

Mississippi S-Corporation Income and Franchise Tax Return WCA 2008

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 Growth and Prosperity (GAP) (See Instructions)

Check One: 100% Mississippi Multistate Apportioning Multistate Apportioning Composite Return

Number of Shareholders at End of Tax year:

Number of Schedule K-1's attached: Date of Election as an S-Corporation:

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"/>
2a. Franchise Tax Due (From Form 83-110, Line 19) Minimum tax of \$25.	2a	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2b. Franchise Tax Credit. <input type="text"/> \$ <input type="text"/> <input type="text"/> \$ <input type="text"/> (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 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. NAME: <input type="text"/>	3	<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)	5	<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, Line H, Schedule B.) (Composite Only) (Enter Credit Code and amount.) <input type="text"/> \$ <input type="text"/> <input type="text"/> \$ <input type="text"/> <input type="text"/> \$ <input type="text"/>	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.) (Composite Only)		<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) AMOUNT PAID Make payable to: State Tax Commission	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

Please check this box if return may be discussed with preparer.

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 (____) _____

