

Mississippi Corporate Income and Franchise Tax Return 2009

WCA



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

Name of Corporation

Mailing Address (PO Box or Street Including Rural Route)

City State ZIP + 4 County Code

Filing Status

Check All That Apply: Final Return Short Year Return Address Change Growth and Prosperity (GAP) (See Instructions)
Check One: 100% Mississippi Multistate Apportioning Multistate Direct Accounting

IRS Business Activity Code Number

Franchise and Income Tax

1. Taxable Capital (From Form 83-110, Line 18) 1.
2a. Franchise Tax Due (From Form 83-110, Line 19) Minimum tax of \$25. 2a.
2b. Franchise Tax Credit. \$ _____ \$ _____ 2b.
(From Form 83-401, Enter credit code and amount)
2c. Net Franchise Tax Due. 2c.
3. If this corporation is included in a Mississippi Combined Income Tax Return, enter **Name** and **FEIN** of the **Reporting** corporation below: 3. FEIN:

Round All Amounts to the Nearest Dollar

4. Mississippi Net Taxable Income (If Loss enter Zero.) (From Form 83-122, Line 19 or Form 83-310, Column C, Line 3) 4.
5. Total Income Tax (See Instructions) 5.
6a. Ad Valorem Tax Credit (From Form 83-401, Schedule A or Form 83-310, Column B, Line 3a) 6a.
6b. Other Credits (From Form 83-401, Schedule B. Enter Credit Code and amount.) \$ _____ \$ _____ \$ _____ 6b.

Payments and Tax Due

7. Balance of Income Tax Due. (Line 5 Minus Line 6a and Line 6b) (Composite Only) 7.
8. Total Franchise and Income Tax Due. (Line 2c Plus Line 7 if filing Composite) 8.
9. Interest and Penalty on Underestimated Income Tax Payments. (Must Attach Form 83-305) 9.
10. Total of Lines 8 and 9. 10.
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, Late or Non-Filer Fee \$100.00** (See Instructions) 15.
16. **Total Due with this Return** (Line 14 plus Line 15) **AMOUNT PAID** 16.
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.
19. **Amount of Overpayment (Line 17) to be Credited to Next Year** 19.

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



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Corporate Information

- 1. DBA _____
- 2. County locations in Mississippi _____
- 3. Principal business activity in Mississippi _____
- 4. Principal business activity everywhere _____
- 5. Principal product or service in Mississippi _____
- 6. Principal product or service everywhere _____
- 7. Contact person for this return _____
- 8. Contact person's location and phone _____ () _____

9. If final return, check reason and enter date effective: _____ Date _____

- Dissolving Mississippi Corporation Withdrawing Non-Mississippi Corporation from State Sold MS Assets Merged
- Other : _____

If you checked Sold or Merged, provide the following:
New company or owner's name and address _____

FEIN _____

Phone () _____

Former owner's forwarding address _____

Phone () _____

- 10a. Is this corporation a partner/member in a partnership, LLP or LLC doing business in Mississippi? Yes No
If Yes, attach Mississippi Form K-1(s).
- 10b. Is this corporation the owner/member of a single member LLC doing business in Mississippi? Yes No
- 11. Has the corporation filed amended federal returns in the last three years? Yes No
If Yes, list years. _____
- 12. Has the IRS made any changes to your taxable income in the last three years? Yes No
If Yes, list years. _____
- 13. If Line 11 and/or Line 12 was checked "Yes", has the corporation 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

List of Officers - This Schedule MUST be Completed

President: Name and Home Address	Social Security Number	Ownership Percentage	
_____	_____ - _____ - _____	_____ . _____ %	Salary _____
Vice President: Name and Home Address	Social Security Number	Ownership Percentage	
_____	_____ - _____ - _____	_____ . _____ %	Salary _____
Treasurer: Name and Home Address	Social Security Number	Ownership Percentage	
_____	_____ - _____ - _____	_____ . _____ %	Salary _____
Secretary: Name and Home Address	Social Security Number	Ownership Percentage	
_____	_____ - _____ - _____	_____ . _____ %	Salary _____

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