

Mississippi Partnership / LLP / LLC Income Tax Return 2000

WPT

For Fiscal Year Beginning [ ] and Ending \$ [ ] FEIN: \$ [ ]

Name of Entity [ ]

Mailing Address (PO Box or Number & Street, Including Rural Route) [ ]

City [ ] State [ ] ZIP + 4 [ ] - [ ] County Code [ ]

Filing Status (See Instructions)

1. Check All That Apply: [ ] Initial Return [ ] Final Return [ ] Amended Return [ ] Short Year [ ] Inactive [ ] Address Change

2. Type of Entity: [ ] General Partnership [ ] Limited Partnership [ ] Limited Liability Partnership (LLP) [ ] Limited Liability Company (LLC) (Treated as a partnership)

3. Check All That Apply: [ ] 100% Mississippi [ ] Multistate Direct Accounting [ ] Multistate Apportioning

4. Accounting Method: [ ] Cash [ ] Accrual [ ] Other: [ ]

5a. Number of partners/members at end of tax year: \$ [ ] 5b. Date business commenced in Mississippi: \$ [ ]

5c. Number of Schedules K-1's attached: [ ]

A COMPLETE COPY OF FEDERAL FORM 1065 MUST BE ATTACHED TO THIS RETURN.

Apportionment/Allocation

Round All Amounts to the Nearest Dollar

- 6 a. 100% Mississippi Net Income or Loss for State Purposes. (From Form 86-122, Part A, Line 15.) (Skip Lines 6b through 15 and enter amount from Line 6a on Line 16.)
b. Multistate Net Income or Loss for State Purposes. (From Form 86-122, Part B, Line 22.) (Complete Lines 7 through 16 below.)
7. Nonbusiness Income or Loss Directly Allocable Within and Without Mississippi, Net of Expenses. (Attach Schedule)
8. Net Business Income or Loss Subject to Apportionment (Line 6b minus Line 7.)
9. Apportionment Ratio (From Appropriate Line on Form 83-125, Part II.)
10. Mississippi Apportioned Net Business Income or Loss. (Multiply Line 8 by Line 9.)
11. Mississippi Net Capital Gain or Loss From Form 83-135, Line 19. (If Applicable; See Instructions Form 83-135)
12. Mississippi Allocable Net Gain or Loss (From Form 83-140, Line 10.)
13. Direct Accounting Income or Loss (From Form 83-124, Page 1, Line 31 or Page 2, Line 15.)
14. Nonbusiness Income or Loss Directly Allocable to Mississippi, Net of Expenses. (Attach Schedule)
15. Other Business Income or Loss. (Attach Schedule)
16. Mississippi Taxable Income or Loss - From Line 6a or Total of Lines 10 through 15.

Table with 16 rows for entering amounts corresponding to lines 6a through 16.

17. Check All Applicable Boxes: [ ] Election to pay 5% Tax (See instructions) [ ] Composite return to be filed (See instructions) [ ] Partners will file individually (See instructions)

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.

Signature of General Partner or Limited Liability Company Member [ ] Date [ ] Tax Department Phone ( ) [ ]

Paid Preparer's Signature [ ] Date [ ] Paid Preparer's Address [ ]

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

Mail To: Office of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

# Mississippi Partnership / LLP / LLC Income Tax Return 2000

Name

FEIN:

### Federal Return Data Schedule

Round all amounts to the nearest dollar

- 1. Total assets, beginning of year (From Federal Form 1065, Schedule L.)
- 2. Total assets, end of year (From Federal Form 1065, Schedule L.)
- 3. Total depreciable assets, beginning of year (From Federal Form 1065, Schedule L.)
- 4. Total depreciable assets, end of year (From Federal Form 1065, Schedule L.)
- 5. Federal gross receipts or sales less returns and allowances. (From Federal Form 1065.)


### Mississippi Data

- 6. Mississippi gross receipts or sales, less returns and allowances.
- 7. Assets placed in service in Mississippi during the tax year.


### Entity Information

- 8. IRS Business Activity Code number per Federal Form 1065, Page 1, Line C

9. DBA \_\_\_\_\_

10. County codes for locations in Mississippi (See instructions)

11. Principal business activity in Mississippi \_\_\_\_\_

12. Principal business activity everywhere \_\_\_\_\_

13. Principal product or service in Mississippi \_\_\_\_\_

14. Principal product or service everywhere \_\_\_\_\_

15. Contact person for this return \_\_\_\_\_

16. Contact person's location and phone \_\_\_\_\_

17. If amended return, check reason:

- Mississippi correction only
- Amended Federal Form 1065 (attach copy)
- Federal RAR (attach applicable copies)
- Other : \_\_\_\_\_

18. If final return, check reason and enter date effective:

- Dissolving Mississippi Partnership
- Withdrawing from State
- Incorporated
- Other : \_\_\_\_\_ Date \_\_\_\_\_

19. If you checked "Incorporated" on line 18, provide the following:  
New company or owner's name and address.

\_\_\_\_\_  
\_\_\_\_\_

FEIN \_\_\_\_\_  
Phone ( ) \_\_\_\_\_

20. Is this partnership a partner/member in a partnership, LLP, or LLC doing business in Mississippi?  
If Yes, attach Mississippi Form K-1(s).

- Yes  No

20b Is this partnership the owner/member of a single member LLC doing business in Mississippi?  
If Yes, enter the name and the FEIN of the single member LLC:

- Yes  No

FEIN

21. Has the partnership/LLP/LLC filed amended federal returns in the last three years?

- Yes  No

If Yes, list years \_\_\_\_\_

22. Has the IRS made any changes to your taxable income in the last three years?

- Yes  No

If Yes, list years \_\_\_\_\_

23. If Line 21 and/or Line 22 was checked "Yes", has the partnership/LLP/LLC filed Mississippi amended returns for all years for which amended Federal return(s) were filed or changes to taxable income were made by the IRS?

- Yes  No