estimated tax payments and payment with extension	11	800,000.00
12	Total payments (line 10 plus line 11)	12	825,000.00
13	Net total franchise and income tax (line 9 minus line 12)	13	452,244.00
14	Interest and penalty on underestimated income tax payments (from Form 83-305, line 17)	14	51,060.00
15	Late payment interest	15	4,070.00
16	Late payment penalty	16	2,035.00

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FEIN 000110002

Mississippi
Corporate Income and Franchise Tax Return
2015

17	Late filing penalty **(minimum income tax penalty $100)**	17	.00
18	**Total balance due** (if line 9 is larger than line 12, add line 13 through line 17)	18	509,409.00
19	**Total overpayment** (if line 12 is larger than line 9, subtract line 9 from line 12)	19	.00
20	**Overpayment credited to next year** (from line 19)	20	.00
21	**Overpayment to be refunded** (line 19 minus line 20)	21	.00

See instructions for electronic payment options or attach payment voucher, Form 83-300, with check or money order for balance due.

PART I: CORPORATE INFORMATION

1 Is this a publicly traded corporation? [X] Yes If yes, under what symbol? HNSF [ ] No

2 If final return, enter reason and date effective: _____ Date _____

3 If the corporation has been sold or merged, complete the following: Name, address and FEIN of the new existing corporation:

_____ FEIN _____

4 If amended return, check reason. [ ] Mississippi Correction [ ] Federal Correction [ ] Other _____

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 Medicaid Managed Care 6a County location in Mississippi Hinds

7 Principal product or service in Mississippi Medicaid Managed Care

8 Contact person for this return Jeanette Doe 8a Location and Phone number MS 601-923-7055

PART II: CORPORATE OFFICER INFORMATION

List the owners, officers, directors or partners who have a responsibility in the fiscal management of the organization.

OFFICER NAME AND TITLE	SSN	ADDRESS	OWNERSHIP PERCENTAGE
Doug Doe Chief Executive Officer	999060016	615 Northington Dr Houston TX 77025	10.0000%
Jane Doe Vice President	999060017	615 Northington Dr Houston TX 77025	10.0000%
Tom Doe Treasurer	999060018	3849 Wood Hill Lane Houston TX 77020	10.0000%

Form 83-105-15-8-3-000 (Rev. 05/15)

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FEIN 000110002

Mississippi
Corporate Income and Franchise Tax Return
2015

PART III: CORPORATE AFFILIATION SCHEDULE

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

ENTITY NAME	FEIN	ADDRESS	ENTITY TYPE
The Greek Playhouse	001100012	60 Any Street Anytown TX 78621	C Corporation
Acme Food Corporation	001100013	61 Any Street Anytown TX 78621	C Corporation

☒ **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

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

Form 83-105-15-8-4-000 (Rev. 05/15)

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Mississippi
Corporate Income and Franchise Tax Return
2015

FEIN 000110002

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

Form 83-110-15-8-1-000 (Rev. 05/15)

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FEIN

Mississippi
Corporate Franchise Tax Schedule
2015

CAPITAL BASE		(ROUND TO THE NEAREST DOLLAR)
1 Capital stock	1	40,315,772.00
2 Paid in capital	2	216,368,896.00
3 Surplus and retained earnings	3	136,104,313.00
4 Loans from shareholders or affiliates	4	4,000,000.00
5 Deferred taxes, contingent liabilities, all true reserves, and other elements (attach schedule)	5	16,391,046.00
6 Less treasury stock	6	7,701,611.00
7 Holding company exclusion (attach schedule)	7	12,000,000.00
8 Total capital base (add line 1 through line 7)	8	393,478,416.00

APPORTIONMENT RATIO		A MISSISSIPPI		B EVERYWHERE
9 Real & tangible personal property owned at year end (net book value)	9A	65,123,870.00	9B	208,361,780.00
10 Gross receipts	10A	49,648,300.00	10B	496,482,805.00
11 Total (line 9 plus line 10)	11A	114,772,170.00	11B	704,844,585.00
12 Mississippi ratio (line 11A divided by line 11B)			12	16.2833
13 Taxable capital apportioned to Mississippi (line 8 multiplied by line 12. If 100% Mississippi, enter amount from line 8)			13	64,071,271.00

ASSESSED VALUE OF MISSISSIPPI PROPERTY

Mississippi County	Mississippi Assessed Value of Real Property	Mississippi Assessed Value of Personal Property
Holmes	2,000,000	1,000,000

TAXABLE CAPITAL		
14 Total assessed value of Mississippi property (attach additional schedule if needed)	14	3,000,000.00
15 Taxable capital (enter the larger of line 13 or line 14)	15	64,071,271.00
16 Prorate (except for initial return; if period is less than twelve months, multiply line 15 by the number of months covered by the return and divide by twelve)	16	.00
17 Capital exemption (attach schedule)	17	3,744,196.00
18 Final taxable capital (line 15 or line 16 minus line 17. Round amount up to the next highest $1,000 and enter amount on Form 83-105, line 1. If negative, enter zero on Form 83-105, line 1)	18	60,328,000.00

Form 83-120-15-8-1-000 (Rev. 05/15)

Mississippi Balance Sheet Per Books

FEIN 000110002

SCHEDULE L - BALANCE SHEETS PER BOOKS	Beginning of Tax Year		End of Tax Year	
ASSETS	**(A) Amount**	**(B) Total**	**(C) Amount**	**(D) Total**
1 Cash		1,400,129		1,084,483
2a Trade notes and accounts receivable	67505582		88,009,947	
b Less allowance for bad debts	(3,565,083)	63,940,499	(3,429,116)	84,580,831
3 Inventories		96,446,105		13,237,456
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement)		58,184,400		17,472,554
7 Loans to shareholders				3,000,000
8 Mortgage and real estate loans				
9 Other investments (attach statement)		391,810,173		550802483
10a Buildings and other depreciable assets	165,666,792		191,729,290	
b Less accumulated depreciation	(114,027,850)	51,638,942	(117,663,548)	74,065,742
11a Depletable assets				
b Less accumulated depletion	( )		( )	
12 Land (net of any amortization)		3,046,857		3,058,582
13a Intangible assets (amortizable only)	9,649,921		17,146,830	
b Less accumulated amortization	(5,122,236)	4,527,685	(6,175,345)	10,971,485
14 Other assets (attach statement)		25,320,662		39,650,087
15 Total assets		696,315,452		797,723,703
LIABILITIES AND SHAREHOLDERS' EQUITY				
16 Accounts payable		17,736,997		26,805,004
17 Mortgages, notes, bonds payable in less than 1 year		45,556,804		57,898,678
18 Other current liabilities (attach statement)		47,235,461		56,200,717
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more		216,040,151		268,662,559
21 Other liabilities (attach statement)		2,039,040		269,375
22 Capital stock: **a** Preferred stock				
b Common stock	40,156,378	40,156,378	40,315,772	40,315,772
23 Additional paid-in capital		278,955,000		216,368,896
24 Retained earnings—Appropriated (attach statement)				
25 Retained earnings—Unappropriated		48,595,621		136,104,313
26 Adjustments to shareholders' equity (attach statement)				
27 Less cost of treasury stock		( )		(7,701,611)
28 Total liabilities and shareholders' equity		696,315,452		794923703

SCHEDULE M-1, RECONCILIATION OF INCOME (LOSS) PER BOOKS WITH FEDERAL INCOME PER RETURN

Note: Schedule M-3 required instead of schedule M-1 if total assets are $10 million or more - see instructions

1 Net income (loss) per books		**7** Income recorded on books this year not included on this return (itemize): tax-exempt interest $	
2 Federal income tax per books			
3 Excess of capital losses over capital gains			
4 Income subject to tax not recorded on books this year (itemize):			
5 Expenses recorded on books this year not deducted on this return (itemize):		**8** Deductions on this return not charged against book income this year (itemize):	
a Depreciation $		**a** Depreciation $	
b Charitable contributions $		**b** Charitable contributions $	
c Travel and entertainment $			
		9 Add lines 7 and 8	
6 Add lines 1 through 5		**10** Income (page 1, line 28) line 6 less line 9	

SCHEDULE M-2, ANALYSIS OF UNAPPROPRIATED RETAINED EARNINGS PER BOOKS

1 Balance at beginning of year	48,595,621	**5** Distributions: **a** Cash	
2 Net income (loss) per books	80,224,706	**b** Stock	
3 Other increases (itemize):		**c** Property	
		6 Other decreases (itemize):	
	7,283,986	**7** Add lines 5 and 6	
4 Add lines 1,2, and 3	136,104,313	**8** Balance at end of year (line 4 less line 7)	

Form 83-122-15-8-1-000 (Rev. 05/15)

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Mississippi
Net Taxable Income Schedule
2015

FEIN 000110002

COMPUTATION OF MISSISSIPPI NET TAXABLE INCOME **(ROUND TO THE NEAREST DOLLAR)**

1	Federal taxable income (loss) before net operating loss deductions and special deductions (from federal Form 1120, page 1, line 28. If multistate direct accounting, enter zero and skip to line 23)	1	0.00

STATE ADDITIONS TO FEDERAL TAXABLE INCOME

2	State, local or foreign government taxes based on income	2	.00
3	Interest on obligations of other states or political subdivisions (net of expenses)	3	.00
4	Depletion expense in excess of cost	4	.00
5	Federal capital loss carryover deduction	5	.00
6	Federal special depreciation allowance	6	.00
7	Other additions required by law (attach schedule)	7	.00
8	**Total additions** (add line 2 through line 7)	8	0.00

STATE DEDUCTIONS FROM FEDERAL TAXABLE INCOME

9	Interest on obligations of the United States (net of expenses)	9	.00
10	Wages reduced on federal return for federal employment tax credits	10	.00
11	Income (loss) from partnership, S corporation or trust	11	.00
12	Income (loss) from construction contracting or production of natural mineral resource products (net of expenses)	12	.00
13	Additional depreciation due to a difference in the depreciable base for federal and state purposes (attach schedule)	13	.00
14	Other deductions (attach schedule)	14	.00
15	**Total deductions** (add line 9 through line 14)	15	0.00

APPORTIONMENT / ALLOCATION (MULTISTATE ONLY)

If 100% Mississippi, complete line 16 then skip to page 2, line 20

16	**Adjusted federal income (loss)** (line 1 plus line 8 minus line 15)	16	0.00
17	Adjustment for nonbusiness income (loss) net of expenses (from Form 83-150, column E, line 2)	17	.00
18	Apportionable business income (loss) (line 16 minus line 17)	18	0.00
19	Apportionment ratio (enter ratio and check box as shown on Form 83-125, part II)	19	0 %

☐ Sales retail ☐ Manufacturers (retail ☐ Manufacturers (wholesale), Financial institutions, Pipelines, (for pharmaceutical suppliers, see instructions) ☐ Special Formula

Form 83-122-15-8-2-000 (Rev. 05/15)

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Mississippi
Net Taxable Income Schedule
2015

FEIN 000110002

APPORTIONMENT / ALLOCATION

20	Mississippi apportioned income(loss)(if 100% Mississippi, enter line 16, otherwise, multiply line 18 by line 19)	20	0 .00
21	Nonbusiness income (loss) allocated to Mississippi (from Form 83-150, column F, line 2)	21	.00
22	Mississippi income (loss) from partnership, S corporation or trust (attach Mississippi K-1's, Form 84-132)	22	.00
23	Mississippi income (loss) from construction contracting or production of natural mineral resource products (from Form 83-124, page 2, line 31 and/or page 3, line 46)	23	24,138,401 .00
24	Adjustments related to Mississippi tax credits claimed	24	.00
25	Mississippi capital loss carryover/carryback deduction (from Form 83-155, part II, line 2)	25	.00
26	Other adjustments (attach schedule)	26	.00

MISSISSIPPI TAXABLE INCOME

27	Income (loss) apportioned and allocated to Mississippi (add line 20 through line 26)	27	24,138,401 .00
28	Mississippi net operating loss deduction (from Form 83-155, part I, line 2)	28	0 .00
29	Income exemption (attach schedule; if not applicable enter zero)	29	1,206,920 .00
30	**Mississippi net taxable income (loss)** (line 27 minus line 28 and line 29. Enter on Form 83-105, line 5; If filing combined, enter income (loss) on Form 83-310. If negative, enter zero on Form 83-105, line 5)	30	22,931,481 .00

Form 83-124-15-8-1-000 (Rev. 05/15)

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Mississippi
Direct Accounting Income Statement
2015

FEIN 000110002

Producers of mineral or natural resource products should complete lines 1 through 31. Multistate construction contractors complete lines 32 through 46.

INCOME			(ROUND TO THE NEAREST DOLLAR)
1 Gross receipts or sales			
Less: returns and allowances		1	.00
2 Cost of goods sold and/or operations (attach schedule)		2	.00
3 Gross profit (line 1 minus line 2)		3	.00
4 Dividends (attach schedule)		4	.00
5 Interest		5	.00
6 Gross rents		6	.00
7 Gross royalties		7	.00
8 Allocable capital gain (attach schedule)		8	.00
9 Allocable net gain (loss) (attach schedule)		9	.00
10 Other income (loss) (attach schedule)		10	.00
11 Total income (add line 3 through line 10)		11	.00
DEDUCTIONS			
12 Compensation of officers		12	.00
13 Salaries and wages		13	.00
14 Repairs		14	.00
15 Bad debts		15	.00
16 Rents		16	.00
17 Taxes (attach schedule)		17	.00
18 Interest		18	.00
19 Contributions		19	.00
20a Total depreciation	20a		.00
20b Depreciation claimed on return	20b		.00
21 Depreciation balance claimed (line 20a minus 20b)		21	.00

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Mississippi
Direct Accounting Income Statement
2015

FEIN 000110002

22	Depletion	22	.00
23	Advertising	23	.00
24	Pension, profit-sharing, plans, etc.	24	.00
25	Employee benefit programs	25	.00
26	Other deductions (attach schedule)	26	.00
27	**Total deductions** (add line 12 through line 19 and line 21 through line 26)	27	.00

NET INCOME

28	Net direct income (loss) (line 11 minus line 27)	28	.00
29	Non-allocable business income (loss) (including ordinary/capital gains apportioned to Mississippi using a sales to sales ratio; attach schedule)	29	.00
30	Non-allocable general and administrative expenses (apportioned to Mississippi using a sales to sales ratio; attach schedule)	30	.00
31	**Net income (loss)** (line 28 plus line 29 minus line 30; enter on Form 83-122, line 23)	31	.00

GROSS PROFIT

Only multistate construction contractors complete lines 32 through 46

32	Gross receipts or gross sales from jobs in Mississippi	32	49,648,300.00
33	Adjustments (attach schedule)	33	5,750,250.00
34	Direct cost from jobs in Mississippi	34	10,831,482.00
35	**Mississippi gross profit** (line 32 plus line 33 minus line 34)	35	44,567,068.00

ADD: NON-ALLOCABLE BUSINESS INCOME

36	Total company non-allocable business income (attach schedule)	36	250,000.00
37	Total Mississippi sales (line 32 plus other Mississippi business income)	37	49,648,300.00
38	Total company sales (total sales from jobs and other business income)	38	496,482,805.00
39	Ratio (divide line 37 by line 38)	39	100000 %
40	Mississippi non-allocable business income (multiply line 36 by line 39)	40	25,000.00

Form 83-124-15-8-3-000 (Rev. 05/15)

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Mississippi
Direct Accounting Income Statement
2015

FEIN 000110002

DEDUCT: NON-ALLOCABLE GENERAL AND ADMINISTRATIVE EXPENSES

41	Total company non-allocable general and administrative expenses (attach schedule)	41	205,930,819.00
42	Mississippi direct cost	42	28,549,433.00
43	Total company direct cost	43	287,440,463.00
44	Ratio (divide line 42 by line 43)	44	99323 %
45	Mississippi non-allocable general and administrative expenses (multiply line 41 by line 44)	45	20,453,667.00
46	**Net income (loss)** (line 35 plus line 40 minus line 45; enter on Form 83-122, line 23)	46	24,138,401.00

Form 83-155-15-8-1-000 (Rev. 05/15)

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FEIN 0 0 0 1 1 0 0 0 2

Mississippi
Net Operating Loss & Capital Loss Schedule
2015

☐ Amended

☐ State election to forgo carryback and to carryforward the current year NOL

PART I: NET OPERATING LOSS

A NOL Year End MMDDYYYY	B NOL Amount Enter as a Negative Number	C Income Year NOL Applied MMDDYYYY	D Amount Used In Income Year Enter as a Positive Number	E NOL Balance (B) + D = (E) Enter as a Negative Number or Zero

1 Total NOL available (from schedule above, enter as a negative number)	0
2 NOL used in current year (from schedule above, enter as a positive number) (enter on Form 83-122, line 28 or Form 83-391, page 2, line 16)	0
3 Remaining NOL available for carryforward (line 1 plus line 2)	0

PART II: CAPITAL LOSS

A Loss Year End MMDDYYYY	B Capital Loss Amount Enter as a Negative Number	C Income Year Loss Applied MMDDYYYY	D Amount Used in Income Year Enter as a Positive Number	E Capital Loss Balance (B) + D = (E) Enter as a Negative Number or Zero

1 Total capital loss available (from schedule above, enter as a negative number)	0
2 Capital loss used in current year (from schedule above, enter as a positive number) (enter here and on Form 83-122, line 25)	0
3 Remaining capital loss available for carryforward (line 1 plus line 2)	0

Form 83-310-15-8-1-000 (Rev. 05/15)

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FEIN 000110002

Mississippi

Summary of Net Income Schedule

2015

(ROUND TO THE NEAREST DOLLAR)

Column A Name of Company FEIN	Column B Credit Code	Column B Credit Amount	Column C Net Taxable Income (Loss)
1 Reporting company NAME Hide N Seek Foods Inc FEIN 110000002	13	20,000.00	22,931,481.00
2 Subsidiary companies NAME The Food Corporation FEIN 110000012		0.00	(25,702,498).00
NAME Acme Food Corporation FEIN 110000013		0.00	25,702,498.00
NAME FEIN		.00	.00
NAME FEIN		.00	.00
3 Total column B and column C (total of credit amounts line 1 and line 2, column B and total net taxable income (loss) from column C)		20,000.00	22,931,481.00
4 Totals from page 2 (total of column B and column C from additional page(s) Form 83-310)		0.00	0.00
5 Total income tax credits and net taxable income (loss) (sum of line 3 and line 4. Enter the total from column B on Form 83-105, page 1, line 7 or Form 83-391, line 4, page 1. Enter the total from column C on Form 83-105, page 1, line 5 or Form 83-391, page 1, line 1. If the total in column C is negative, enter zero on Form 83-105, page 1, line 5 or Form 83-391, page 1, line 1)		20,000.00	22,931,481.00

Form 83-401-15-8-1-000 (Rev. 05/15)

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Mississippi
Tax Credit Summary Schedule
2015

FEIN 000110002

(*Carryover Not Available)

TAX CREDIT CODES			
CODE	**CREDIT**	**CODE**	**CREDIT**
* 02	Premium Retaliatory	18	Land Donation
* 03	Finance Company Privilege	19	Broadband Technology
* 04	Advanced Technology / Enterprise Zone	21	Brownfield Credit
05	Jobs Tax	22	Airport Cargo Charges
06	National or Regional Headquarters	23	Manufacturer's Investment Tax Credit
07	Research and Development Skills	24	Alternative Energy Jobs
08	Employer Child / Dependent Care	25	Child Adoption
09	Basic Skills Training or Retraining	26	**Historic Structure Rehabilitation (Attach Statement)**
10	Reforestation		Check if requesting refund in lieu of 10-year carryforward
* 11	Gambling License Fee	* 27	Long Term Care
* 12	Financial Institution Jobs	28	New Markets
13	Mississippi Revenue Bond Service	29	Biomass Energy Investment
14	Ad Valorem Inventory	30	Wildlife Land Use
15	Export Port Charges	31	Prekindergarten Credit
16	Insurance Guaranty	32	Headquarters Relocation Credit
17	Import Credit	33	Veteran Employee Credit
		* 50	Bank Share

PART I: FRANCHISE TAX CREDITS (CODES 16, 19 AND 50)

A	B	C	D	E	F	G
CODE	**CREDIT EARNED THIS YEAR**	**CREDIT RECEIVED FROM PASS-THROUGH ENTITY**	***CREDIT CARRYOVER FROM PRIOR YEAR**	**CREDIT USED THIS YEAR**	**CREDIT EXPIRED THIS YEAR**	**CREDIT CARRYOVER AVAILABLE FOR NEXT YEAR (B+C+D-E-F)**

1 Total franchise tax credit used this year (total column E); (enter on Form 83-105, page 1, line 3) — 1

2 Total franchise tax credit available for next year (total amounts in column G) — 2

PART II: INCOME TAX CREDITS

A	B	C	D	E	F	G
CODE	**CREDIT EARNED THIS YEAR**	**CREDIT RECEIVED FROM PASS-THROUGH ENTITY**	***CREDIT CARRYOVER FROM PRIOR YEAR**	**CREDIT USED THIS YEAR**	**CREDIT EXPIRED THIS YEAR**	**CREDIT CARRYOVER AVAILABLE FOR NEXT YEAR (B+C+D-E-F)**
13	20,000	0	0	20,000	0	0

3 Total income tax credit used this year (total column E); (enter on Form 83-105, page 1, line 7 or Form 83-391, page 1, line 4 or Form 83-310, column B, line 5; if more than three income tax credits taken, see instructions, Form 83-100) — 3 — 20,000

4 Total income tax credit available for next year (total amounts in column G) — 4 — 0

Test Scenario 3

Name: Work N All Day Inc
FEIN: 001100007

2015
Pass-Through Entity - S Corporation

RETURN INFORMATION

Tax Beginning: 07/01/2015
Tax Year Ending: 12/31/2015

Filing Status: 100% Mississippi
Return Type: Amended Return

State Payment: ACH Credit
Payment Amount: $2,115.00
Requested Payment Date: 3/30/2016

REQUIRED FORMS	Form Name	Binary Attachments
84-105	Pass-Through Entity Tax Return	None
84-110	S-Corporation Franchise Tax Schedule	● Line 9 – Mississippi Balance Sheet Per Books (Federal Schedule L)
84-122	Mississippi Net Taxable Income Schedule	None
84-125	Business Income Apportionment Schedule	None
84-131	Mississippi Schedule K	None
84-132 (2)	Mississippi Schedule K-1	None
84-401	Tax Credit Summary Schedule	● Line 1 - Franchise Tax Credit Schedule of Computations

Prepared By: Self Prepared

Form 84-105-15-8-1-000 (Rev. 05/15)

841051581000

Mississippi
Pass-Through Entity Tax Return
2015

Tax Year Beginning 07 01 2015 Tax Year Ending 12 31 2015

FEIN 001100007 Mississippi Secretary of State ID 305217 NAICS Code 238210

Legal Name and DBA: Work N All Day Inc

Address: 37 Any Street

City: Anytown State: NC Zip +4: 28041-0280

County Code 83 Total Number of Mississippi K-1's 02

If issuing 100 or more K-1's, this return must be filed electronically. See www.dor.ms.gov for information.

☐ **Partnership / LLC / LLP (Federal 1065)** ☒ **S Corporation (Federal 1120-S)**

CHECK ALL THAT APPLY	CHECK ONE
☐ Composite Return	☒ 100% Mississippi
☒ Amended Return	☐ Multistate Apportioning
☐ Final Return	☐ Multistate Direct Accounting
☐ Non Profit	

S CORPORATION FRANCHISE TAX (ROUND TO THE NEAREST DOLLAR)

1	Taxable capital (from Form 84-110, line 18)	1	1,056,000.00
2	Franchise tax **(minimum tax $25)** ☐ Fee-In-Lieu	2	2,640.00
3	Franchise tax credit (from Form 84-401, line 1)	3	500.00
4	Net franchise tax due (line 2 minus line 3)	4	2,140.00

COMPOSITE INCOME TAX

5	Mississippi net taxable income (from Form 84-122, line 32)	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 and/or income tax (S corporations use line 4 only; composite S corporations use line 4 plus line 8; composite partnerships use line 8 only)	9	2,140.00
10	Overpayments from prior year	10	.00
11	Estimated tax payments and payment with extension	11	25.00
12	Total payments (line 10 plus line 11)	12	25.00
13	Net total franchise and/or income tax (line 9 minus line 12)	13	2,115.00
14	Interest and penalty on underestimated income tax payments (composite S corporations and composite partnerships only; from Form 83-305, line 17)	14	.00
15	Late payment interest	15	.00
16	Late payment penalty	16	.00

841051582000

FEIN 001100007

Mississippi
Pass-Through Entity Tax Return
2015

17	Late filing penalty **(minimum income tax penalty $100)**	17	.00
18	**Total balance due** (if line 9 is larger than line 12, add line 13 through line 17)	18	2,115.00
19	**Total overpayment** (if line 12 is larger than line 9, subtract line 9 from line 12)	19	.00
20	**Overpayment credited to next year** (from line 19)	20	.00
21	**Overpayment to be refunded** (line 19 minus line 20)	21	.00

See instructions for electronic payment options or attach payment voucher, Form 84-300, with check or money order for balance due.

PART I: ENTITY INFORMATION

1 If final return, enter reason and date effective: _____ Date _____

If the entity has been sold or merged or incorporated, complete the following: Name, address and FEIN of the new existing corporation:

_____ FEIN _____

2 If amended return, check reason. ☒ Mississippi Correction ☐ Federal Correction ☐ Other _____

3 If a partnership or LLC, has a federal election been made to file as a corporation? ☐ Yes ☐ No

4 Check if the company has been audited by the IRS. ☒ If the company has been audited, what year(s) are involved? 2011,2012

5 Principal business activity in Mississippi Manufacturing 5a County location in Mississippi Madison

6 Principal product or service in Mississippi Wood Office Furniture

7 Contact person for this return Wood Office 7a Location and Phone number MS 601-923-7055

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

Form 84-105-15-8-3-000 (Rev. 05/15)

841051583000

Mississippi
Pass-Through Entity Schedule
2015

FEIN 001100007

PART III **Q-SUB/DISREGARDED ENTITY SCHEDULE**

List all qualified subchapter S subsidiaries (Q-Sub) and/or disregarded entities. Attach additional schedule(s), Form 84-105, page 4, if needed.

ENTITY NAME	FEIN	ADDRESS	MISSISSIPPI OPERATIONS (Y/N)

PART IV **ENTITY OFFICER INFORMATION**

List the owners, officers, directors, or partners who have a responsibility in the fiscal management of the organization.

OFFICER NAME AND TITLE	SSN	ADDRESS	OWNERSHIP PERCENTAGE
Khiry U Farr CEO	999060020	2131 Woodland Dr Wilmington NC 28202	0
Carrie Ortiz Vice President	999060006	55 Any Street Anytown WI 53201	50.0000
Bin Xempt Treasurer	000999068	51 Any Street Anytown WI 53201	50.0000

☐ **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

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

Form 84-105-15-8-4-000 (Rev. 05/15)

84105158400 0

Mississippi
Supplemental Pass-Through Entity Schedule
2015

FEIN 001100007

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-SUB/DISREGARDED ENTITY SCHEDULE

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

ENTITY NAME	FEIN	ADDRESS	MISSISSIPPI OPERATIONS (Y/N)

Form 84-110-15-8-1-000 (Rev. 05/15)

841101581000

FEIN 001100007

Mississippi
S-Corporation Franchise Tax Schedule
2015

CAPITAL BASE		(ROUND TO THE NEAREST DOLLAR)
1 Capital stock	1	10,000.00
2 Paid in capital	2	.00
3 Surplus and retained earnings	3	2,101,917.00
4 Loans from shareholders or affiliates	4	.00
5 Deferred taxes, contingent liabilities, all true reserves and other elements (attach schedule)	5	.00
6 Less treasury stock	6	.00
7 Holding company exclusion (attach schedule)	7	.00
8 Total capital base (add line 1 through line 7)	8	2,111,917.00

APPORTIONMENT RATIO		A MISSISSIPPI		B EVERYWHERE
9 Real & tangible personal property owned at year end (net book value)	9A	60,000.00	9B	60,000.00
10 Gross receipts	10A	11,468,259.00	10B	11,468,259.00
11 Total (line 9 plus line 10)	11A	11,528,259.00	11B	11,528,259.00
12 Mississippi ratio (line 11A divided by line 11B)			12	100.0000 %
13 Taxable capital apportioned to Mississippi (line 8 multiplied by line 12. If 100% Mississippi enter amount from line 8)			13	2,111,917.00

ASSESSED VALUE OF MISSISSIPPI PROPERTY

Mississippi County	Mississippi Assessed Value of Real Property	Mississippi Assessed Value of Personal Property
Hinds	30,000	30,000

TAXABLE CAPITAL		
14 Total assessed value of Mississippi property (attach additional schedule if needed)	14	60,000.00
15 Taxable capital (enter the larger of line 13 or line 14)	15	2,111,917.00
16 Prorate (except for initial return; if period is less than twelve months, multiply line 15 by the number of months covered by the return and divide by twelve)	16	1,055,959.00
17 Capital exemption (attach schedule)	17	.00
18 Final taxable capital (line 15 or line 16 minus line 17; round amount up to the next highest $1000. Enter amount on Form 84-105 line 1. If negative, enter zero on Form 84-105 line 1)	18	1,056,000.00

Form 84-122-15-8-1-000 (Rev. 05/15)

841221581000

FEIN 001100007

Mississippi
Net Taxable Income Schedule
2015

FEDERAL TAXABLE INCOME		(ROUND TO THE NEAREST DOLLAR)
1 Ordinary business income (loss) (from federal Form 1120S, page 1, line 21 or federal Form 1065, page 1, line 22. If multistate direct accounting, enter zero and skip to line 25)	1	424,118 .00
2 Total federal Schedule K income (pass-through items not included in line 1 above from federal Form 1120S, page 3, Schedule K, line 2 through line 10 or from federal Form 1065, page 4, Schedule K, line 2 through line 11)	2	159,796 .00
3 Total federal Schedule K deductions (pass-through items not included in line 1 above from federal Form 1120S, page 3, Schedule K, line 11 through line 12d or from federal Form 1065, page 4, Schedule K, line 12 through line 13d)	3	565,304 .00
4 **Total federal business income (loss)** (line 1 plus line 2 minus line 3)	4	18,610 .00

STATE ADDITIONS TO FEDERAL TAXABLE INCOME		
5 State, local or foreign government taxes based on income	5	.00
6 Interest on obligations of other states or political subdivisions (net of expenses)	6	.00
7 Depletion expense in excess of cost	7	.00
8 Federal special depreciation allowance	8	.00
9 Other additions required by law (attach schedule)	9	.00
10 **Total additions** (add line 5 through line 9)	10	0 .00

STATE DEDUCTIONS FROM FEDERAL TAXABLE INCOME		
11 Interest on obligations of the United States (net of expenses)	11	.00
12 Wages reduced on federal return for federal employment tax credits	12	.00
13 Income (loss) from partnership, S corporation or trust	13	.00
14 Income (loss) from construction contracting or production of natural mineral resource products (net of expenses)	14	.00
15 Additional depreciation due to a difference in the depreciable base for federal and state purposes (attach schedule)	15	.00
16 Other deductions (attach schedule)	16	.00
17 **Total deductions** (add line 11 through line 16)	17	0 .00

APPORTIONMENT / ALLOCATION		
If 100% Mississippi, complete line 18 then skip to page 2, line 22		
18 **Adjusted federal income (loss)** (line 4 plus line 10 minus line 17)	18	18,610 .00
19 Adjustment for nonbusiness income (loss) net of expenses (from Form 84-150, column E, line 2)	19	.00
20 Apportionable business income (loss) (line 18 minus line 19)	20	0 .00

841221582000

Mississippi
Net Taxable Income Schedule
2015

FEIN 001100007

APPORTIONMENT / ALLOCATION

21 Apportionment ratio (enter ratio and check box as shown on Form 84-125, Part II) — 21 — 100.0000 %

- [x] Sales (retail)
- [ ] Manufacturers (retail)
- [ ] Manufacturers (wholesale), Financial institutions, Pipelines, (for pharmaceutical suppliers, see instructions)
- [ ] Special Formula

22 Mississippi apportioned income(loss)(if 100% Mississippi, enter line 18, otherwise, multiply line 20 by line 21)	22	18,610.00
23 Nonbusiness income (loss) allocated to Mississippi (from Form 84-150, column F, line 2)	23	.00
24 Mississippi income (loss) from partnership, S corporation or trust (attach Mississippi K-1's, Form 84-132)	24	.00
25 Mississippi income (loss) from construction contracting or production of natural mineral resource products (from Form 84-124, page 2, line 31 or page 3, line 46)	25	.00
26 Other adjustments required by law (attach schedule)	26	.00
27 Income exemption (attach schedule; if not applicable, enter zero)	27	.00
28 Total income (loss) apportioned and directly allocated to Mississippi (add line 22 through line 27)	28	18,610.00

MISSISSIPPI COMPOSITE TAXABLE INCOME

If filing composite, complete lines 29 through 32

29 Mississippi composite net income (loss) (from Form 84-131) line 4a	29	.00
30 Composite return filing adjustment (attach schedule)	30	.00
31 Less Mississippi composite net operating loss deduction (from Form 84-155, line 2)	31	.00
32 **Mississippi composite net taxable income (loss)** (line 29 minus line 30 and line 31; enter on Form 84-105, line 5. If negative, enter zero on Form 84-105, line 5)	32	.00

Form 84-125-15-8-1-000 (Rev. 05/15)

Mississippi
Business Income Apportionment Schedule
2015

FEIN 001100007

PART I: COMPUTATION OF APPORTIONMENT FACTORS (ROUND TO FOUR DECIMAL PLACES)

	A Total Mississippi	B Total Everywhere	C Mississippi Ratio
1 Property factor			
a Beginning of taxable year	25,000	25,000	
b End of taxable year	60,000	60,000	
c Total (line 1a plus line 1b)	85,000	85,000	
d Average net book value of assets (divide line 1c by two)	42,500	42,500	
e Rental property (enter annual rental property multiplied by eight)	0	0	
f Total (line 1d plus line 1e)	42,500	42,500	
g Mississippi property factor (line 1f, column A divided by line 1f, column B)			100. 0000 %
2 Payroll factor (line 2, column A divided by line 2, column B)	0	0	0 %
3 Sales factor (line 3, column A divided by line 3, column B)	11,468,259	11,468,259	100. 0000 %

PART II: APPLICATION OF APPORTIONMENT FACTORS (CHECK ONE)

☒ Retailing, renting, servicing, merchandising or wholesaling

4 Sales factor (from part I, line 3, column C) (enter ratio on Form 84-122, line 21) 100 .0000 %

☐ Manufacturers that sell principally at retail

5a Property factor (from part I, line 1g, column C) %
5b Payroll factor (from part I, line 2, column C) %
5c Subtotal (line 5a plus line 5b) %
5d Average (divide line 5c by two) %
5e Sales factor (from part I, line 3, column C) %
5f Total (line 5d plus Line 5e) %

5g Weighted average (divide line 5f by two) (enter ratio on Form 84-122, line 21) %

☐ Financial institutions, pipelines or manufacturers that sell principally at wholesale (for major medical or pharmaceutical suppliers, see instructions Form 84-100)

6a Property factor (from part I, line 1g, column C) %
6b Payroll factor (from part I, line 2, column C) %
6c Sales factor (from part I, line 3, column C) %
6d Total (add lines 6a, 6b and 6c) %

6e Average (divide line 6d by three) (enter ratio on Form 84-122, line 21) %

☐ Airlines, motor carriers, express companies, telephone and telegraph companies

7 Special formula required (attach schedule and enter ratio on Form 84-122, line 21) %

Form 84-131-15-8-1-000 (Rev. 05/15)

841311581000

Mississippi
Schedule K
2015

FEIN 001100007

☐ Partnership / LLC / LLP (Federal 1065) ☒ S Corporation (Federal 1120-S)

COLUMN A OWNER / PARTNER NAME ID TYPE	COLUMN B OWNERSHIP % (ENTER 25% AS 25.0000) STATE OF RESIDENCE (CHECK BOX IF COMPOSITE)	COLUMN C A MISSISSIPPI TAXABLE INCOME (LOSS) B CREDIT CODE C CREDIT AMOUNT	COLUMN D NON-MISSISSIPPI TAXABLE INCOME (LOSS)
1 NAME Carrie Ortiz FEIN ☐ SSN ☒ 999060006	50.0000 STATE WI ☐ COMPOSITE	a 9305 b c b c b c b c	0
NAME Ben Xempt FEIN ☒ 000999068 SSN ☐	50.0000 STATE WI ☐ COMPOSITE	a 9305 b c b c b c b c	0
NAME FEIN ☐ SSN ☐	STATE ☐ COMPOSITE	a b c b c b c b c	
NAME FEIN ☐ SSN ☐	STATE ☐ COMPOSITE	a b c b c b c b c	
NAME FEIN ☐ SSN ☐	STATE ☐ COMPOSITE	a b c b c b c b c	

2 Total column B, column C and column D (from above)	100.0000	2a	18610	2	0
		2c	0		
3 Totals from additional pages (total of column B, column C and column D from Form 84-131, page 2)	0	3a	0	3	0
		3c	0		
4 Total taxable income(loss) and total tax credits (total of column C, line 2 plus line 3. Composite filers enter total composite income from column C, line 4a on Form 84-122, page 2, line 29 and line 4c on Form 84-401, line 3	0	4a	18610	4	0
		4c	0		
5 Total taxable income (loss) (column C, line 4a plus column D, line 4)				5	18610

Form 84-132-15-8-1-000 (Rev. 05/15)

Mississippi
Schedule K-1
2015

☒ S Corporation ☐ Partnership ☐ Final K-1 ☒ Amended K-1 ☐ Composite

PART I: INFORMATION ABOUT THE ENTITY

A Entity FEIN 0 0 1 1 0 0 0 0 7

B Entity's name, address, city, state and zip code

Work N All Day Inc
37 Any Street
Anytown NC 28041-0280

C ☐ If partnership box was checked above, is the partnership a publicly traded partnership (PTP)?

PART II: INFORMATION ABOUT THE OWNER / PARTNER

D Owner / partner's SSN or FEIN 9 9 9 0 6 0 0 0 6

E Owner / partner's name, address, city, state and zip code

Carrie Ortiz
55 Any Street
Anytown WI 53201

F ☐ General partner or LLC member-manager ☐ Limited partner or other LLC member

G What type of entity is the partner?

H ☐ Check box if 5% of the net gain / profit was withheld. Enter amount of withholding remitted for partner $

I Partner's share of profit, loss and capital:

	Beginning	Ending
Profit	%	%
Loss	%	%
Capital	%	%

J Partner's share of liablities at year end:

Nonrecourse . . . . . $
Qualified nonrecourse financing $
Recourse . . . . . $

K Partner's Mississippi capital account analysis:

Beginning capital account . . $
Capital contributed during the year $
Current year increase (decrease) $
Withdrawals and distributions $ ( )
Ending capital account . . .

☐ Tax Basis ☐ GAAP ☐ Other

L Did the partner contribute property with a bulit-in gain or loss?

☐ Yes ☐ No

If "Yes", attach statement.

M Shareholder's percentage of stock ownership for tax year 50.0000 %

N Mississippi apportionment ratio for tax year 100.0000 %

PART III: PARTNER'S SHARE OF CURRENT YEAR INCOME, DEDUCTIONS, CREDITS, AND OTHER ITEMS

1	Ordinary business income (loss) 212,059	15	Self-employment earnings (loss)
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Credits
4	Guaranteed payments		
5	Interest income 35,574	17	Foreign transactions
6a	Ordinary dividends		
6b	Qualified dividends		
7	Royalties	18	Alternative minimum tax (AMT) items
8	Net short-term capital gain (loss) 39,325		(8,373)
9a	Net long-term capital gain (loss)	19	Items affecting shareholder basis
9b	Collectibles (28%) gain (loss)		96,826
9c	Unrecaptured section 1250 gain	20	Tax-Exempt income and nondeductible expenses
10	Net section 1231 gain (loss)		
11	Other income (loss) 5,000		
12	Charitable contributions 31,468	21	Distributions
13	Section 179 deduction		
14	Other deductions 251,185	22	Other information 35,574

PART IV: MISSISSIPPI TAX CREDITS
(Enter credit code and name from Form 84-401)

Code	Credit	Amount

Form 84-132-15-8-1-000 (Rev. 05/15)

Mississippi
Schedule K-1
2015

[X] S Corporation [ ] Partnership [ ] Final K-1 [X] Amended K-1 [ ] Composite

PART I: INFORMATION ABOUT THE ENTITY

A Entity FEIN 0 0 1 1 0 0 0 0 7

B Entity's name, address, city, state and zip code

Work N All Day Inc
37 Any Street
Anytown NC 28041-0280

C [ ] If partnership box was checked above, is the partnership a publicly traded partnership (PTP)?

PART II: INFORMATION ABOUT THE OWNER / PARTNER

D Owner / partner's SSN or FEIN 9 9 9 0 6 0 0 0 8

E Owner / partner's name, address, city, state and zip code

Bin Xempt
51 Any Street
Anytown WI 53201

F [ ] General partner or LLC member-manager [ ] Limited partner or other LLC member

G What type of entity is the partner?

H [ ] Check box if 5% of the net gain / profit was withheld. Enter amount of withholding remitted for partner $

I Partner's share of profit, loss and capital:

	Beginning	Ending
Profit	%	%
Loss	%	%
Capital	%	%

J Partner's share of liablities at year end:

Nonrecourse . . . . . $
Qualified nonrecourse financing $
Recourse . . . . . $

K Partner's Mississippi capital account analysis:

Beginning capital account . . $
Capital contributed during the year $
Current year increase (decrease) $
Withdrawals and distributions $ ( )
Ending capital account . . .

[ ] Tax Basis [ ] GAAP [ ] Other

L Did the partner contribute property with a bulit-in gain or loss?

[ ] Yes [ ] No

If "Yes", attach statement.

M Shareholder's percentage of stock ownership for tax year 50.0000 %

N Mississippi apportionment ratio for tax year 100.0000 %

PART III: PARTNER'S SHARE OF CURRENT YEAR INCOME, DEDUCTIONS, CREDITS, AND OTHER ITEMS

1	Ordinary business income (loss) 212,059	15	Self-employment earnings (loss)
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Credits
4	Guaranteed payments		
5	Interest income 35,573	17	Foreign transactions
6a	Ordinary dividends		
6b	Qualified dividends		
7	Royalties	18	Alternative minimum tax (AMT) items
8	Net short-term capital gain (loss) 39,324		(8,371)
9a	Net long-term capital gain (loss)	19	Items affecting shareholder basis
9b	Collectibles (28%) gain (loss)		96,826
9c	Unrecaptured section 1250 gain	20	Tax-Exempt income and nondeductible expenses
10	Net section 1231 gain (loss)		
11	Other income (loss) 5,000		
12	Charitable contributions 31,467	21	Distributions
13	Section 179 deduction		
14	Other deductions 251,184	22	Other information 35,573

PART IV: MISSISSIPPI TAX CREDITS
(Enter credit code and name from Form 84-401)

Code	Credit	Amount

Form 84-401-15-8-1-000 (Rev. 05/15)

844011581000

Mississippi
Tax Credit Summary Schedule
2015

FEIN 001100007

(*Carryover Not Available)

TAX CREDIT CODES			
CODE	CREDIT	CODE	CREDIT
* 02	Premium Retaliatory	18	Land Donation
* 03	Finance Company Privilege	19	Broadband Technology
* 04	Advanced Technology / Enterprise Zone	21	Brownfield Credit
05	Jobs Tax	22	Airport Cargo Charges
06	National or Regional Headquarters	23	Manufacturer's Investment Tax Credit
07	Research and Development Skills	24	Alternative Energy Jobs
08	Employer Child / Dependent Care	25	Child Adoption
09	Basic Skills Training or Retraining	26	**Historic Structure Rehabilitation (Attach Statement)**
10	Reforestation		☐ Check if requesting refund in lieu of 10-year carryforward
* 11	Gambling License Fee	* 27	Long Term Care
* 12	Financial Institution Jobs	28	New Markets
13	Mississippi Revenue Bond Service	29	Biomass Energy Investment
14	Ad Valorem Inventory	30	Wildlife Land Use
15	Export Port Charges	31	Prekindergarten Credit
16	Insurance Guaranty	32	Headquarters Relocation Credit
17	Import Credit	33	Veteran Employee Credit
		* 50	Bank Share

PART I: FRANCHISE TAX CREDITS (CODES 16, 19 AND 50)

A	B	C	D	E	F	G
CODE	CREDIT EARNED THIS YEAR	CREDIT RECEIVED FROM PASS-THROUGH ENTITY	*CREDIT CARRYOVER FROM PRIOR YEAR	CREDIT USED THIS YEAR	CREDIT EXPIRED THIS YEAR	CREDIT CARRYOVER AVAILABLE FOR NEXT YEAR (B+C+D-E-F)
19	500	0	0	500	0	0

1 Total franchise tax credit used this year (total column E; enter on Form 84-105, page 1, line 3) — 1 — 500

2 Total franchise tax credit available for next year (total amounts in column G) — 2 — 0

PART II: INCOME TAX CREDITS

A	B	C	D	E	F	G
CODE	CREDIT EARNED THIS YEAR	CREDIT RECEIVED FROM PASS-THROUGH ENTITY	*CREDIT CARRYOVER FROM PRIOR YEAR	CREDIT USED THIS YEAR	CREDIT EXPIRED THIS YEAR	CREDIT CARRYOVER AVAILABLE FOR NEXT YEAR (B+C+D-E-F)

3 Total income tax credit used this year (composite only;total column E, from Form 84-131, page 1, line 4c); enter on Form 84-105, page 1, line 7; if more than three income tax credits taken, (see instructions, Form 84-100) — 3 — 0

4 Total income tax credit available for next year (total amounts in column G) — 4 — 0

Test Scenario 4

Name: Sam Starling, LLP
FEIN: 006900001

2015
Pass-Through Entity - Partnership

RETURN INFORMATION

Tax Beginning: Calendar Year 2015

Filing Status: Multistate Apportioning
Return Type: Informational Return

REQUIRED FORMS	Form Name	Binary Attachments
84-105	Pass-Through Entity Tax Return	None
84-122	Mississippi Net Taxable Income Schedule	• Line 15 – Additional Depreciation • Line 16 – Other Deductions
84-125	Business Income Apportionment Schedule	None
84-131	Mississippi Schedule K	None
84-132 (3)	Mississippi Schedule K-1	None

Form 84-105-15-8-1-000 (Rev. 05/15)

841051581000

Mississippi
Pass-Through Entity Tax Return
2015

Tax Year Beginning 01 01 2015 Tax Year Ending 12 31 2015

FEIN 006900001 Mississippi Secretary of State ID 5807000000 NAICS Code 541110

Legal Name and DBA
Sam Starling LLP

Address
631 N McKinley

Reno NV 89510
City State Zip +4

County Code 83 Total Number of Mississippi K-1's 03

If issuing 100 or more K-1's, this return must be filed electronically. See www.dor.ms.gov for information.

☒ **Partnership / LLC / LLP (Federal 1065)** ☐ **S Corporation (Federal 1120-S)**

CHECK ALL THAT APPLY	CHECK ONE
☐ Composite Return	☐ 100% Mississippi
☐ Amended Return	☒ Multistate Apportioning
☐ Final Return	☐ Multistate Direct Accounting
☐ Non Profit	

S CORPORATION FRANCHISE TAX **(ROUND TO THE NEAREST DOLLAR)**

1	Taxable capital (from Form 84-110, line 18)	1	.00
2	Franchise tax **(minimum tax $25)** ☐ 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 INCOME TAX

5	Mississippi net taxable income (from Form 84-122, line 32)	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 and/or income tax (S corporations use line 4 only; composite S corporations use line 4 plus line 8; composite partnerships use line 8 only)	9	0.00
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	0.00
13	Net total franchise and/or income tax (line 9 minus line 12)	13	0.00
14	Interest and penalty on underestimated income tax payments (composite S corporations and composite partnerships only; from Form 83-305, line 17)	14	.00
15	Late payment interest	15	.00
16	Late payment penalty	16	.00

841051582000

FEIN 006900001

Mississippi
Pass-Through Entity Tax Return
2015

17 Late filing penalty **(minimum income tax penalty $100)** 17 _____ .00

18 **Total balance due** (if line 9 is larger than line 12, add line 13 through line 17) 18 _____ .00

19 **Total overpayment** (if line 12 is larger than line 9, subtract line 9 from line 12) 19 _____ .00

20 **Overpayment credited to next year** (from line 19) 20 _____ .00

21 **Overpayment to be refunded** (line 19 minus line 20) 21 _____ .00

See instructions for electronic payment options or attach payment voucher, Form 84-300, with check or money order for balance due.

PART I: ENTITY INFORMATION

1 If final return, enter reason and date effective: _____ Date _____

If the entity has been sold or merged or incorporated, complete the following: Name, address and FEIN of the new existing corporation:

_____ FEIN _____

2 If amended return, check reason. ☐ Mississippi Correction ☐ Federal Correction ☐ Other _____

3 If a partnership or LLC, has a federal election been made to file as a corporation? ☐ Yes ☒ No

4 Check if the company has been audited by the IRS. ☐ If the company has been audited, what year(s) are involved? _____

5 Principal business activity in Mississippi Professional Service 5a County location in Mississippi Rankin

6 Principal product or service in Mississippi Legal Services

7 Contact person for this return Bobby Brown 7a Location and Phone number MS 601-923-7055

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

Form 84-105-15-8-3-000 (Rev. 05/15)

841051583000

Mississippi
Pass-Through Entity Schedule
2015

FEIN 006900001

PART III **Q-SUB/DISREGARDED ENTITY SCHEDULE**

List all qualified subchapter S subsidiaries (Q-Sub) and/or disregarded entities. Attach additional schedule(s), Form 84-105, page 4, if needed.

ENTITY NAME	FEIN	ADDRESS	MISSISSIPPI OPERATIONS (Y/N)

PART IV **ENTITY OFFICER INFORMATION**

List the owners, officers, directors, or partners who have a responsibility in the fiscal management of the organization.

OFFICER NAME AND TITLE	SSN	ADDRESS	OWNERSHIP PERCENTAGE
Sam Starling President	000000022	P O Box 997 7 Birch Branch St Johns Canada AIC5N5	10.0000
Taxpayer 1 Vice President	009900009	P O Box 0001 Reno NV 89510	50.0000

☐ **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

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

Form 84-105-15-8-4-000 (Rev. 05/15)

84105158400 0

Mississippi
Supplemental Pass-Through Entity Schedule
2015

FEIN 006900001

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-SUB/DISREGARDED ENTITY SCHEDULE

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

ENTITY NAME	FEIN	ADDRESS	MISSISSIPPI OPERATIONS (Y/N)

Form 84-122-15-8-1-000 (Rev. 05/15)

841221581000

FEIN 006900001

Mississippi
Net Taxable Income Schedule
2015

FEDERAL TAXABLE INCOME		(ROUND TO THE NEAREST DOLLAR)
1 Ordinary business income (loss) (from federal Form 1120S, page 1, line 21 or federal Form 1065, page 1, line 22. If multistate direct accounting, enter zero and skip to line 25)	1	80,681,403 .00
2 Total federal Schedule K income (pass-through items not included in line 1 above from federal Form 1120S, page 3, Schedule K, line 2 through line 10 or from federal Form 1065, page 4, Schedule K, line 2 through line 11)	2	22,970,806 .00
3 Total federal Schedule K deductions (pass-through items not included in line 1 above from federal Form 1120S, page 3, Schedule K, line 11 through line 12d or from federal Form 1065, page 4, Schedule K, line 12 through line 13d)	3	.00
4 **Total federal business income (loss)** (line 1 plus line 2 minus line 3)	4	103,652,209 .00
STATE ADDITIONS TO FEDERAL TAXABLE INCOME		
5 State, local or foreign government taxes based on income	5	.00
6 Interest on obligations of other states or political subdivisions (net of expenses)	6	1,642,500 .00
7 Depletion expense in excess of cost	7	1,500,000 .00
8 Federal special depreciation allowance	8	3,258,175 .00
9 Other additions required by law (attach schedule)	9	.00
10 **Total additions** (add line 5 through line 9)	10	6,400,675 .00
STATE DEDUCTIONS FROM FEDERAL TAXABLE INCOME		
11 Interest on obligations of the United States (net of expenses)	11	.00
12 Wages reduced on federal return for federal employment tax credits	12	75,000 .00
13 Income (loss) from partnership, S corporation or trust	13	.00
14 Income (loss) from construction contracting or production of natural mineral resource products (net of expenses)	14	.00
15 Additional depreciation due to a difference in the depreciable base for federal and state purposes (attach schedule)	15	500,000 .00
16 Other deductions (attach schedule)	16	5,000,000 .00
17 **Total deductions** (add line 11 through line 16)	17	5,575,000 .00
APPORTIONMENT / ALLOCATION		
If 100% Mississippi, complete line 18 then skip to page 2, line 22		
18 **Adjusted federal income (loss)** (line 4 plus line 10 minus line 17)	18	104,477,884 .00
19 Adjustment for nonbusiness income (loss) net of expenses (from Form 84-150, column E, line 2)	19	.00
20 Apportionable business income (loss) (line 18 minus line 19)	20	104,477,884 .00

841221582000

Mississippi
Net Taxable Income Schedule
2015

FEIN 006900001

APPORTIONMENT / ALLOCATION

21 Apportionment ratio (enter ratio and check box as shown on Form 84-125, Part II) — 21 — 2.0000 %

- [x] Sales (retail)
- [ ] Manufacturers (retail)
- [ ] Manufacturers (wholesale), Financial institutions, Pipelines, (for pharmaceutical suppliers, see instructions)
- [ ] Special Formula

22 Mississippi apportioned income(loss)(if 100% Mississippi, enter line 18, otherwise, multiply line 20 by line 21)	22	2,089,558.00
23 Nonbusiness income (loss) allocated to Mississippi (from Form 84-150, column F, line 2)	23	.00
24 Mississippi income (loss) from partnership, S corporation or trust (attach Mississippi K-1's, Form 84-132)	24	.00
25 Mississippi income (loss) from construction contracting or production of natural mineral resource products (from Form 84-124, page 2, line 31 or page 3, line 46)	25	.00
26 Other adjustments required by law (attach schedule)	26	.00
27 Income exemption (attach schedule; if not applicable, enter zero)	27	.00
28 Total income (loss) apportioned and directly allocated to Mississippi (add line 22 through line 27)	28	2,089,558.00

MISSISSIPPI COMPOSITE TAXABLE INCOME

If filing composite, complete lines 29 through 32

29 Mississippi composite net income (loss) (from Form 84-131) line 4a	29	.00
30 Composite return filing adjustment (attach schedule)	30	.00
31 Less Mississippi composite net operating loss deduction (from Form 84-155, line 2)	31	.00
32 **Mississippi composite net taxable income (loss)** (line 29 minus line 30 and line 31; enter on Form 84-105, line 5. If negative, enter zero on Form 84-105, line 5)	32	.00

Form 84-125-15-8-1-000 (Rev. 05/15)

Mississippi
Business Income Apportionment Schedule
2015

FEIN 006900001

PART I: COMPUTATION OF APPORTIONMENT FACTORS (ROUND TO FOUR DECIMAL PLACES)

	A Total Mississippi	B Total Everywhere	C Mississippi Ratio
1 Property factor			
a Beginning of taxable year	3,246,851	64,937,028	
b End of taxable year	3,956,726	79,134,516	
c Total (line 1a plus line 1b)	7,203,577	144,071,544	
d Average net book value of assets (divide line 1c by two)	3,601,789	72,035,772	
e Rental property (enter annual rental property multiplied by eight)	0	0	
f Total (line 1d plus line 1e)	3,601,789	72,035,772	
g Mississippi property factor (line 1f, column A divided by line 1f, column B)			5 .0000 %
2 Payroll factor (line 2, column A divided by line 2, column B)	1,105,350	110,535,025	1. 0000 %
3 Sales factor (line 3, column A divided by line 3, column B)	6,469,112	323,455,613	2. 0000 %

PART II: APPLICATION OF APPORTIONMENT FACTORS (CHECK ONE)

☒ Retailing, renting, servicing, merchandising or wholesaling

4 Sales factor (from part I, line 3, column C) (enter ratio on Form 84-122, line 21) 2 .0000 %

☐ Manufacturers that sell principally at retail

5a	Property factor (from part I, line 1g, column C)	%
5b	Payroll factor (from part I, line 2, column C)	%
5c	Subtotal (line 5a plus line 5b)	%
5d	Average (divide line 5c by two)	%
5e	Sales factor (from part I, line 3, column C)	%
5f	Total (line 5d plus Line 5e)	%

5g Weighted average (divide line 5f by two) (enter ratio on Form 84-122, line 21) %

☐ Financial institutions, pipelines or manufacturers that sell principally at wholesale (for major medical or pharmaceutical suppliers, see instructions Form 84-100)

6a	Property factor (from part I, line 1g, column C)	%
6b	Payroll factor (from part I, line 2, column C)	%
6c	Sales factor (from part I, line 3, column C)	%
6d	Total (add lines 6a, 6b and 6c)	%

6e Average (divide line 6d by three) (enter ratio on Form 84-122, line 21) %

☐ Airlines, motor carriers, express companies, telephone and telegraph companies

7 Special formula required (attach schedule and enter ratio on Form 84-122, line 21) %

Form 84-131-15-8-1-000 (Rev. 05/15)

841311581000

Mississippi
Schedule K
2015

FEIN 006900001

☒ Partnership / LLC / LLP (Federal 1065) ☐ S Corporation (Federal 1120-S)

COLUMN A OWNER / PARTNER NAME ID TYPE	COLUMN B OWNERSHIP % (ENTER 25% AS 25.0000) STATE OF RESIDENCE (CHECK BOX IF COMPOSITE)	COLUMN C A MISSISSIPPI TAXABLE INCOME (LOSS) B CREDIT CODE C CREDIT AMOUNT	COLUMN D NON-MISSISSIPPI TAXABLE INCOME (LOSS)
1 NAME Sam Starling FEIN ☒ 006900001 SSN ☐	10.0000 STATE NV ☐ COMPOSITE	a 208956 b c b c b c b c	10,238,833
NAME Tax Payer 1 FEIN ☐ SSN ☒ 009900001	50.0000 STATE NV ☐ COMPOSITE	a 1044779 b c b c b c b c	51,194,163
NAME Barton and Jenkins FEIN ☒ 000000022 SSN ☐	40.0000 STATE AK ☐ COMPOSITE	a 835823 b c b c b c b c	40,955,330
NAME FEIN ☐ SSN ☐	STATE ☐ COMPOSITE	a b c b c b c b c	
NAME FEIN ☐ SSN ☐	STATE ☐ COMPOSITE	a b c b c b c b c	

2 Total column B, column C and column D (from above)	100.0000	2a	2,089,558	2	102,388,326
		2c	0		
3 Totals from additional pages (total of column B, column C and column D from Form 84-131, page 2)	0	3a	0	3	0
		3c	0		
4 Total taxable income(loss) and total tax credits (total of column C, line 2 plus line 3. Composite filers enter total composite income from column C, line 4a on Form 84-122, page 2, line 29 and line 4c on Form 84-401, line 3	0	4a	2,089,558	4	102,388,326
		4c	0		
5 Total taxable income (loss) (column C, line 4a plus column D, line 4)				5	104,477,884

Form 84-132-15-8-1-000 (Rev. 05/15)

Mississippi
Schedule K-1
2015

☐ S Corporation ☒ Partnership ☐ Final K-1 ☐ Amended K-1 ☐ Composite

PART I: INFORMATION ABOUT THE ENTITY

A Entity FEIN 0 0 6 9 0 0 0 0 1

B Entity's name, address, city, state and zip code

Sam Starling LLP
631 N McKinley St
Reno NV 89510

C ☐ If partnership box was checked above, is the partnership a publicly traded partnership (PTP)?

PART II: INFORMATION ABOUT THE OWNER / PARTNER

D Owner / partner's SSN or FEIN 0 0 0 0 0 0 0 2 2

E Owner / partner's name, address, city, state and zip code

Sam Starling
P O Box 99 7 Birch Branch
St Johns NL AIC 5N5

F ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member

G What type of entity is the partner? Individual

H ☐ Check box if 5% of the net gain / profit was withheld. Enter amount of withholding remitted for partner $

I Partner's share of profit, loss and capital:

	Beginning		Ending	
Profit	10.0000	%	10.0000	%
Loss	10.0000	%	10.0000	%
Capital	10.0000	%	10.0000	%

J Partner's share of liablities at year end:

Nonrecourse	$	1,100,000
Qualified nonrecourse financing	$	
Recourse	$	

K Partner's Mississippi capital account analysis:

Beginning capital account	$	4,488,892
Capital contributed during the year	$	
Current year increase (decrease)	$	12,143,540
Withdrawals and distributions	$	(7.514.031)
Ending capital account		9,118,401

☐ Tax Basis ☐ GAAP ☒ Other

L Did the partner contribute property with a bulit-in gain or loss?
☐ Yes ☒ No
If "Yes", attach statement.

M Shareholder's percentage of stock ownership for tax year %

N Mississippi apportionment ratio for tax year %

PART III: PARTNER'S SHARE OF CURRENT YEAR INCOME, DEDUCTIONS, CREDITS, AND OTHER ITEMS

1	Ordinary business income (loss) 161,363	15	Self-employment earnings (loss)
2	Net rental real estate income (loss) 406		
3	Other net rental income (loss)	16	Credits 151
4	Guaranteed payments		
5	Interest income 185	17	Foreign transactions
6a	Ordinary dividends		
6b	Qualified dividends		
7	Royalties	18	Alternative minimum tax (AMT) items
8	Net short-term capital gain (loss)		399
9a	Net long-term capital gain (loss)	19	Items affecting shareholder basis
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain	20	Tax-Exempt income and nondeductible expenses
10	Net section 1231 gain (loss)		1,550
11	Other income (loss) 12,801		
12	Charitable contributions	21	Distributions
13	Section 179 deduction		150,281
14	Other deductions 11,150	22	Other information 185

PART IV: MISSISSIPPI TAX CREDITS
(Enter credit code and name from Form 84-401)

Code	Credit	Amount

Form 84-132-15-8-1-000 (Rev. 05/15)

Mississippi
Schedule K-1
2015

☐ S Corporation ☒ Partnership ☐ Final K-1 ☐ Amended K-1 ☐ Composite

PART I: INFORMATION ABOUT THE ENTITY

A Entity FEIN 0 0 6 9 0 0 0 0 1

B Entity's name, address, city, state and zip code

Sam Starling LLP
631 N McKinley St
Reno NV 89510

C ☐ If partnership box was checked above, is the partnership a publicly traded partnership (PTP)?

PART II: INFORMATION ABOUT THE OWNER / PARTNER

D Owner / partner's SSN or FEIN
0 0 9 9 0 0 0 0 1

E Owner / partner's name, address, city, state and zip code

Taxpayer 1
P O Box 1001
Reno NV 89510

F ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member

G What type of entity is the partner? Individual

H ☐ Check box if 5% of the net gain / profit was withheld. Enter amount of withholding remitted for partner $

I Partner's share of profit, loss and capital:

	Beginning		Ending	
Profit	50.0000	%	50.0000	%
Loss	50.0000	%	50.0000	%
Capital	50.0000	%	50.0000	%

J Partner's share of liablities at year end:

Nonrecourse	$	1,100,000
Qualified nonrecourse financing	$	
Recourse	$	

K Partner's Mississippi capital account analysis:

Beginning capital account	$	4,488,892
Capital contributed during the year	$	
Current year increase (decrease)	$	12,143,540
Withdrawals and distributions	$	(7,514,031)
Ending capital account		9,118,401

☐ Tax Basis ☐ GAAP ☒ Other

L Did the partner contribute property with a bulit-in gain or loss?
☐ Yes ☒ No
If "Yes", attach statement.

M Shareholder's percentage of stock ownership for tax year %

N Mississippi apportionment ratio for tax year %

PART III: PARTNER'S SHARE OF CURRENT YEAR INCOME, DEDUCTIONS, CREDITS, AND OTHER ITEMS

1	Ordinary business income (loss) 161,363	15	Self-employment earnings (loss)
2	Net rental real estate income (loss) 406		
3	Other net rental income (loss)	16	Credits 151
4	Guaranteed payments		
5	Interest income 185	17	Foreign transactions
6a	Ordinary dividends		
6b	Qualified dividends		
7	Royalties	18	Alternative minimum tax (AMT) items
8	Net short-term capital gain (loss)		399
9a	Net long-term capital gain (loss)	19	Items affecting shareholder basis
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain	20	Tax-Exempt income and nondeductible expenses
10	Net section 1231 gain (loss)		1,550
11	Other income (loss) 12,801		
12	Charitable contributions	21	Distributions
13	Section 179 deduction		150,281
14	Other deductions 11,150	22	Other information 185

PART IV: MISSISSIPPI TAX CREDITS
(Enter credit code and name from Form 84-401)

Code	Credit	Amount

Form 84-132-15-8-1-000 (Rev. 05/15)

Mississippi
Schedule K-1
2015

☐ S Corporation ☒ Partnership ☐ Final K-1 ☐ Amended K-1 ☐ Composite

PART I: INFORMATION ABOUT THE ENTITY

A Entity FEIN 0 0 6 9 0 0 0 0 1

B Entity's name, address, city, state and zip code
Sam Starling LLP
631 N McKinley St
Reno NV 89510

C ☐ If partnership box was checked above, is the partnership a publicly traded partnership (PTP)?

PART II: INFORMATION ABOUT THE OWNER / PARTNER

D Owner / partner's SSN or FEIN
0 0 6 9 1 0 0 0 1

E Owner / partner's name, address, city, state and zip code
Barton and Jenkins Enterprise
RR 510 W
Ancherage AK 99502

F ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member

G What type of entity is the partner? Partnership

H ☐ Check box if 5% of the net gain / profit was withheld. Enter amount of withholding remitted for partner $

I Partner's share of profit, loss and capital:

	Beginning		Ending	
Profit	40.0000	%	40.0000	%
Loss	40.0000	%	40.0000	%
Capital	40.0000	%	40.0000	%

J Partner's share of liablities at year end:

Nonrecourse	$	4,400,000
Qualified nonrecourse financing	$	
Recourse	$	

K Partner's Mississippi capital account analysis:

Beginning capital account	$	17,955,568
Capital contributed during the year	$	
Current year increase (decrease)	$	48,574,160
Withdrawals and distributions	$	(30,056,124)
Ending capital account		36,473,604

☐ Tax Basis ☐ GAAP ☒ Other

L Did the partner contribute property with a bulit-in gain or loss?
☐ Yes ☒ No
If "Yes", attach statement.

M Shareholder's percentage of stock ownership for tax year %

N Mississippi apportionment ratio for tax year %

PART III: PARTNER'S SHARE OF CURRENT YEAR INCOME, DEDUCTIONS, CREDITS, AND OTHER ITEMS

1	Ordinary business income (loss) 645,451	15	Self-employment earnings (loss)
2	Net rental real estate income (loss) 1,625		2,200,994
3	Other net rental income (loss)	16	Credits
4	Guaranteed payments 453,501		605
5	Interest income 741	17	Foreign transactions
6a	Ordinary dividends		
6b	Qualified dividends		
7	Royalties	18	Alternative minimum tax (AMT) items
8	Net short-term capital gain (loss)		1,596
9a	Net long-term capital gain (loss)	19	Items affecting shareholder basis
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain	20	Tax-Exempt income and nondeductible expenses
10	Net section 1231 gain (loss)		6,201
11	Other income (loss) 51,205		
12	Charitable contributions	21	Distributions 601,122
13	Section 179 deduction		
14	Other deductions 44,600	22	Other information 741

PART IV: MISSISSIPPI TAX CREDITS
(Enter credit code and name from Form 84-401)

Code	Credit	Amount

Test Scenario 5

Name: Carlton Manufacturing, LLC
FEIN: 006900003

2015
Pass-Through Entity - Composite Partnership

RETURN INFORMATION

Tax Beginning: Calendar Year 2015

Filing Status: Multistate Apportioning
Return Type: Composite Return

State Payment: ACH Debit
Account #: 410005
Routing #: 253000053
Payment Amount: $40,325
Payment Effective Date: 3/15/2016

REQUIRED FORMS	Form Name	Binary Attachments
84-105	Pass-Through Entity Tax Return	None
84-122	Mississippi Net Taxable Income Schedule	• Line 9 – Other Additions • Line 16 – Other Deductions • Line 26 – Other Adjustments
84-125	Business Income Apportionment Schedule	None
84-131	Mississippi Schedule K	None
84-132 (3)	Mississippi Schedule K-1	None
84-155	Net Operating Loss & Capital Loss Schedule	None

Form 84-105-15-8-1-000 (Rev. 05/15)

841051581000

Mississippi
Pass-Through Entity Tax Return
2015

Tax Year Beginning 01 01 2015 Tax Year Ending 12 31 2015

FEIN 006900003 Mississippi Secretary of State ID 0 0 0 0 0 0 NAICS Code 3 3 7 2 1 1

Legal Name and DBA
Carlton Manufacturing LLC

Address
1678 South Hoover Blvd

San Francisco C A 94101
City State Zip +4

County Code 8 3 Total Number of Mississippi K-1's 0 3

If issuing 100 or more K-1's, this return must be filed electronically. See www.dor.ms.gov for information.

☒ **Partnership / LLC / LLP (Federal 1065)** ☐ **S Corporation (Federal 1120-S)**

CHECK ALL THAT APPLY	CHECK ONE
☒ Composite Return	☐ 100% Mississippi
☐ Amended Return	☒ Multistate Apportioning
☐ Final Return	☐ Multistate Direct Accounting
☐ Non Profit	

S CORPORATION FRANCHISE TAX **(ROUND TO THE NEAREST DOLLAR)**

1	Taxable capital (from Form 84-110, line 18)	1	.00
2	Franchise tax **(minimum tax $25)** ☐ 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 INCOME TAX

5	Mississippi net taxable income (from Form 84-122, line 32)	5	9,609,490.00
6	Income tax	6	480,325.00
7	Income tax credits (from Form 84-401, line 3)	7	.00
8	Net income tax due (line 6 minus line 7)	8	480,325.00

PAYMENTS AND TAX DUE

9	Total franchise and/or income tax (S corporations use line 4 only; composite S corporations use line 4 plus line 8; composite partnerships use line 8 only)	9	480,325.00
10	Overpayments from prior year	10	.00
11	Estimated tax payments and payment with extension	11	440,000.00
12	Total payments (line 10 plus line 11)	12	440,000.00
13	Net total franchise and/or income tax (line 9 minus line 12)	13	40,325.00
14	Interest and penalty on underestimated income tax payments (composite S corporations and composite partnerships only; from Form 83-305, line 17)	14	.00
15	Late payment interest	15	.00
16	Late payment penalty	16	.00

841051582000

FEIN 006900003

Mississippi
Pass-Through Entity Tax Return
2015

17	Late filing penalty **(minimum income tax penalty $100)**	17	.00
18	**Total balance due** (if line 9 is larger than line 12, add line 13 through line 17)	18	40,325.00
19	**Total overpayment** (if line 12 is larger than line 9, subtract line 9 from line 12)	19	.00
20	**Overpayment credited to next year** (from line 19)	20	.00
21	**Overpayment to be refunded** (line 19 minus line 20)	21	.00

See instructions for electronic payment options or attach payment voucher, Form 84-300, with check or money order for balance due.

PART I: ENTITY INFORMATION

1 If final return, enter reason and date effective: _____ Date _____

If the entity has been sold or merged or incorporated, complete the following: Name, address and FEIN of the new existing corporation:

_____ FEIN _____

2 If amended return, check reason. ☐ Mississippi Correction ☐ Federal Correction ☐ Other _____

3 If a partnership or LLC, has a federal election been made to file as a corporation? ☐ Yes ☒ No

4 Check if the company has been audited by the IRS. ☐ If the company has been audited, what year(s) are involved? _____

5 Principal business activity in Mississippi _____ 5a County location in Mississippi _____

6 Principal product or service in Mississippi _____

7 Contact person for this return _____ 7a 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

Form 84-105-15-8-3-000 (Rev. 05/15)

841051583000

Mississippi
Pass-Through Entity Schedule
2015

FEIN 006900003

PART III **Q-SUB/DISREGARDED ENTITY SCHEDULE**

List all qualified subchapter S subsidiaries (Q-Sub) and/or disregarded entities. Attach additional schedule(s), Form 84-105, page 4, if needed.

ENTITY NAME	FEIN	ADDRESS	MISSISSIPPI OPERATIONS (Y/N)

PART IV **ENTITY OFFICER INFORMATION**

List the owners, officers, directors, or partners who have a responsibility in the fiscal management of the organization.

OFFICER NAME AND TITLE	SSN	ADDRESS	OWNERSHIP PERCENTAGE
Tony Carlton President	000000021	15 Colony Heights Drive San Francisco CA 94104	0
Taxpayer B2 Vice President	009900001	888 NW Peach Street San Francisco CA 94101	1.0000

☐ **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

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

Form 84-105-15-8-4-000 (Rev. 05/15)

841051584000

Mississippi
Supplemental Pass-Through Entity Schedule
2015

FEIN 006900003

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-SUB/DISREGARDED ENTITY SCHEDULE

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

ENTITY NAME	FEIN	ADDRESS	MISSISSIPPI OPERATIONS (Y/N)

Form 84-122-15-8-1-000 (Rev. 05/15)

841221581000

FEIN 006900003

Mississippi
Net Taxable Income Schedule
2015

FEDERAL TAXABLE INCOME		(ROUND TO THE NEAREST DOLLAR)
1 Ordinary business income (loss) (from federal Form 1120S, page 1, line 21 or federal Form 1065, page 1, line 22. If multistate direct accounting, enter zero and skip to line 25)	1	406,490,888 .00
2 Total federal Schedule K income (pass-through items not included in line 1 above from federal Form 1120S, page 3, Schedule K, line 2 through line 10 or from federal Form 1065, page 4, Schedule K, line 2 through line 11)	2	598,425 .00
3 Total federal Schedule K deductions (pass-through items not included in line 1 above from federal Form 1120S, page 3, Schedule K, line 11 through line 12d or from federal Form 1065, page 4, Schedule K, line 12 through line 13d)	3	43,332 .00
4 **Total federal business income (loss)** (line 1 plus line 2 minus line 3)	4	407,045,981 .00

STATE ADDITIONS TO FEDERAL TAXABLE INCOME		
5 State, local or foreign government taxes based on income	5	.00
6 Interest on obligations of other states or political subdivisions (net of expenses)	6	.00
7 Depletion expense in excess of cost	7	.00
8 Federal special depreciation allowance	8	.00
9 Other additions required by law (attach schedule)	9	5,000,000 .00
10 **Total additions** (add line 5 through line 9)	10	5,000,000 .00

STATE DEDUCTIONS FROM FEDERAL TAXABLE INCOME		
11 Interest on obligations of the United States (net of expenses)	11	.00
12 Wages reduced on federal return for federal employment tax credits	12	.00
13 Income (loss) from partnership, S corporation or trust	13	.00
14 Income (loss) from construction contracting or production of natural mineral resource products (net of expenses)	14	.00
15 Additional depreciation due to a difference in the depreciable base for federal and state purposes (attach schedule)	15	.00
16 Other deductions (attach schedule)	16	2,500,000 .00
17 **Total deductions** (add line 11 through line 16)	17	2,500,000 .00

APPORTIONMENT / ALLOCATION		
If 100% Mississippi, complete line 18 then skip to page 2, line 22		
18 **Adjusted federal income (loss)** (line 4 plus line 10 minus line 17)	18	409,545,981 .00
19 Adjustment for nonbusiness income (loss) net of expenses (from Form 84-150, column E, line 2)	19	.00
20 Apportionable business income (loss) (line 18 minus line 19)	20	409,545,981 .00

841221582000

Mississippi
Net Taxable Income Schedule
2015

FEIN 006900003

APPORTIONMENT / ALLOCATION

21 Apportionment ratio (enter ratio and check box as shown on Form 84-125, Part II) — 21 — 2.3137 %

☐ Sales (retail) ☒ Manufacturers (retail) ☐ Manufacturers (wholesale), Financial institutions, Pipelines, (for pharmaceutical suppliers, see instructions) ☐ Special Formula

22 Mississippi apportioned income(loss)(if 100% Mississippi, enter line 18, otherwise, multiply line 20 by line 21)	22	9,475,665.00
23 Nonbusiness income (loss) allocated to Mississippi (from Form 84-150, column F, line 2)	23	.00
24 Mississippi income (loss) from partnership, S corporation or trust (attach Mississippi K-1's, Form 84-132)	24	.00
25 Mississippi income (loss) from construction contracting or production of natural mineral resource products (from Form 84-124, page 2, line 31 or page 3, line 46)	25	.00
26 Other adjustments required by law (attach schedule)	26	138,825.00
27 Income exemption (attach schedule; if not applicable, enter zero)	27	.00
28 Total income (loss) apportioned and directly allocated to Mississippi (add line 22 through line 27)	28	9,614,490.00

MISSISSIPPI COMPOSITE TAXABLE INCOME

If filing composite, complete lines 29 through 32

29 Mississippi composite net income (loss) (from Form 84-131) line 4a	29	9,614,490.00
30 Composite return filing adjustment (attach schedule)	30	5,000.00
31 Less Mississippi composite net operating loss deduction (from Form 84-155, line 2)	31	0.00
32 **Mississippi composite net taxable income (loss)** (line 29 minus line 30 and line 31; enter on Form 84-105, line 5. If negative, enter zero on Form 84-105, line 5)	32	9,609,490.00

Form 84-125-15-8-1-000 (Rev. 05/15)

Mississippi
Business Income Apportionment Schedule
2015

FEIN 006900003

PART I: COMPUTATION OF APPORTIONMENT FACTORS (ROUND TO FOUR DECIMAL PLACES)

	A Total Mississippi	B Total Everywhere	C Mississippi Ratio
1 Property factor			
a Beginning of taxable year	48,652	1,621,740	
b End of taxable year	58,903	1,682,950	
c Total (line 1a plus line 1b)	107,555	3,304,690	
d Average net book value of assets (divide line 1c by two)	53,778	1,652,345	
e Rental property (enter annual rental property multiplied by eight)	0	0	
f Total (line 1d plus line 1e)	53,778	1,652,345	
g Mississippi property factor (line 1f, column A divided by line 1f, column B)			3.2546 %
2 Payroll factor (line 2, column A divided by line 2, column B)	0	1,179,658	0 %
3 Sales factor (line 3, column A divided by line 3, column B)	150,000	5,000,000	3.0000 %

PART II: APPLICATION OF APPORTIONMENT FACTORS (CHECK ONE)

☐ Retailing, renting, servicing, merchandising or wholesaling

4 Sales factor (from part I, line 3, column C) (enter ratio on Form 84-122, line 21) ____ %

☒ Manufacturers that sell principally at retail

5a	Property factor (from part I, line 1g, column C)	3.2546 %
5b	Payroll factor (from part I, line 2, column C)	0 %
5c	Subtotal (line 5a plus line 5b)	3.2546 %
5d	Average (divide line 5c by two)	1.6273 %
5e	Sales factor (from part I, line 3, column C)	3.0000 %
5f	Total (line 5d plus Line 5e)	4.6273 %

5g Weighted average (divide line 5f by two) (enter ratio on Form 84-122, line 21) 2.3137 %

☐ Financial institutions, pipelines or manufacturers that sell principally at wholesale (for major medical or pharmaceutical suppliers, see instructions Form 84-100)

6a	Property factor (from part I, line 1g, column C)	____ %
6b	Payroll factor (from part I, line 2, column C)	____ %
6c	Sales factor (from part I, line 3, column C)	____ %
6d	Total (add lines 6a, 6b and 6c)	____ %

6e Average (divide line 6d by three) (enter ratio on Form 84-122, line 21) ____ %

☐ Airlines, motor carriers, express companies, telephone and telegraph companies

7 Special formula required (attach schedule and enter ratio on Form 84-122, line 21) ____ %

Form 84-131-15-8-1-000 (Rev. 05/15)

841311581000

Mississippi
Schedule K
2015

FEIN 006900003

☒ Partnership / LLC / LLP (Federal 1065) ☐ S Corporation (Federal 1120-S)

COLUMN A OWNER / PARTNER NAME ID TYPE	COLUMN B OWNERSHIP % (ENTER 25% AS 25.0000) STATE OF RESIDENCE (CHECK BOX IF COMPOSITE)	COLUMN C A MISSISSIPPI TAXABLE INCOME (LOSS) B CREDIT CODE C CREDIT AMOUNT	COLUMN D NON-MISSISSIPPI TAXABLE INCOME (LOSS)
1 NAME Taxpayer B1 FEIN ☐ SSN ☒ 006900002	89.0000 STATE CA ☒ COMPOSITE	a 8,556,896 b c b c b c b c	355,939,027
NAME Taxpayer B2 FEIN ☐ SSN ☒ 009900001	1.0000 STATE CA ☒ COMPOSITE	a 96,145 b c b c b c b c	3,999,315
NAME Taxpayer B3 FEIN ☐ SSN ☒ 006930001	10.0000 STATE CA ☒ COMPOSITE	a 961,449 b c b c b c b c	39,993,149
NAME FEIN ☐ SSN ☐	STATE ☐ COMPOSITE	a b c b c b c b c	
NAME FEIN ☐ SSN ☐	STATE ☐ COMPOSITE	a b c b c b c b c	

2 Total column B, column C and column D (from above)	100.0000	2a	9,614,490	2	399,931,491
		2c	0		
3 Totals from additional pages (total of column B, column C and column D from Form 84-131, page 2)	0	3a	0	3	0
		3c	0		
4 Total taxable income(loss) and total tax credits (total of column C, line 2 plus line 3. Composite filers enter total composite income from column C, line 4a on Form 84-122, page 2, line 29 and line 4c on Form 84-401, line 3	0	4a	9,614,490	4	399,931,491
		4c	0		
5 Total taxable income (loss) (column C, line 4a plus column D, line 4)				5	409,545,981

Form 84-132-15-8-1-000 (Rev. 05/15)

Mississippi
Schedule K-1
2015

☐ S Corporation ☒ Partnership ☐ Final K-1 ☐ Amended K-1 ☒ Composite

PART I: INFORMATION ABOUT THE ENTITY

A Entity FEIN 0 0 6 9 0 0 0 0 3

B Entity's name, address, city, state and zip code
Carlton Manufacturing LLC
1678 South Hoover Blvd
San Fancisco CA 94101

C ☐ If partnership box was checked above, is the partnership a publicly traded partnership (PTP)?

PART II: INFORMATION ABOUT THE OWNER / PARTNER

D Owner / partner's SSN or FEIN
0 0 6 9 0 0 0 0 2

E Owner / partner's name, address, city, state and zip code
Taxpayer B1
93 Oaks Dr
Los Angeles CA 90052

F ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member

G What type of entity is the partner? Partnership

H ☐ Check box if 5% of the net gain / profit was withheld. Enter amount of withholding remitted for partner $

I Partner's share of profit, loss and capital:

	Beginning	Ending
Profit	89.0000 %	89.0000 %
Loss	89.0000 %	89.0000 %
Capital	89.0000 %	89.0000 %

J Partner's share of liablities at year end:

Nonrecourse . . . . . $	4,806,000
Qualified nonrecourse financing $	
Recourse . . . . . $	

K Partner's Mississippi capital account analysis:

Beginning capital account . . $	3,483,574
Capital contributed during the year $	
Current year increase (decrease) $	362,207,091
Withdrawals and distributions $	(636,300,436)
Ending capital account . . .	2,390,229

☐ Tax Basis ☐ GAAP ☒ Other

L Did the partner contribute property with a bulit-in gain or loss?
☐ Yes ☒ No
If "Yes", attach statement.

M Shareholder's percentage of stock ownership for tax year %

N Mississippi apportionment ratio for tax year %

PART III: PARTNER'S SHARE OF CURRENT YEAR INCOME, DEDUCTIONS, CREDITS, AND OTHER ITEMS

1	Ordinary business income (loss) 8,370,432	15	Self-employment earnings (loss)
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Credits
4	Guaranteed payments		
5	Interest income 752	17	Foreign transactions 434,317
6a	Ordinary dividends		
6b	Qualified dividends		
7	Royalties	18	Alternative minimum tax (AMT) items
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	19	Items affecting shareholder basis
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain	20	Tax-Exempt income and nondeductible expenses
10	Net section 1231 gain (loss)		23
11	Other income (loss) 102,960		
12	Charitable contributions 892	21	Distributions 8,405,682
13	Section 179 deduction		
14	Other deductions 51,480	22	Other information 752

PART IV: MISSISSIPPI TAX CREDITS
(Enter credit code and name from Form 84-401)

Code	Credit	Amount

Form 84-132-15-8-1-000 (Rev. 05/15)

Mississippi
Schedule K-1
2015

☐ S Corporation ☒ Partnership ☐ Final K-1 ☐ Amended K-1 ☒ Composite

PART I: INFORMATION ABOUT THE ENTITY

A Entity FEIN 0 0 6 9 0 0 0 0 3

B Entity's name, address, city, state and zip code
Carlton Manufacturing LLC
1678 South Hoover Blvd
San Fancisco CA 94101

C ☐ If partnership box was checked above, is the partnership a publicly traded partnership (PTP)?

PART II: INFORMATION ABOUT THE OWNER / PARTNER

D Owner / partner's SSN or FEIN
0 0 9 9 0 0 0 0 1

E Owner / partner's name, address, city, state and zip code
Taxpayer B2
888 NW Peach St
San Francisco CA 94101

F ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member

G What type of entity is the partner? Individual

H ☐ Check box if 5% of the net gain / profit was withheld. Enter amount of withholding remitted for partner $

I Partner's share of profit, loss and capital:

	Beginning	Ending
Profit	1.0000 %	1.0000 %
Loss	1.0000 %	1.0000 %
Capital	1.0000 %	1.0000 %

J Partner's share of liablities at year end:

Nonrecourse	$ 4,806,000
Qualified nonrecourse financing	$
Recourse	$

K Partner's Mississippi capital account analysis:

Beginning capital account	$ 5,400
Capital contributed during the year	$ 39,141
Current year increase (decrease)	$ 4,069,743
Withdrawals and distributions	$ (4,069,743)
Ending capital account	26,141

☐ Tax Basis ☐ GAAP ☒ Other

L Did the partner contribute property with a bulit-in gain or loss?
☐ Yes ☒ No
If "Yes", attach statement.

M Shareholder's percentage of stock ownership for tax year %

N Mississippi apportionment ratio for tax year %

PART III: PARTNER'S SHARE OF CURRENT YEAR INCOME, DEDUCTIONS, CREDITS, AND OTHER ITEMS

1	Ordinary business income (loss) 94,050	15	Self-employment earnings (loss)
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Credits
4	Guaranteed payments		
5	Interest income 5	17	Foreign transactions 4,878
6a	Ordinary dividends		
6b	Qualified dividends		
7	Royalties	18	Alternative minimum tax (AMT) items
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	19	Items affecting shareholder basis
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain	20	Tax-Exempt income and nondeductible expenses
10	Net section 1231 gain (loss)		
11	Other income (loss) 1,157		
12	Charitable contributions 10	21	Distributions 94,446
13	Section 179 deduction		
14	Other deductions 578	22	Other information 8

PART IV: MISSISSIPPI TAX CREDITS
(Enter credit code and name from Form 84-401)

Code	Credit	Amount

Form 84-132-15-8-1-000 (Rev. 05/15)

Mississippi
Schedule K-1
2015

☐ S Corporation ☒ Partnership ☐ Final K-1 ☒ Amended K-1 ☐ Composite

PART I: INFORMATION ABOUT THE ENTITY

A Entity FEIN 0 0 6 9 0 0 0 0 3

B Entity's name, address, city, state and zip code

Carlton Manufacturing LLC

1678 South Hoover Blvd

San Fancisco CA 94101

C ☐ If partnership box was checked above, is the partnership a publicly traded partnership (PTP)?

PART II: INFORMATION ABOUT THE OWNER / PARTNER

D Owner / partner's SSN or FEIN 0 0 6 9 3 0 0 0 1

E Owner / partner's name, address, city, state and zip code

Taxpayer B3

7272 W Truman Ave

Sacramento CA 95813

F ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member

G What type of entity is the partner? Partnership

H ☐ Check box if 5% of the net gain / profit was withheld. Enter amount of withholding remitted for partner $

I Partner's share of profit, loss and capital:

	Beginning	Ending
Profit	10.0000 %	10.0000 %
Loss	10.0000 %	10.0000 %
Capital	10.0000 %	10.0000 %

J Partner's share of liablities at year end:

Nonrecourse	$ 54,000
Qualified nonrecourse financing	$
Recourse	$

K Partner's Mississippi capital account analysis:

Beginning capital account	$ 391,413
Capital contributed during the year	$
Current year increase (decrease)	$ 40,697,426
Withdrawals and distributions	$ (40,820,274)
Ending capital account	268,565

☐ Tax Basis ☐ GAAP ☒ Other

L Did the partner contribute property with a bulit-in gain or loss?

☐ Yes ☒ No

If "Yes", attach statement.

M Shareholder's percentage of stock ownership for tax year %

N Mississippi apportionment ratio for tax year %

PART III: PARTNER'S SHARE OF CURRENT YEAR INCOME, DEDUCTIONS, CREDITS, AND OTHER ITEMS

1	Ordinary business income (loss) 1,079,320	15	Self-employment earnings (loss) 82,421,978
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Credits
4	Guaranteed payments 13,001		
5	Interest income 85	17	Foreign transactions 48,799
6a	Ordinary dividends		
6b	Qualified dividends		
7	Royalties	18	Alternative minimum tax (AMT) items
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	19	Items affecting shareholder basis
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain	20	Tax-Exempt income and nondeductible expenses
10	Net section 1231 gain (loss)		3
11	Other income (loss) 11,569		
12	Charitable contributions 100	21	Distributions
13	Section 179 deduction		944,459
14	Other deductions 5,784	22	Other information 85

PART IV: MISSISSIPPI TAX CREDITS
(Enter credit code and name from Form 84-401)

Code	Credit	Amount

Test Scenario 6

Name: Tree Fixr Upper, Inc.
FEIN: 001100009

2015
Pass-Through Entity - Composite S Corporation

RETURN INFORMATION

Tax Beginning: Calendar Year 2015

Filing Status: Multistate Apportioning
Return Type: Composite Return

State Payment: ACH Debit
Account #: 312222
Routing #: 040500600
Payment Effective Date: 4/25/2016

REQUIRED FORMS	Form Name	Binary Attachments
84-105	Pass-Through Entity Tax Return	None
84-110	S-Corporation Franchise Tax Schedule	None
84-122	Net Taxable Income Schedule	None
84-125	Business Income Apportionment Schedule	None
84-131	Mississippi Schedule K	None
84-132	Mississippi Schedule K-1	None

Form 84-105-15-8-1-000 (Rev. 05/15)

841051581000

Mississippi
Pass-Through Entity Tax Return
2015

Tax Year Beginning 01012015 Tax Year Ending 10302015

FEIN 001100009 Mississippi Secretary of State ID 005892 NAICS Code 541320

Legal Name and DBA: Tree Fixr Upper Inc

Address: 39 Any Street

City: Anytown State: OK Zip +4: 74002

County Code 83 Total Number of Mississippi K-1's 1

If issuing 100 or more K-1's, this return must be filed electronically. See www.dor.ms.gov for information.

☐ **Partnership / LLC / LLP (Federal 1065)** ☒ **S Corporation (Federal 1120-S)**

CHECK ALL THAT APPLY	CHECK ONE
☒ Composite Return	☐ 100% Mississippi
☐ Amended Return	☒ Multistate Apportioning
☒ Final Return	☐ Multistate Direct Accounting
☐ Non Profit	

S CORPORATION FRANCHISE TAX **(ROUND TO THE NEAREST DOLLAR)**

1	Taxable capital (from Form 84-110, line 18)	1	.00
2	Franchise tax **(minimum tax $25)** ☐ Fee-In-Lieu	2	25.00
3	Franchise tax credit (from Form 84-401, line 1)	3	.00
4	Net franchise tax due (line 2 minus line 3)	4	25.00

COMPOSITE INCOME TAX

5	Mississippi net taxable income (from Form 84-122, line 32)	5	0.00
6	Income tax	6	0.00
7	Income tax credits (from Form 84-401, line 3)	7	.00
8	Net income tax due (line 6 minus line 7)	8	0.00

PAYMENTS AND TAX DUE

9	Total franchise and/or income tax (S corporations use line 4 only; composite S corporations use line 4 plus line 8; composite partnerships use line 8 only)	9	25.00
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	0.00
13	Net total franchise and/or income tax (line 9 minus line 12)	13	25.00
14	Interest and penalty on underestimated income tax payments (composite S corporations and composite partnerships only; from Form 83-305, line 17)	14	.00
15	Late payment interest	15	.00
16	Late payment penalty	16	.00

Form 84-105-15-8-2-000 (Rev. 05/15)

841051582000

Mississippi
Pass-Through Entity Tax Return
2015

FEIN 001100009

17	Late filing penalty **(minimum income tax penalty $100)**	17	.00
18	**Total balance due** (if line 9 is larger than line 12, add line 13 through line 17)	18	25.00
19	**Total overpayment** (if line 12 is larger than line 9, subtract line 9 from line 12)	19	.00
20	**Overpayment credited to next year** (from line 19)	20	.00
21	**Overpayment to be refunded** (line 19 minus line 20)	21	.00

See instructions for electronic payment options or attach payment voucher, Form 84-300, with check or money order for balance due.

PART I: ENTITY INFORMATION

1 If final return, enter reason and date effective: Desolved Date 10302014

If the entity has been sold or merged or incorporated, complete the following: Name, address and FEIN of the new existing corporation:
Tree Works 40 Any Street Anytown OK 74002 FEIN 001100900

2 If amended return, check reason. ☐ Mississippi Correction ☐ Federal Correction ☐ Other

3 If a partnership or LLC, has a federal election been made to file as a corporation? ☐ Yes ☐ No

4 Check if the company has been audited by the IRS. ☐ If the company has been audited, what year(s) are involved?

5 Principal business activity in Mississippi Architectural 5a County location in Mississippi Harrison

6 Principal product or service in Mississippi Landscape Architecture Service

7 Contact person for this return John Landscape 7a Location and Phone number MS 601-923-7055

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

Form 84-105-15-8-3-000 (Rev. 05/15)

841051583000

Mississippi
Pass-Through Entity Schedule
2015

FEIN 001100009

PART III **Q-SUB/DISREGARDED ENTITY SCHEDULE**

List all qualified subchapter S subsidiaries (Q-Sub) and/or disregarded entities. Attach additional schedule(s), Form 84-105, page 4, if needed.

ENTITY NAME	FEIN	ADDRESS	MISSISSIPPI OPERATIONS (Y/N)

PART IV **ENTITY OFFICER INFORMATION**

List the owners, officers, directors, or partners who have a responsibility in the fiscal management of the organization.

OFFICER NAME AND TITLE	SSN	ADDRESS	OWNERSHIP PERCENTAGE
Rose B Trim President	999060014	61 Woodland Hills Drive Anytown OK 74002	100.0000
Talbert Oaks Vice President	000000011	105 Storybook Lane Anytown OK 74002	0

☐ **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

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

Form 84-105-15-8-4-000 (Rev. 05/15)

841051584000

Mississippi
Supplemental Pass-Through Entity Schedule
2015

FEIN 001100009

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-SUB/DISREGARDED ENTITY SCHEDULE

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

ENTITY NAME	FEIN	ADDRESS	MISSISSIPPI OPERATIONS (Y/N)

Form 84-110-15-8-1-000 (Rev. 05/15)

841101581000

Mississippi
S-Corporation Franchise Tax Schedule
2015

FEIN 0011000009

CAPITAL BASE		(ROUND TO THE NEAREST DOLLAR)
1 Capital stock	1	.00
2 Paid in capital	2	.00
3 Surplus and retained earnings	3	.00
4 Loans from shareholders or affiliates	4	.00
5 Deferred taxes, contingent liabilities, all true reserves and other elements (attach schedule)	5	.00
6 Less treasury stock	6	.00
7 Holding company exclusion (attach schedule)	7	.00
8 Total capital base (add line 1 through line 7)	8	0.00

APPORTIONMENT RATIO		A MISSISSIPPI		B EVERYWHERE
9 Real & tangible personal property owned at year end (net book value)	9A	0.00	9B	27,969,900.00
10 Gross receipts	10A	0.00	10B	1,900,670,400.00
11 Total (line 9 plus line 10)	11A	0.00	11B	1,928,640,300.00
12 Mississippi ratio (line 11A divided by line 11B)			12	0 %
13 Taxable capital apportioned to Mississippi (line 8 multiplied by line 12. If 100% Mississippi enter amount from line 8)			13	0.00

ASSESSED VALUE OF MISSISSIPPI PROPERTY

Mississippi County	Mississippi Assessed Value of Real Property	Mississippi Assessed Value of Personal Property

TAXABLE CAPITAL		
14 Total assessed value of Mississippi property (attach additional schedule if needed)	14	0.00
15 Taxable capital (enter the larger of line 13 or line 14)	15	0.00
16 Prorate (except for initial return; if period is less than twelve months, multiply line 15 by the number of months covered by the return and divide by twelve)	16	.00
17 Capital exemption (attach schedule)	17	.00
18 Final taxable capital (line 15 or line 16 minus line 17; round amount up to the next highest $1000. Enter amount on Form 84-105 line 1. If negative, enter zero on Form 84-105 line 1)	18	0.00

Form 84-122-15-8-1-000 (Rev. 05/15)

841221581000

FEIN 001100009

Mississippi
Net Taxable Income Schedule
2015

FEDERAL TAXABLE INCOME		(ROUND TO THE NEAREST DOLLAR)
1 Ordinary business income (loss) (from federal Form 1120S, page 1, line 21 or federal Form 1065, page 1, line 22. If multistate direct accounting, enter zero and skip to line 25)	1	(17,490,947).00
2 Total federal Schedule K income (pass-through items not included in line 1 above from federal Form 1120S, page 3, Schedule K, line 2 through line 10 or from federal Form 1065, page 4, Schedule K, line 2 through line 11)	2	4,980,000.00
3 Total federal Schedule K deductions (pass-through items not included in line 1 above from federal Form 1120S, page 3, Schedule K, line 11 through line 12d or from federal Form 1065, page 4, Schedule K, line 12 through line 13d)	3	820,550.00
4 **Total federal business income (loss)** (line 1 plus line 2 minus line 3)	4	(13,331,497).00

STATE ADDITIONS TO FEDERAL TAXABLE INCOME		
5 State, local or foreign government taxes based on income	5	.00
6 Interest on obligations of other states or political subdivisions (net of expenses)	6	.00
7 Depletion expense in excess of cost	7	.00
8 Federal special depreciation allowance	8	.00
9 Other additions required by law (attach schedule)	9	.00
10 **Total additions** (add line 5 through line 9)	10	0.00

STATE DEDUCTIONS FROM FEDERAL TAXABLE INCOME		
11 Interest on obligations of the United States (net of expenses)	11	.00
12 Wages reduced on federal return for federal employment tax credits	12	.00
13 Income (loss) from partnership, S corporation or trust	13	.00
14 Income (loss) from construction contracting or production of natural mineral resource products (net of expenses)	14	.00
15 Additional depreciation due to a difference in the depreciable base for federal and state purposes (attach schedule)	15	.00
16 Other deductions (attach schedule)	16	.00
17 **Total deductions** (add line 11 through line 16)	17	0.00

APPORTIONMENT / ALLOCATION		
If 100% Mississippi, complete line 18 then skip to page 2, line 22		
18 **Adjusted federal income (loss)** (line 4 plus line 10 minus line 17)	18	(13,331,497).00
19 Adjustment for nonbusiness income (loss) net of expenses (from Form 84-150, column E, line 2)	19	.00
20 Apportionable business income (loss) (line 18 minus line 19)	20	(13,331,497).00

841221582000

Mississippi
Net Taxable Income Schedule
2015

FEIN 001100009

APPORTIONMENT / ALLOCATION

21 Apportionment ratio (enter ratio and check box as shown on Form 84-125, Part II) — 21 — 1.0523 %

- [x] Sales (retail)
- [ ] Manufacturers (retail)
- [ ] Manufacturers (wholesale), Financial institutions, Pipelines, (for pharmaceutical suppliers, see instructions)
- [ ] Special Formula

22	Mississippi apportioned income(loss)(if 100% Mississippi, enter line 18, otherwise, multiply line 20 by line 21)	22	(140,287).00
23	Nonbusiness income (loss) allocated to Mississippi (from Form 84-150, column F, line 2)	23	.00
24	Mississippi income (loss) from partnership, S corporation or trust (attach Mississippi K-1's, Form 84-132)	24	.00
25	Mississippi income (loss) from construction contracting or production of natural mineral resource products (from Form 84-124, page 2, line 31 or page 3, line 46)	25	.00
26	Other adjustments required by law (attach schedule)	26	.00
27	Income exemption (attach schedule; if not applicable, enter zero)	27	.00
28	Total income (loss) apportioned and directly allocated to Mississippi (add line 22 through line 27)	28	(140,287).00

MISSISSIPPI COMPOSITE TAXABLE INCOME

If filing composite, complete lines 29 through 32

29	Mississippi composite net income (loss) (from Form 84-131) line 4a	29	(140,287).00
30	Composite return filing adjustment (attach schedule)	30	.00
31	Less Mississippi composite net operating loss deduction (from Form 84-155, line 2)	31	0.00
32	**Mississippi composite net taxable income (loss)** (line 29 minus line 30 and line 31; enter on Form 84-105, line 5. If negative, enter zero on Form 84-105, line 5)	32	(140,287).00

Form 84-125-15-8-1-000 (Rev. 05/15)

Mississippi
Business Income Apportionment Schedule
2015

FEIN 001100009

PART I: COMPUTATION OF APPORTIONMENT FACTORS (ROUND TO FOUR DECIMAL PLACES)

	A Total Mississippi	B Total Everywhere	C Mississippi Ratio
1 Property factor			
a Beginning of taxable year	1,000,000	40,270,500	
b End of taxable year	1,000,000	40,270,500	
c Total (line 1a plus line 1b)	2,000,000	80,541,000	
d Average net book value of assets (divide line 1c by two)	1,000,000	40,270,500	
e Rental property (enter annual rental property multiplied by eight)	250,000	6,372,055	
f Total (line 1d plus line 1e)	1,250,000	46,642,555	
g Mississippi property factor (line 1f, column A divided by line 1f, column B)			2.6800 %
2 Payroll factor (line 2, column A divided by line 2, column B)	250,000	6,372,055	3.9234 %
3 Sales factor (line 3, column A divided by line 3, column B)	20,000,000	1,900,670,400	1.0523 %

PART II: APPLICATION OF APPORTIONMENT FACTORS (CHECK ONE)

☒ Retailing, renting, servicing, merchandising or wholesaling

4 Sales factor (from part I, line 3, column C) (enter ratio on Form 84-122, line 21) 1.0523 %

☐ Manufacturers that sell principally at retail

5a Property factor (from part I, line 1g, column C) %
5b Payroll factor (from part I, line 2, column C) %
5c Subtotal (line 5a plus line 5b) %
5d Average (divide line 5c by two) %
5e Sales factor (from part I, line 3, column C) %
5f Total (line 5d plus Line 5e) %

5g Weighted average (divide line 5f by two) (enter ratio on Form 84-122, line 21) %

☐ Financial institutions, pipelines or manufacturers that sell principally at wholesale (for major medical or pharmaceutical suppliers, see instructions Form 84-100)

6a Property factor (from part I, line 1g, column C) %
6b Payroll factor (from part I, line 2, column C) %
6c Sales factor (from part I, line 3, column C) %
6d Total (add lines 6a, 6b and 6c) %

6e Average (divide line 6d by three) (enter ratio on Form 84-122, line 21) %

☐ Airlines, motor carriers, express companies, telephone and telegraph companies

7 Special formula required (attach schedule and enter ratio on Form 84-122, line 21) %

Form 84-131-15-8-1-000 (Rev. 05/15)

841311581000

Mississippi
Schedule K
2015

FEIN 001100009

☐ Partnership / LLC / LLP (Federal 1065) ☒ S Corporation (Federal 1120-S)

COLUMN A OWNER / PARTNER NAME ID TYPE	COLUMN B OWNERSHIP % (ENTER 25% AS 25.0000) STATE OF RESIDENCE (CHECK BOX IF COMPOSITE)	COLUMN C A MISSISSIPPI TAXABLE INCOME (LOSS) B CREDIT CODE C CREDIT AMOUNT	COLUMN D NON-MISSISSIPPI TAXABLE INCOME (LOSS)
1 NAME Rose B Trim FEIN ☐ SSN ☒ 999060014	100.0000 STATE PA ☒ COMPOSITE	a (140,287) b c b c b c b c	(13,191,210)
NAME FEIN ☐ SSN ☐	STATE ☐ COMPOSITE	a b c b c b c b c	
NAME FEIN ☐ SSN ☐	STATE ☐ COMPOSITE	a b c b c b c b c	
NAME FEIN ☐ SSN ☐	STATE ☐ COMPOSITE	a b c b c b c b c	
NAME FEIN ☐ SSN ☐	STATE ☐ COMPOSITE	a b c b c b c b c	

2 Total column B, column C and column D (from above)	100.0000	2a	(140,287)	2	(13,191,210)
		2c	0		
3 Totals from additional pages (total of column B, column C and column D from Form 84-131, page 2)	0	3a	0	3	0
		3c	0		
4 Total taxable income(loss) and total tax credits (total of column C, line 2 plus line 3. Composite filers enter total composite income from column C, line 4a on Form 84-122, page 2, line 29 and line 4c on Form 84-401, line 3	0	4a	(140,287)	4	(13,191,210)
		4c	0		
5 Total taxable income (loss) (column C, line 4a plus column D, line 4)				5	(13,331,497)

Form 84-132-15-8-1-000 (Rev. 05/15)

Mississippi
Schedule K-1
2015

☒ S Corporation ☐ Partnership ☐ Final K-1 ☐ Amended K-1 ☒ Composite

PART I: INFORMATION ABOUT THE ENTITY

A Entity FEIN 0 0 1 1 0 0 0 0 9

B Entity's name, address, city, state and zip code

Tree Fixr Upper Inc
39 Anytown Street
Anytown OK 74002

C ☐ If partnership box was checked above, is the partnership a publicly traded partnership (PTP)?

PART II: INFORMATION ABOUT THE OWNER / PARTNER

D Owner / partner's SSN or FEIN
9 9 9 0 6 0 0 1 4

E Owner / partner's name, address, city, state and zip code

Rose B Trim
57 Any Street
Anytown PA 17201

F ☐ General partner or LLC member-manager ☐ Limited partner or other LLC member

G What type of entity is the partner?

H ☐ Check box if 5% of the net gain / profit was withheld. Enter amount of withholding remitted for partner $

I Partner's share of profit, loss and capital:

	Beginning	Ending
Profit	%	%
Loss	%	%
Capital	%	%

J Partner's share of liablities at year end:

Nonrecourse . . . . . $
Qualified nonrecourse financing $
Recourse . . . . . $

K Partner's Mississippi capital account analysis:

Beginning capital account . . $
Capital contributed during the year $
Current year increase (decrease) $
Withdrawals and distributions $ ( )
Ending capital account . . .

☐ Tax Basis ☐ GAAP ☐ Other

L Did the partner contribute property with a bulit-in gain or loss?
☐ Yes ☐ No
If "Yes", attach statement.

M Shareholder's percentage of stock ownership for tax year 100.0000 %

N Mississippi apportionment ratio for tax year 1.0523 %

PART III: PARTNER'S SHARE OF CURRENT YEAR INCOME, DEDUCTIONS, CREDITS, AND OTHER ITEMS

1	Ordinary business income (loss) (184,057)	15	Self-employment earnings (loss)
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Credits 4,878
4	Guaranteed payments		
5	Interest income 26,308	17	Foreign transactions
6a	Ordinary dividends 26,097		
6b	Qualified dividends		
7	Royalties	18	Alternative minimum tax (AMT) items
8	Net short-term capital gain (loss)		158
9a	Net long-term capital gain (loss)	19	Items affecting shareholder basis
9b	Collectibles (28%) gain (loss)		5,171
9c	Unrecaptured section 1250 gain	20	Tax-Exempt income and nondeductible expenses
10	Net section 1231 gain (loss)		
11	Other income (loss)		
12	Charitable contributions	21	Distributions
13	Section 179 deduction		
14	Other deductions 8,635	22	Other information 52,405

PART IV: MISSISSIPPI TAX CREDITS
(Enter credit code and name from Form 84-401)

Code	Credit	Amount

Test Scenario 7

Name: Taxing Corporation
FEIN: 001100014

2015
SCorporation

RETURN INFORMATION

Tax Beginning: Calendar Year 2015 **Return Type:** Extension Payment **State Payment:** ACH Credit
Payment Amount: $50,000
Payment Effective Date: 3/15/2016

REQUIRED FORMS	Form Name	Binary Attachments
83-180	Application for Automatic Six-Month Extension	None

Form 83-180-15-8-1-000 (Rev. 05/15)

831801581000

Mississippi
Application for Automatic Six Month Extension
2015

Tax Year Beginning 01012015

Tax Year Ending 12312015

FEIN 000110014

Mississippi Secretary of State ID 705001

Legal Name and DBA
Taxing Corporation

Address
2525 Anyway Street

Our Town (City) TX (State) 63100 0000 (Zip+4)

CHECK ALL THAT APPLY

- [ ] C Corporation
- [x] S Corporation
- [ ] Partnership / LLC / LLP
- [x] Initial Return
- [ ] Final Return
- [ ] Composite Return

1 **Extension payment amount**
Enter the total amount of payment remitted by reporting entity for all members of affiliated group listed below. 50,000.00

	NAME	FEIN	SSN	IDENTIFICATION NUMBER		AMOUNT OF PAYMENT
2	Taxing Corporation	[x]	[ ]	001100014	2	10,000.00
3	Bin Xempt	[ ]	[x]	999060006	3	1,000.00
4	Work N All Day Inc	[x]	[ ]	001100007	4	9000.00
5	Help For All Inc	[x]	[ ]	001100001	5	10,000.00
6	Hide N Seek Food Inc	[x]	[ ]	001100002	6	20,000.00
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 50,000.00

16 Total amounts from all supplemental pages (Form(s) 83-180) — 16 0.00

17 Total extension payment (add line 15 and line 16; total should equal payment amount on line 1) — 17 50,000.00

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

Test Scenario 8

Name: Taxing Insurance Company
FEIN: **00011**0014

2015
Insurance Company

RETURN INFORMATION

Tax Beginning: Calendar Year 2015

Return Type: Insurance Return

REQUIRED FORMS	Form Name	Binary Attachments
83-391	Insurance Company Income Tax Return	• Page 3, Line 19 – Other Allocable Deductions • Page 4, Part IV – Apportioned Expenses • Page 4, Part V – Retaliatory Taxes Paid
83-155	Net Operating Loss & Capital Loss Schedule	• None
83-310	Corporation Summary of Net Income Schedule (Combined Returns Only)	• None

Form 83-391-15-8-1-000 (Rev. 05/15)

833911581000

Mississippi
Insurance Company Income Tax Return
2015

Tax Year Beginning 0 10 12 0 15 (mmddyyyy)

Tax Year Ending 1 2 3 1 2 0 1 5 (mmddyyyy)

FEIN 0 0 1 1 0 0 0 1 4

Mississippi Secretary of State ID 705001

Legal Name and DBA: Taxing Insurance Company

Address: 2525 Anyway Street

City: Our Town State: TX Zip +4: 63100 0000

County Code 83 NAICS Code 524113

CHECK ALL THAT APPLY

- [ ] Amended Return
- [ ] Final Return
- [x] Accrual Basis
- [ ] Receipts and Disbursements Basis
- [ ] Accident and Health
- [ ] Fire and Casualty
- [x] Life Insurance

COMPUTATION OF TAX **(ROUND TO THE NEAREST DOLLAR)**

[x] Combined income tax return (enter FEIN of reporting company) 000110014

1	Mississippi net taxable income (from page 2, line 17A or Form 83-310, page 1, line 5, column C)	1	209,626 .00
2	Income tax	2	10,331 .00
3	Retaliatory taxes paid to other states (Mississippi corporations only; from page 4, part V, line 1)	3	10,331 .00
4	Income tax credits (from Form 83-401, line 3 or Form 83-310, page 1, line 5, column B)	4	.00
5	Net income tax due (line 2 minus line 3 and line 4)	5	0 .00

PAYMENTS AND TAX DUE

6	Overpayment from prior year	6	.00
7	Estimated tax payments and payment with extension	7	.00
8	Total payments (line 6 plus line 7)	8	0 .00
9	Net total income tax due (line 5 minus line 8)	9	0 .00
10	Interest and penalty on underestimated income tax payments (from Form 83-305, line 17)	10	.00
11	Late payment interest	11	.00
12	Late payment penalty	12	.00
13	Late filing penalty **(minimum $100)**	13	.00
14	**Total balance due** (if line 5 is larger than line 8, add lines 9 through 13)	14	0 .00
15	**Total overpayment** (if line 8 is larger than line 5, subtract line 5 from line 8)	15	.00
16	**Total overpayment credited to next year** (from line 15)	16	.00
17	**Total overpayment refunded** (line 15 minus line 16)	17	.00

See instructions for electronic payment options or attach check or money order for balance due.

Form 83-391-15-8-2-000 (Rev. 05/154)

833911582000

FEIN 0001100014

Mississippi
Insurance Company Income Tax Return
2015

COMPUTATION OF NET INCOME		A MISSISSIPPI	B COMPANY-WIDE
1 Direct premiums (except accident and health premiums)	4,251,950.00		
Less: return premiums	1,859,064.00	1A 2,392,886.00	1B 160,277,131.00
2 Direct accident and health premiums		2A .00	2B .00
3 Reinsurance assumed		3A (20,642).00	3B 501,229.00
4 Considerations for annuities		4A .00	4B .00
5 Considerations for supplementary contracts		5A .00	5B .00
6 Unearned premiums (December 31st, prior year)		6A 1,231,539.00	6B 95,371,787.00
7 Gross investment income		7A 125,334.00	7B 9,840,637.00
8 Other income		8A 240,965.00	8B 550,670.00
9 Total net income (add line 1 through line 8)		9A 3,970,082.00	9B 266.541.454.00
DEDUCTIONS			
10 Unearned premiums (December 31st, current year)		10A 1,789,496.00	10B 110,227,613.00
11 Reinsurance ceded		11A 563,899.00	11B 48,078,983.00
12 Dividends to policy holders		12A 3,916.00	12B 1,088,862.00
13 Total deductions (add line 10 through line 12)		13A 2,357,311.00	13B 159,395,458.00
MISSISSIPPI NET TAXABLE INCOME			
14 Gross income (line 9 minus line 13)		14A 1,612,771.00	14B 107,145,996.00
15 Total deductions allocated and apportioned (from page 4, part III, line 23)		15A 1,403,145.00	15B 84,175,244.00
16 Less: Mississippi net operating loss (from Form 83-155, part I, line 2)		16A .00	16B .00
17 Net taxable income (loss) (line 14 minus line 15 and line 16; enter amount from 17A on page 1, line 1 or Form 83-310, page 1, line 5, column C)		17A 209,626.00	17B 22,970,752.00

☐ **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

Mail Return To: DEPARTMENT OF REVENUE P.O. BOX 23050 JACKSON, MS 39225-3050

Mississippi
Insurance Company Income Tax Return
2015

FEIN 0 0 0 1 1 0 0 1 4

PART I: EXPENSE APPORTIONMENT RATIOS		A MISSISSIPPI		B COMPANY-WIDE		C MISSISSIPPI RATIO
Applicable ratio(s) used on page 4, part IV, line 2						
1 Loss adjustment expenses (direct losses)	1A		1B		1C	. %
2 Accident and health expenses (direct premiums and reinsurance assumed)	2A		2B		2C	. %
3 Other underwriting expenses (direct premiums (less return premiums), annuity considerations and reinsurance assumed)	3A	2,372,244	3B	160,778,360	3C	1.4 7 5 5 %
4 Investment expenses (gross investment income)	4A	8,039	4B	631,106	4C	1.2 7 3 8 %

PART II: DEDUCTIONS ALLOCATED		A MISSISSIPPI		B COMPANY-WIDE
5 Losses, death benefits, accident and health benefits (less applicable recoveries)				
a Paid	5Aa	397,762 .00	5Ba	25,781,238 .00
b Unpaid at December 31st, current year	5Ab	160,558 .00	5Bb	12,517,571 .00
c Unpaid at December 31st, prior year	5Ac	118,647 .00	5Bc	15,386,577 .00
6 Loss adjustment expenses allocated	6A	136,869 .00	6B	5,247,336 .00
7 Matured endowments	7A	.00	7B	.00
8 Annuity benefits	8A	.00	8B	.00
9 Disability benefits	9A	.00	9B	.00
10 Surrender benefits	10A	.00	10B	.00
11 Payments on supplementary contracts	11A	.00	11B	.00
12 Net additions to reserve funds (required by law for liquidating policies at maturity)	12A	.00	12B	.00
13 Commissions	13A	320,579 .00	13B	5,134,826 .00
14 Gross premium privilege tax	14A	25,828 .00	14B	2,647,350 .00
15 Other allocable taxes	15A	1,430 .00	15B	906,124 .00
16 Rent, allocated	16A	.00	16B	.00
17 Agency expense (attach schedule)	17A	.00	17B	.00
18 Medical and inspection fees, allocated	18A	.00	18B	.00
19 Other allocable deductions (attach schedule)	19A	8,039 .00	19B	631,106 .00
20 Total allocable deductions	20A	1,169,712 .00	20B	68,252,128 .00

Mississippi
Insurance Company Income Tax Return
2015

FEIN 0 0 0 1 1 0 0 1 4

PART III: DEDUCTIONS APPORTIONED		A MISSISSIPPI		B COMPANY-WIDE
21 Non-allocable loss adjustment expenses	21A	.00	21B	.00
22 Total apportioned expenses (from page 4, part IV, line 3)	22A	223,879 .00	22B	15,923,116 .00
23 Total allocated and apportioned deductions (line 20 plus line 21 plus line 22; enter on page 2, line 15)	23A	936,279 .00	23B	52,329,012 .00

PART IV: DEDUCTIONS APPORTIONED (FROM ANNUAL STATEMENT)

Expenses must be separately apportioned. Attach supplementary pages to return as needed.

Page	Line	Description	A Column (X9)	B Less Allocable Expenses	C Balance Apportionable
11	3	Commission Brokerage	11,134,826	17,825,520	-6,690,694
11	19	Other Underwriting Expenses	21,826,039	0	21,826,039
11	19	Other Underwriting Expenses	37,771	0	37,771

1 Totals (total column A minus total column B)	32,998,636	17,825,520	15,173,116
2 Applicable expense apportionment ratio (from page 3, part I)			1.4755%
3 Total apportioned to Mississippi (multiply line 1, column C by line 2, enter amount on page 4, part III, line 22)			223,879

PART V: RETALIATORY TAXES PAID (MISSISSIPPI CORPORATIONS ONLY)

Itemize retaliatory taxes paid by state and attach copies of returns documenting amounts. Attach supplementary schedules as needed.

A Taxing Authority	B Amount	A Taxing Authority	B Amount
Louisiana	15,406		
		1 Total amounts (total amounts from column B; enter amount on page 1, line 3)	15,406

Mississippi
Insurance Company Income Tax Return
2015

FEIN 0 0 0 1 1 0 0 1 4

PART III: DEDUCTIONS APPORTIONED		A MISSISSIPPI		B COMPANY-WIDE
21 Non-allocable loss adjustment expenses	21A	.00	21B	.00
22 Total apportioned expenses (from page 4, part IV, line 3)	22A	9,554 .00	22B	9,554 .00
23 Total allocated and apportioned deductions (line 20 plus line 21 plus line 22; enter on page 2, line 15)	23A	9,554 .00	23B	9,554 .00

PART IV: DEDUCTIONS APPORTIONED (FROM ANNUAL STATEMENT)

Expenses must be separately apportioned. Attach supplementary pages to return as needed.

Page	Line	Description	A Column (X9)	B Less Allocable Expenses	C Balance Apportionable
11	24	Over Investment Expenses	750,000	0	750,000

1 Totals (total column A minus total column B) 750,000 0 750,000

2 Applicable expense apportionment ratio (from page 3, part I) 12.738%

3 Total apportioned to Mississippi (multiply line 1, column C by line 2, enter amount on page 4, part III, line 22) 9,554

PART V: RETALIATORY TAXES PAID (MISSISSIPPI CORPORATIONS ONLY)

Itemize retaliatory taxes paid by state and attach copies of returns documenting amounts. Attach supplementary schedules as needed.

A Taxing Authority	B Amount	A Taxing Authority	B Amount
		1 Total amounts (total amounts from column B; enter amount on page 1, line 3)	

Form 83-155-15-8-1-000 (Rev. 05/15)

831551581000

Mississippi
Net Operating Loss & Capital Loss Schedule
2015

FEIN 0 0 0 1 1 0 0 1 4

☐ Amended

☐ State election to forgo carryback and to carryforward the current year NOL

PART I: NET OPERATING LOSS

A NOL Year End MMDDYYYY	B NOL Amount Enter as a Negative Number	C Income Year NOL Applied MMDDYYYY	D Amount Used In Income Year Enter as a Positive Number	E NOL Balance (B) + D = (E) Enter as a Negative Number or Zero

1 Total NOL available (from schedule above, enter as a negative number)	0
2 NOL used in current year (from schedule above, enter as a positive number) (enter on Form 83-122, line 28 or Form 83-391, page 2, line 16)	0
3 Remaining NOL available for carryforward (line 1 plus line 2)	0

PART II: CAPITAL LOSS

A Loss Year End MMDDYYYY	B Capital Loss Amount Enter as a Negative Number	C Income Year Loss Applied MMDDYYYY	D Amount Used in Income Year Enter as a Positive Number	E Capital Loss Balance (B) + D = (E) Enter as a Negative Number or Zero

1 Total capital loss available (from schedule above, enter as a negative number)	0
2 Capital loss used in current year (from schedule above, enter as a positive number) (enter here and on Form 83-122, line 25)	0
3 Remaining capital loss available for carryforward (line 1 plus line 2)	0

Form 83-310-15-8-1-000 (Rev. 05/15)

833101581000

Mississippi

Summary of Net Income Schedule

2015

FEIN 000110014

(ROUND TO THE NEAREST DOLLAR)

Column A Name of Company FEIN	Column B Credit Code	Column B Credit Amount	Column C Net Taxable Income (Loss)
1 Reporting company NAME Taxing Insurance Company FEIN 000110014		.00 .00 .00 .00	594,488.00
2 Subsidiary companies NAME Refund Insurance Company FEIN 000110015		.00 .00 .00 .00	594,488.00
NAME FEIN		.00 .00 .00 .00	.00
NAME FEIN		.00 .00 .00 .00	.00
NAME FEIN		.00 .00 .00 .00	.00
3 Total column B and column C (total of credit amounts line 1 and line 2, column B and total net taxable income (loss) from column C)		0.00	1,188,976.00
4 Totals from page 2 (total of column B and column C from additional page(s) Form 83-310)		.00	.00
5 Total income tax credits and net taxable income (loss) (sum of line 3 and line 4. Enter the total from column B on Form 83-105, page 1, line 7 or Form 83-391, line 4, page 1. Enter the total from column C on Form 83-105, page 1, line 5 or Form 83-391, page 1, line 1. If the total in column C is negative, enter zero on Form 83-105, page 1, line 5 or Form 83-391, page 1, line 1)		0.00	1,188,976.00

Test Scenario 9

Name: Green Non Profit Inc
FEIN: 000110012

2015
Corporation

RETURN INFORMATION

Tax Period: Calendar Year 2015

Return Type: Balance Due Return
Non Profit

Filing Status: 100% Mississippi

REQUIRED FORMS	Form Name	Binary Attachments
83-105	Corporate Income and Franchise Tax Return	Federal Form 990T
83-122	Net Taxable Income Schedule	None

Form 83-105-15-8 -1-000 (Rev. 05/15)

831051581000

Mississippi
Corporate Income and Franchise Tax Return
2015

Tax Year Beginning 01012015 (mmddyyyy)

Tax Year Ending 12312015 (mmddyyyy)

FEIN 0 0 0 1 1 0 0 1 2

Mississippi Secretary of State ID 776500

Legal Name and DBA: Green Nonprofit Inc

Address: 200 Any Street

City: Anytown State: MS Zip +4: 39206

County Code 25 NAICS Code 813312

CHECK ALL THAT APPLY	CHECK ONE
☐ Amended Return	☒ 100% Mississippi
☐ Final Return	☐ Multistate Apportioning
☒ Non Profit	☐ Multistate Direct Accounting

FRANCHISE TAX (ROUND TO THE NEAREST DOLLAR)

1	Taxable capital (from Form 83-110, line 18)	1	0.00
2	Franchise tax **(minimum tax $25)** ☐ Fee-In-Lieu	2	0.00
3	Franchise tax credit (from Form 83-401, line 1)	3	.00
4	Net franchise tax due (line 2 minus line 3)	4	0.00

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	10,000.00
6	Income tax	6	350.00
7	Income tax credits (from Form 83-401, line 3 or Form 83-310, line 5, column B)	7	.00
8	Net income tax due (line 6 minus line 7)	8	350.00

PAYMENTS AND TAX DUE

9	Total franchise and income tax (line 4 plus line 8)	9	350.00
10	Overpayments from prior year	10	.00
11	Estimated tax payments and payment with extension	11	315.00
12	Total payments (line 10 plus line 11)	12	315.00
13	Net total franchise and income tax (line 9 minus line 12)	13	35.00
14	Interest and penalty on underestimated income tax payments (from Form 83-305, line 17)	14	.00
15	Late payment interest	15	.00
16	Late payment penalty	16	.00

831051582000

FEIN 001100012

Mississippi
Corporate Income and Franchise Tax Return
2015

17	Late filing penalty **(minimum income tax penalty $100)**	17	.00
18	**Total balance due** (if line 9 is larger than line 12, add line 13 through line 17)	18	35.00
19	**Total overpayment** (if line 12 is larger than line 9, subtract line 9 from line 12)	19	.00
20	**Overpayment credited to next year** (from line 19)	20	.00
21	**Overpayment to be refunded** (line 19 minus line 20)	21	.00

See instructions for electronic payment options or attach payment voucher, Form 83-300, with check or money order for balance due.

PART I: CORPORATE INFORMATION

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 or merged, complete the following: Name, address and FEIN of the new existing corporation:

_____ FEIN _____

4 If amended return, check reason. ☐ Mississippi Correction ☐ Federal Correction ☐ Other _____

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 Church 6a County location in Mississippi Hinds

7 Principal product or service in Mississippi Daycare

8 Contact person for this return John Jones 8a Location and Phone number MS 601-923-7055

PART II: CORPORATE OFFICER INFORMATION

List the owners, officers, directors or partners who have a responsibility in the fiscal management of the organization.

OFFICER NAME AND TITLE	SSN	ADDRESS	OWNERSHIP PERCENTAGE
Rodger Brown Chief Executive Officer	999060042	301 N Estate Avenue Jackson MS 39209	50.0000%
Robert Blue Vice President	123456789	509 Kingston Place Madison MS 39110	50.0000%

831051583000

FEIN 000110012

Mississippi
Corporate Income and Franchise Tax Return
2015

PART III: CORPORATE AFFILIATION SCHEDULE

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

ENTITY NAME	FEIN	ADDRESS	ENTITY TYPE

☒ **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

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

Form 83-105-15-8-4-000 (Rev. 05/15)

831051584000

Mississippi
Corporate Income and Franchise Tax Return
2015

FEIN 000110012

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

Form 83-122-15-8-1-000 (Rev. 05/15)

831221581000

Mississippi
Net Taxable Income Schedule
2015

FEIN 000110012

COMPUTATION OF MISSISSIPPI NET TAXABLE INCOME **(ROUND TO THE NEAREST DOLLAR)**

1	Federal taxable income (loss) before net operating loss deductions and special deductions (from federal Form 1120, page 1, line 28. If multistate direct accounting, enter zero and skip to line 23)	1	10,000.00

STATE ADDITIONS TO FEDERAL TAXABLE INCOME

2	State, local or foreign government taxes based on income	2	.00
3	Interest on obligations of other states or political subdivisions (net of expenses)	3	.00
4	Depletion expense in excess of cost	4	.00
5	Federal capital loss carryover deduction	5	.00
6	Federal special depreciation allowance	6	.00
7	Other additions required by law (attach schedule)	7	.00
8	**Total additions** (add line 2 through line 7)	8	0.00

STATE DEDUCTIONS FROM FEDERAL TAXABLE INCOME

9	Interest on obligations of the United States (net of expenses)	9	.00
10	Wages reduced on federal return for federal employment tax credits	10	.00
11	Income (loss) from partnership, S corporation or trust	11	.00
12	Income (loss) from construction contracting or production of natural mineral resource products (net of expenses)	12	.00
13	Additional depreciation due to a difference in the depreciable base for federal and state purposes (attach schedule)	13	.00
14	Other deductions (attach schedule)	14	.00
15	**Total deductions** (add line 9 through line 14)	15	0.00

APPORTIONMENT / ALLOCATION (MULTISTATE ONLY)

If 100% Mississippi, complete line 16 then skip to page 2, line 20

16	**Adjusted federal income (loss)** (line 1 plus line 8 minus line 15)	16	10,000.00
17	Adjustment for nonbusiness income (loss) net of expenses (from Form 83-150, column E, line 2)	17	.00
18	Apportionable business income (loss) (line 16 minus line 17)	18	0.00
19	Apportionment ratio (enter ratio and check box as shown on Form 83-125, part II)	19	. 0 %

☐ Sales retail ☐ Manufacturers (retail ☐ Manufacturers (wholesale), Financial institutions, Pipelines, (for pharmaceutical suppliers, see instructions) ☐ Special Formula

Form 83-122-15-8-2-000 (Rev. 05/15)

831221582000

Mississippi
Net Taxable Income Schedule
2015

FEIN 000110012

APPORTIONMENT / ALLOCATION

20	Mississippi apportioned income(loss)(if 100% Mississippi, enter line 16, otherwise, multiply line 18 by line 19)	20	10,000.00
21	Nonbusiness income (loss) allocated to Mississippi (from Form 83-150, column F, line 2)	21	.00
22	Mississippi income (loss) from partnership, S corporation or trust (attach Mississippi K-1's, Form 84-132)	22	.00
23	Mississippi income (loss) from construction contracting or production of natural mineral resource products (from Form 83-124, page 2, line 31 and/or page 3, line 46)	23	.00
24	Adjustments related to Mississippi tax credits claimed	24	.00
25	Mississippi capital loss carryover/carryback deduction (from Form 83-155, part II, line 2)	25	.00
26	Other adjustments (attach schedule)	26	0.00

MISSISSIPPI TAXABLE INCOME

27	Income (loss) apportioned and allocated to Mississippi (add line 20 through line 26)	27	10,000.00
28	Mississippi net operating loss deduction (from Form 83-155, part I, line 2)	28	0.00
29	Income exemption (attach schedule; if not applicable enter zero)	29	.00
30	**Mississippi net taxable income (loss)** (line 27 minus line 28 and line 29. Enter on Form 83-105, line 5; If filing combined, enter income (loss) on Form 83-310. If negative, enter zero on Form 83-105, line 5)	30	10,000.00