



Mississippi Partnership Income Tax Return 2009

WPA

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

Name of Entity

Mailing Address (PO Box or Number or Street Including Rural Route)

City State Zip + 4 County Code

(See Instructions)

Filing Status

- 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 One: 100% Mississippi Multistate Apportioning Multistate Direct Accounting

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

4b. Date business commenced in Mississippi

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

Round All Amounts to the Nearest Dollar

- 5. Enter Mississippi Income from Form 86-122 Line 18
- 6. Enter the Amount of Nonbusiness Income, if any, Reported on Form 86-122, Line 10
- 7. Enter the Amount of Adjustments, if any, Reported on Form 86-122, Line 6
- 8. Enter the Amount of Adjustments, if any, Reported on Form 86-122, Line 8
- 9. Enter the Amount of Adjustments, if any, Reported on Form 86-122 Line 15
- 10. Enter the Amount of Adjustments, if any, Reported on Form 86-122 Line 17

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11. Are you a manufacturer? YES NO

If yes, what do you manufacture?

12. Enter Apportionment Ratio Reported on Form 83-125 %

13. Enter the Amount Reported on Form 83-125, Line 1, Column A

14. Enter the Amount Reported on Form 83-125, Line 2, Column A

15. Enter the Amount Reported on Form 83-125, Line 3, Column A

16. Enter Name and Taxpayer ID (FEIN/SSN) of The Largest Percentage Owner Name SSN/FEIN

17. Enter Name and Taxpayer ID (FEIN/SSN) of The 2nd Largest Percentage Owner Name SSN/FEIN

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.

Signature of General Partner or Limited Liability Company Member Date Tax Department Phone

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

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



Mississippi Partnership Income Tax Return 2009

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 _____

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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? Yes No
If Yes, must attach Mississippi Form K-1(s).
- 20b. Is this partnership the owner/member of a single member LLC doing business in Mississippi? Yes No
(If Yes, must attach schedule)
- 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