

Mississippi S-Corporation Income and Franchise Tax Return WCA 2006

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

Name of Corporation

Mailing Address (PO Box or Street Including Rural Route)

City State County Code

Check All That Apply: Final Return Short Year Return Address Change (See Instructions)

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:

Filing Status

Franchise and Income Tax Composite Only

Payments and Tax Due

1. Taxable Capital (From Form 83-110, Line 18)	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Franchise Tax Due (From Form 83-110, Line 19) Minimum tax of \$25.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2a. Franchise Tax Credit <input type="text"/> \$ <input type="text"/>	2a	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2b. (From Form 83-401, Enter credit code and amount)	2b	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2c. Net Franchise Tax Due.	2c	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. If this corporation is included in a Mississippi Combined Income Tax Return, enter Name and FEIN of the Reporting corporation below:	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME: <input type="text"/>	5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Mississippi Net Taxable Income (Enter ZERO, unless filing composite return). Composite Filers enter amount from Form 85-122, Line 20	4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Total Income Tax (Composite Return Only See Instructions)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6a. Ad Valorem Tax Credit (From Form 83-401, Schedule A)	6a	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6b. Other Credits (From Form 83-401. Enter Credit Code and amount.)	6b	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Balance of Income Tax Due (Line 5 Minus Line 6a and Line 6b)	7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Total Franchise and Income Tax Due - Line 2c (Plus Line 7 if filing Composite)	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Interest and Penalty on Underestimated Income Tax Payments (Must Attach Form 83-305)	9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Total of Lines 8 and 9.	10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Overpayments from Prior Year	11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Estimated Tax Payments and Payment with Extension.	12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13. Total Payments (Line 11 Plus Line 12)	13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14. If Line 10 is Larger than Line 13, Enter Balance Due. (Line 10 Minus Line 13)	14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. Late Payments - Interest @ 1% Per Month and Penalty @ 1/2% Per Month, Late or Non-Filer Fee \$100.00 (See Instructions)	15	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16. Amount Paid with this Return. (Line 14 plus Line 15) Make payable to: State Tax Commission AMOUNT PAID	16	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17. If Line 13 is Larger than Line 10, Enter Amount of Overpayment.	17	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18. Amount of Overpayment (Line 17) to be Refunded REFUND	18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19. Amount of Overpayment (Line 17) to be Credited to Next Year.	19	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Round All Amounts to the Nearest Dollar

This return may be discussed with the preparer: Yes No

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 Signature and Title Date Tax Department Phone

Paid Preparer Signature Date Paid Preparer Address
Paid Firm Identification Number Paid Preparer Social Security Number or PTIN Preparer Phone

