

Mississippi Composite Partnership Income Tax Return 2006

CPA

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

4a. Number of partners/members at end of tax year: []

4b. Date business commenced in Mississippi []

For Internal Use Only:
1 [] 0 [] 5 [] 0 []

4c. Number of Schedules K-1's attached: []

Round All Amounts to the Nearest Dollar

5. MS Net Taxable Income (Enter Amount, if Positive, from Form 86-122, Line 20) **6** []

6. **Total Income Tax** []

7a. Ad Valorem Tax Credit (Form 83-401, Schedule A) **22** []

7b. Other Credits (From Form 83-401. Enter Credit Code and Amount). []

[] \$ [] \$ [] \$ []

8. Balance of Income Tax Due (Line 6 Minus Line 7a and Line 7b.) []

9. Interest on Underestimated Income Tax Payments. (Attach Form 80-320) **26** []

10. Total of Lines 8 and 9. []

PAYMENTS and TAX DUE

11. Overpayments from Prior Year. []

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

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

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

15. **Late Payments - Interest @ 1% Per Month and Penalty @ 1/2% Per Month.** Late or Non-Filer Fee \$100.00 (See Instructions) **29** []

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

17. If Line 13 is Larger than Line 10, Enter Amount of Overpayment. (Line 13 minus Line 10.) []

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

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

Mail To: **Corporate Income Tax Division
P.O. Box 1033
Jackson, MS 39215-1033**

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.

**Attach Payment for Total Due to:
State Tax Commission.**

Officer's Signature [] Date []

Officer's Title [] Tax Department Phone []

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

Paid Firm's Identification Number or PTIN [] **OR** Paid Preparer's Social Security Number or PTIN [] Preparer's Phone []

Mississippi Composite Partnership Income Tax Return 2006

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 (Must attach copy)
 Federal RAR (Must 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 () _____

20a. 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, attach schedule) Yes No

21. Has the partnership/LLP/LLC filed amended federal returns in the last three years?
If Yes, list years _____ Yes No

22. Has the IRS made any changes to your taxable income in the last three years?
If Yes, list years _____ Yes No

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

24. Did this partnership file any prior year return in which it claimed a federal 30% or 50% special depreciation allowance, but did not make the appropriate adjustments to back out such depreciation in determining its income to this state. Yes No