Form 83-311-99-8-1-000 (Rev. 12/99)

Mississippi
Supplemental Summary of Net Income of Corporations

Year ☐☐☐☐

Reporting Corporation Name

FEIN

Other Eligible and Included Corporations. Use Form 83-311 if additional space is needed.

Column A Name of Corporation and Federal Employer Identification Number	**Column B** Credit Against Income Tax (From Form 83-401 of each includable corporation) **a. Ad Valorem Tax - Schedule A** **b. Other Credits - Schedule B**	**Column C** Net Income (Loss) (From Form 83-122 of each includable corporation) (If negative place minus (-) to the left of the numbers) **Whole Dollars Only**
Name: FEIN	**a.** **b.**	
Name: FEIN	**a.** **b.**	
Name: FEIN	**a.** **b.**	
Name: FEIN	**a.** **b.**	
Name: FEIN	**a.** **b.**	
Name: FEIN	**a.** **b.**	
Name: FEIN	**a.** **b.**	
Name: FEIN	**a.** **b.**	
Name: FEIN	**a.** **b.**	
Name: FEIN	**a.** **b.**	
Name: FEIN	**a.** **b.**	
Name: FEIN	**a.** **b.**	
Name: FEIN	**a.** **b.**	
Name: FEIN	**a.** **b.**	
Name: FEIN	**a.** **b.**	
Name: FEIN	**a.** **b.**	
Name: FEIN	**a.** **b.**	
Name: FEIN	**a.** **b.**	
Name: FEIN	**a.** **b.**	
Name: FEIN	**a.** **b.**	
Name: FEIN	**a.** **b.**	
Name: FEIN	**a.** **b.**	
Name: FEIN	**a.** **b.**	
Total Columns B and C. Enter here and include in Form 83-310, Line 3.	**a.** **b.**	

Form 83-311-99-8-2-000 (Rev. 12/99)

Mississippi
Supplemental Summary of Net Income of Corporations

Reporting Corporation Name	FEIN

Other Eligible and Included Corporations. Use Form 83-311 if additional space is needed.

Column A Name of Corporation and Federal Employer Identification Number	**Column B** Credit Against Income Tax (From Form 83-401 of each includable corporation) **a. Ad Valorem Tax - Schedule A** **b. Other Credits - Schedule B**	**Column C** Net Income (Loss) (From Form 83-122 of each includable corporation) (If negative place minus (-) to the left of the numbers)
		Whole Dollars Only
Name:	**a.**	
FEIN	**b.**	
Name:	**a.**	
FEIN	**b.**	
Name:	**a.**	
FEIN	**b.**	
Name:	**a.**	
FEIN	**b.**	
Name:	**a.**	
FEIN	**b.**	
Name:	**a.**	
FEIN	**b.**	
Name:	**a.**	
FEIN	**b.**	
Name:	**a.**	
FEIN	**b.**	
Name:	**a.**	
FEIN	**b.**	
Name:	**a.**	
FEIN	**b.**	
Name:	**a.**	
FEIN	**b.**	
Name:	**a.**	
FEIN	**b.**	
Name:	**a.**	
FEIN	**b.**	
Name:	**a.**	
FEIN	**b.**	
Name:	**a.**	
FEIN	**b.**	
Name:	**a.**	
FEIN	**b.**	
Name:	**a.**	
FEIN	**b.**	
Name:	**a.**	
FEIN	**b.**	
Name:	**a.**	
FEIN	**b.**	
Name:	**a.**	
FEIN	**b.**	
Name:	**a.**	
FEIN	**b.**	
Total Columns B and C. Enter here and include in Form 83-310, Line 3.	**a.**	
	b.	