

Mississippi S-Corporation Income and Franchise Tax Return 2002

WCA

For Fiscal Year Beginning ___/___/___ and Ending FEIN -

Name of Corporation

Mailing Address (PO Box or Street Including Rural Route)

City State County Code

(See Instructions)

Filing Status

Check All That Apply: Final Return Short Year Return Address Change

Check All That Apply: 100% Mississippi Multistate Direct Accounting Multistate Apportioning Composite Return

Number of Shareholders at End of Tax year: Date of Election as an S-Corporation:

Number of Schedule K-1's attached:

Franchise and Income Tax

Composite Only

1. Taxable Capital (From Form 83-110, Line 18) 1. **1**

2. Franchise Tax Due (From Form 83-110, Line 21) Minimum tax of \$25 2.

3. If this corporation is the owner of a QSSS or a SMLLC doing business in Mississippi, enter the name and FEIN of the QSSS or the SMLLC. If more than one, attach list. 3. **5** FEIN -

NAME: _____

Round All Amounts to the Nearest Dollar

4. Mississippi Net Taxable Income (Enter ZERO, unless filing composite return). Composite Filers enter amount from Form 85-122, Line 20 4. **6**

5. Total Income Tax (Composite Return Only See Instructions) 5.

6a. Ad Valorem Tax Credit (From Form 83-401, Schedule A) 6a. **22**

6b. Other Credits (From Form 83-401. Enter Credit Code and amount.)

\$ \$ \$ 6b.

7. Balance of Income Tax Due (Line 5 Minus Line 6a and Line 6b) 7.

8. Total Franchise and Income Tax Due - Line 2 (Plus Line 7 if filing Composite) 8.

9. Interest and Penalty on Underestimated Income Tax Payments (Attach Form 83-305) 9. **26**

10. Total of Lines 8 and 9. 10.

Payments and Tax Due

11. Overpayments from Prior Year 11.

12. Estimated Tax Payments and Payment with Extension. 12.

13. Total Payments (Line 11 Plus Line 12) 13.

14. If Line 10 is Larger than Line 13, Enter Balance Due. (Line 10 Minus Line 13) 14.

15. Late Payments - Interest @ 1% Per Month and Penalty @ 1/2% Per Month (See Instructions) 15. **29**

16. Amount Paid with this Return. (Line 14 plus Line 15) **AMOUNT PAID** 16. **31**

17. If Line 13 is Larger than Line 10, Enter Amount of Overpayment. 17.

18. Amount of Overpayment (Line 17) to be Refunded **REFUND** 18. **33**

19. Amount of Overpayment (Line 17) to be Credited to Next Year. 19. **34**

I declare, under the penalties of perjury, that this return (including any accompanying schedules) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Officer's Signature and Title Date Tax Department Phone ()

Paid Preparer's Signature Date Paid Preparer's Address

Paid Firm's Identification Number Paid Preparer's Social Security Number or PTIN ()
 - - - - Preparer's Phone

