



— DEPARTMENT OF —
REVENUE
STATE OF MISSISSIPPI

**CORPORATE & PASS-THROUGH
ENTITY
E-FILE TEST PACKAGE**

2013

10/15/2013



MISSISSIPPI TESTING OVERVIEW

Corporate & Pass-Through Entity E-File

October 15, 2013

Thank you for participating in the Mississippi E-file program. Enclosed is the State of Mississippi e-file test package for tax year 2013. All software developers are required to successfully complete the testing process. These tests will ensure that the software meets Mississippi specifications, electronic submissions have no validation or computation errors, and submissions are transmitted in the correct format.

This package contains eight (8) testing scenarios and returns. A small summary of the tests are listed below:

- Test 1 and 2 - 1120/MS 83-105
- Test 3 - Pass-Through Entity 1120S/MS 84-105
- Test 4 - Pass-Through Entity 1065/MS 84-105
- Test 5 - Pass-Through Entity Composite Partnership 1065/MS 84-105
- Test 6 - Pass-Through Entity Composite S Corporation 1120S/MS 84-105
- Test 7 - Extension Form 1120S/MS 83-180
- Test 8 - Insurance Company Income Tax Return 1120PC/1120L /MS 83-391
- Test 9 – 1120/MS 83-105 Non Profit

Please make sure you have completed the Software Company Information Form located on our website at www.dor.ms.gov prior to submitting test returns to the DOR.

After submitting the test scenarios, please email a list of the submission ids, along with your test EFIN and ETIN. Upon receipt of the test cases, each test will be compared to expected results. The results of the tests will be provided by email to the registered software developer's contact person on file. The results will list the test cases reviewed and identify any incorrect data submitted.

The Mississippi Department of Revenue is looking forward to working with you for the 2013 filing season. Please contact us with any questions, comments and suggestions regarding the Corporate & Pass-Through Entity E-file Program.

Janet Cahee
Electronic Filing Coordinator
janet.cahee@dor.ms.gov

10/15/2013

Test Scenario 1

Name: Help For All Inc
FEIN: 001100001

2013
Corporation

RETURN INFORMATION

Tax Period: Calendar Year 2013

Return Type: Refund Return

Filing Status: Multistate Apportioning

REQUIRED FORMS	Form Name	Binary Attachments
83-105	Corporate Income and Franchise Tax Return	None
83-110	Corporate Franchise Tax Schedule	<ul style="list-style-type: none">• <u>Line 5</u> – Schedule of Deferred Taxes and Gains, Contingent Liabilities, All True Reserves and Other Elements• Line 8 – Schedule of Holding Company Exclusion• <u>Line 9</u> – Mississippi Balance Sheet Per Books (Form 83-120)
83-122	Net Taxable Income Schedule	<ul style="list-style-type: none">• <u>Line 7</u> – Other Additions• <u>Line 14</u> – Other Deductions• <u>Line 17</u> – Nonbusiness Income Worksheet (Form 83-150)• <u>Line 21</u> – Nonbusiness Income Worksheet (Form 83-150)• Line 28 – Net Operating Loss & Capital Loss Schedule (Form 83-155)
83-125	Business Income Apportionment Schedule	None
83-150	Nonbusiness Income Worksheet	None
83-155	Net Operating Loss & Capital Loss Schedule	None
83-401	Tax Credit Summary Schedule	<ul style="list-style-type: none">• <u>Part II, Lines 3 & 4</u> – Income Tax Credit Schedule of Computations

Prepared By: Self Prepared Return



MS Mississippi Corporate Income and Franchise Tax Return 2013

FEIN 001100001

PART III: CORPORATE AFFILIATION SCHEDULE

List all entities owned by and affiliated with the corporation. See page 4 for additional schedule if needed.

Table with 4 columns: ENTITY NAME, FEIN, ADDRESS, ENTITY TYPE. Multiple empty rows for data entry.

Check box if return may be discussed with preparer

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature and contact information fields for Officer and Paid Preparer, including fields for Date, Business Phone, Address, City, State, and Zip Code.



MS Mississippi Corporate Income and Franchise Tax Return 2013

FEIN 001100001

SUPPLEMENTAL CORPORATE AFFILIATION SCHEDULE

List all entities owned by and affiliated with the corporation. Continued from page 3, part III.

Table with 4 columns: ENTITY NAME, FEIN, ADDRESS, ENTITY TYPE. The table contains 20 empty rows for data entry.



MS **Mississippi**
Corporate Franchise Tax Schedule
2013

FEIN 001100001

CAPITAL BASE		(ROUND TO THE NEAREST DOLLAR)	
1	Capital stock	1	<u>326,013,891</u> .00
2	Paid in capital	2	<u>675,611,707</u> .00
3	Surplus and retained earnings	3	<u>1,085,306,580</u> .00
4	Loans from shareholders or affiliates	4	_____ .00
5	Deferred taxes, deferred gains, contingent liabilities, all true reserves, and other elements (attach schedule)	5	<u>50,000,000</u> .00
6	Treasury stock	6	_____ .00
7	Add adjustments to retained earnings for treasury stock purchased with borrowed funds	7	_____ .00
8	Holding company exclusion (attach schedule)	8	_____ .00
9	Total capital base (add line 1 through line 8)	9	<u>2,136,932,178</u> .00

APPORTIONMENT RATIO		A MISSISSIPPI	B EVERYWHERE
10	Real & tangible personal property owned at year end (net book value)	10A <u>103,786,143</u> .00	10B <u>207,572,285</u> .00
11	Gross receipts	11A <u>342,263</u> .00	11B <u>684,525</u> .00
12	Total (line 10 plus line 11)	12A <u>104,128,406</u> .00	12B <u>208,256,810</u> .00
13	Mississippi ratio (line 12A divided by line 12B)	13	<u>50</u> . <u>0000</u> %
14	Taxable capital apportioned to Mississippi (line 9 multiplied by line 13. If 100% Mississippi, enter amount from line 9)	14	<u>1,068,466,089</u> .00

ASSESSED VALUE OF MISSISSIPPI PROPERTY		
Mississippi County	Mississippi Assessed Value of Real Property	Mississippi Assessed Value of Personal Property

TAXABLE CAPITAL			
15	Total assessed value of Mississippi property (attach additional schedule if needed)	15	_____ .00
16	Taxable capital (enter the larger of line 14 or line 15)	16	<u>1,068,466,089</u> .00
17	Prorate (except for initial return; if period is less than twelve months, multiply line 16 by the number of months covered by the return and divide by twelve)	17	_____ .00
18	Capital exemption (attach schedule)	18	_____ .00
19	Final taxable capital (line 16 or line 17 minus line 18. Round amount up to the next highest \$1,000 and enter amount on Form 83-105, line 1. If negative, enter zero on Form 83-105, line 1)	19	<u>1,068,467,000</u> .00

Mississippi Balance Sheet Per Books

FEIN 001100001

SCHEDULE L - BALANCE SHEETS PER BOOKS				
	Beginning of Tax Year		End of Tax Year	
	(A) Amount	(B) Total	(C) Amount	(D) Total
ASSETS				
1 Cash		1,400,129		1,084,483
2a Trade notes and accounts receivable	001100001		88,009,947	
b Less allowance for bad debts	(3,565,083)	63,940,499	(3,429,116)	84,580,831
3 Inventories		96,446,105		597,174,579
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement)		58,184,400		601,409,677
7 Loans to shareholders				
8 Mortgage and real estate loans		391,810,173		
9 Other investments (attach statement)				1,084,773,045
10a Buildings and other depreciable assets	165,666,792		191,729,290	
b Less accumulated depreciation	(114,027,850)	51,638,942	(117,663,548)	74,065,742
11a Depletable assets				
b Less accumulated depletion	()		()	
12 Land (net of any amortization)		3,046,857		3,058,582
13a Intangible assets (amortizable only)	9,649,921		17,146,830	
b Less accumulated amortization	(5,122,236)	4,527,685	(6,175,345)	10,971,485
14 Other assets (attach statement)		25,320,662		39,650,087
15 Total assets		696,315,452		2,496,768,511

LIABILITIES AND SHAREHOLDER'S EQUITY				
16 Accounts payable		17,736,997		26,805,004
17 Mortgages, notes, bonds payable in less than 1 year		45,556,804		57,898,678
18 Other current liabilities (attach statement)		47,235,461		56,200,717
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more		216,040,151		268,662,559
21 Other liabilities (attach statement)		2,039,040		269,375
22 Capital stock: a Preferred stock				
b Common stock	40,156,378	40,156,378	326,013,891	326,013,891
23 Additional paid-in capital		278,955,000		675,611,707
24 Retained earnings—Appropriated (attach statement)				
25 Retained earnings—Unappropriated		48,595,621		1,085,306,580
26 Adjustments to shareholders' equity (attach statement)				
27 Less cost of treasury stock		()		()
28 Total liabilities and shareholders' equity		696,315,452		2,496,768,511

SCHEDULE M-1, RECONCILIATION OF INCOME (LOSS) PER BOOKS WITH FEDERAL INCOME PER RETURN
 Note: Schedule M-3 Required Instead of Schedule M-1 if Total Assets Are \$10 Million or More - See Instructions

1 Net income (loss) per books		7 Income Recorded on Books This Year Not Included on This Return (Itemize): Tax-Exempt Interest \$ _____	
2 Federal income tax per books			
3 Excess of capital losses over capital gains			
4 Income subject to tax not recorded on books this year (itemize): _____			
5 Expenses recorded on books this year not deducted on this return (itemize): a Depreciation \$ _____ b Charitable contributions \$ _____ c Travel and entertainment ... \$ _____		8 Deductions on this return not charged against book income this year (itemize): a Depreciation \$ _____ b Charitable contributions \$ _____	
6 Add lines 1 through 5		9 Add lines 7 and 8	
		10 Income (page 1, line 28) line 6 less line 9	

SCHEDULE M-2, ANALYSIS OF UNAPPROPRIATED RETAINED EARNINGS PER BOOKS			
1 Balance at beginning of year	48,595,621	5 Distributions: a Cash	
2 Net income (loss) per books	80,224,706	b Stock	
3 Other increases (itemize): _____		c Property	
		6 Other decreases (itemize): _____	
	7,283,986	7 Add lines 5 and 6	
4 Add lines 1,2, and 3	136,104,313	8 Balance at end of year (line 4 less line 7)	



MS

Mississippi Net Taxable Income Schedule 2013

FEIN 001100001

COMPUTATION OF MISSISSIPPI NET TAXABLE INCOME (ROUND TO THE NEAREST DOLLAR)

1 Federal taxable income (loss) before net operating loss deductions and special deductions (from federal Form 1120, page 1, line 28. If multistate direct accounting, enter zero and skip to line 23) 1 138,938,859.00

STATE ADDITIONS TO FEDERAL TAXABLE INCOME

2 State, local or foreign government taxes based on income 2 7,000,000.00

3 Interest on obligations of other states or political subdivisions (net of expenses) 3 _____ .00

4 Depletion expense in excess of cost 4 _____ .00

5 Federal capital loss carryover deduction 5 _____ .00

6 Federal special depreciation allowance 6 _____ .00

7 Other additions required by law (attach schedule) 7 12,203,275.00

8 **Total additions** (add line 2 through line 7) 8 19,203,275.00

STATE DEDUCTIONS FROM FEDERAL TAXABLE INCOME

9 Interest on obligations of the United States (net of expenses) 9 2,300,000.00

10 Wages reduced on federal return for federal employment tax credits 10 2,290,150.00

11 Income (loss) from partnership, S corporation or trust 11 _____ .00

12 Income (loss) from construction contracting or production of natural mineral resource products (net of expenses) 12 _____ .00

13 Additional depreciation due to a difference in the depreciable base for federal and state purposes (attach schedule) 13 _____ .00

14 Other deductions (attach schedule) 14 18,534,206.00

15 **Total deductions** (add line 9 through line 14) 15 23,124,356.00

APPORTIONMENT / ALLOCATION (MULTISTATE ONLY)

If 100% Mississippi, complete line 16 then skip to page 2, line 20

16 **Adjusted federal income (loss)** (line 1 plus line 8 minus line 15) 16 135,017,778.00

17 Adjustment for nonbusiness income (loss) net of expenses (from Form 83-150, column E, line 2) 17 25,734,816.00

18 Apportionable business income (loss) (line 16 minus line 17) 18 109,282,962.00

19 Apportionment ratio (enter ratio and check box as shown on Form 83-125, part II) 19 500001 %

Sales (retail) Manufacturers (retail) Manufacturers (wholesale), Financial Institutions, Pipelines Special Formula



MS

Mississippi Net Taxable Income Schedule 2013

FEIN 001100001

APPORTIONMENT / ALLOCATION

20 Mississippi apportioned income (loss) (multiply line 18 by line 19)	20	54,641,590.00
21 Nonbusiness income (loss) allocated to Mississippi (from Form 83-150, column F, line 2)	21	3,030,645.00
22 Mississippi income (loss) from partnership, S corporation or trust (attach Mississippi K-1's, Form 84-132)	22	.00
23 Mississippi income (loss) from construction contracting or production of natural mineral resource products (from Form 83-124, page 2, line 31 and/or page 3, line 46)	23	.00
24 Adjustments related to Mississippi tax credits claimed	24	.00
25 Mississippi capital loss carryover/carryback deduction (from Form 83-155, part II, line 2)	25	.00
26 Other adjustments (attach schedule)	26	.00

MISSISSIPPI TAXABLE INCOME

27 Income (loss) apportioned and allocated to Mississippi (add line 20 through line 26)	27	57,672,235.00
28 Mississippi net operating loss deduction (from Form 83-155, part I, line 2)	28	20,000,000.00
29 Income exemption (attach schedule; if not applicable enter zero)	29	.00
30 Mississippi net taxable income (loss) (line 27 minus line 28 and line 29. Enter on Form 83-105, line 5; If filing combined, enter income (loss) on Form 83-310. If negative, enter zero on Form 83-105, line 5)	30	37,672,235.00

MS
Mississippi
Business Income Apportionment Schedule

FEIN 001100001

2013

PART I: COMPUTATION OF APPORTIONMENT FACTORS (ROUND TO FOUR DECIMAL PLACES)

	A Total Mississippi	B Total Everywhere	C Mississippi Ratio
1 Property factor			
a Beginning of taxable year	89,844,340	215,144,570	
b End of taxable year	153,487,030	200,000,000	
c Total (line 1a plus line 1b)	24,331,370	415,144,570	
d Average net book value of assets (divide line 1c by two)	121,666,685	207,572,285	
e Rental property (enter annual rental property multiplied by eight)	300,000	750,000	
f Total (line 1d plus line 1e)	121,965,685	208,322,285	
g Mississippi property factor (line 1f, column A divided by line 1f, column B)			585466 %
2 Payroll factor (line 2, column A divided by line 2, column B)	16,857,750	37,118,850	454156 %
3 Sales factor (line 3, column A divided by line 3, column B)	342,263	684,525	500001 %

PART II: APPLICATION OF APPORTIONMENT FACTORS (CHECK ONE)

<input checked="" type="checkbox"/> Retailing, renting, servicing, merchandising or wholesaling	4 Sales factor (from part I, line 3, column C) (enter ratio on Form 83-122, line 19)	500001 %
<input type="checkbox"/> Manufacturers that sell principally at retail	5a Property factor (from part I, line 1g, column C) _____ % 5b Payroll factor (from part I, line 2, column C) _____ % 5c Subtotal (line 5a plus line 5b) _____ % 5d Average (divide line 5c by two) _____ % 5e Sales factor (from part I, line 3, column C) _____ % 5f Total (line 5d plus Line 5e) _____ %	5g Weighted average (divide line 5f by two) (enter ratio on Form 83-122, line 19) _____ %
<input type="checkbox"/> Financial institutions, pipelines or manufacturers that sell principally at wholesale	6a Property factor (from part I, line 1g, column C) _____ % 6b Payroll factor (from part I, line 2, column C) _____ % 6c Sales factor (from part I, line 3, column C) _____ % 6d Total (add lines 6a, 6b and 6c) _____ %	6e Average (divide line 6d by three) (enter ratio on Form 83-122, line 19) _____ %
<input type="checkbox"/> Airlines, motor carriers, express companies, telephone and telegraph companies	7 Special formula required (attach schedule and enter ratio on Form 83-122, line 19)	_____ %

MS

Mississippi Nonbusiness Income Worksheet 2013

Tax Year Beginning 0 10 12 0 13
m m d d y y y y

Tax Year Ending 0 13 12 0 13
m m d d y y y y

FEIN 0 0 1 1 0 0 0 1

DIRECTLY ALLOCABLE ITEMS	ALLOCABLE GROSS INCOME (LOSS)		RELATED EXPENSE		NET OF RELATED EXPENSE	
	Column A Everywhere	Column B Mississippi	Column C Everywhere	Column D Mississippi	Column E Everywhere <small>(Column A Less Column C)</small>	Column F Mississippi <small>(Column B Less Column D)</small>
1a Other Interest	15,734,816	2,030,645	0	0	15,734,816	2,030,645
b Capital Gain (Loss)	10,000,000	1,000,000	0	0	10,000,000	1,000,000
c						
d						
e						
f						
g						
h						
i						
2 Net non- business income (loss) (enter column E total on Form 83-122, line 17; enter column F total on Form 83-122, line 21)					25,734,816	3,030,645



MS
Mississippi
Net Operating Loss & Capital Loss Schedule
2013

FEIN 0 0 1 1 0 0 0 0 1

Amended

State election to forgo carryback and to carryforward the current year NOL

PART I: NET OPERATING LOSS

A NOL Year End MM/DD/YYYY	B NOL Amount Enter as a Negative Number	C Income Year NOL Applied MM/DD/YYYY	D Amount Used In Income Year Enter a as Positive Number	E NOL Balance (B) + D = (E) Enter as a Negative Number or Zero
12/31/2011	(25,500,000)	13/31/2012	5,500,000	(20,000,000)
12/31/2011	0	12/31/2013	20,000,000	0
1 Total NOL available (from schedule above, enter as a negative number)				(20,000,000)
2 NOL used in current year (from schedule above, enter as a positive number) (enter on Form 83-122, line 28 or Form 83-391, page 2, line 16)				20,000,000
3 Remaining NOL available for carryforward (line 1 plus line 2)				0

PART II: CAPITAL LOSS

A Loss Year End MM/DD/YYYY	B Capital Loss Amount Enter as a Negative Number	C Income Year Loss Applied MM/DD/YYYY	D Amount Used in Income Year Enter as a Positive Number	E Capital Loss Balance (B) + D = (E) Enter as a Negative Number or Zero
1 Total capital loss available (from schedule above, enter as a negative number)				
2 Capital loss used in current year (from schedule above, enter as a positive number) (enter here and on Form 83-122, line 25)				
3 Remaining capital loss available for carryforward (line 1 plus line 2)				



MS

Mississippi Tax Credit Summary Schedule 2013

FEIN 001100001

(*Carryover Available)

TAX CREDIT CODES			
CODE	CREDIT	CODE	CREDIT
* 02	Premium Retaliatory	17	Import Credit
* 03	Finance Company Privilege	18	Land Donation
* 04	Advanced Technology / Enterprise Zone	19	Broadband Technology
05	Jobs Tax	21	Brownfield Credit
06	National or Regional Headquarters	22	Airport Cargo Charges
07	Research and Development Skills	23	Manufacturer's Investment Tax Credit
08	Employer Child / Dependent Care	24	Alternative Energy Jobs
09	Basic Skills Training or Retraining	25	Child Adoption
10	Reforestation	26	Historic Structure Rehabilitation (Attach Statement)
* 11	Gambling License Fee		<input type="checkbox"/> Check if requesting refund in lieu of 10-year carryforward
* 12	Financial Institution Jobs	* 27	Long Term Care
13	Mississippi Revenue Bond Service	28	New Markets
14	Ad Valorem Inventory	29	Biomass Energy Investment
15	Export Port Charges	30	Wildlife Land Use
16	Insurance Guaranty	* 50	Bank Share

PART I: FRANCHISE TAX CREDITS (CODES 16, 19 AND 50)						
A	B	C	D	E	F	G
CODE	CREDIT EARNED THIS YEAR	CREDIT RECEIVED FROM PASS-THROUGH ENTITY	*CREDIT CARRYOVER FROM PRIOR YEAR	CREDIT USED THIS YEAR	CREDIT EXPIRED THIS YEAR	CREDIT CARRYOVER AVAILABLE FOR NEXT YEAR (B+C+D-E-F)

- 1 Total franchise tax credit used this year (total column E); (enter on Form 83-105, page 1, line 3) 1 _____ .00
- 2 Total franchise tax credit available for next year (total amounts in column G) 2 _____ .00

PART II: INCOME TAX CREDITS						
A	B	C	D	E	F	G
CODE	CREDIT EARNED THIS YEAR	CREDIT RECEIVED FROM PASS-THROUGH ENTITY	*CREDIT CARRYOVER FROM PRIOR YEAR	CREDIT USED THIS YEAR	CREDIT EXPIRED THIS YEAR	CREDIT CARRYOVER AVAILABLE FOR NEXT YEAR (B+C+D-E-F)
13	0	0	2,000,000	1,000,000	1,000,000	0

- 3 Total income tax credit used this year (total column E); (enter on Form 83-105, page 1, line 7 or Form 83-391, page 1, line 4 or Form 83-310, column B; if more than three income tax credits taken, see instructions, Form 83-100) 3 _____ 1,000,000 .00
- 4 Total income tax credit available for next year (total amounts in column G) 4 _____ 0 .00

Test Scenario 2

Name: Hide N Seek Foods Inc
FEIN: 001100002

2013
Corporation

RETURN INFORMATION

Tax Beginning: 01/01/2013

Filing Status: Multistate Direct Accounting

Tax Year Ending: 12/31/2013

Return Type: Balance Due Return

REQUIRED FORMS	Form Name	Binary Attachments
83-105	Corporate Income and Franchise Tax Return	<ul style="list-style-type: none">• <u>Line 14</u> – Underestimate of Corporate Income Tax Worksheet (Form 83-305)
83-110	Corporate Franchise Tax Schedule	<ul style="list-style-type: none">• Line 5 - Deferred Taxes, Deferred Gains, Contingent Liabilities, All True Reserves, and Other Elements• Line 8 – Holding Company Exclusion• Line 18 – Capital Exemption
83-122	Net Taxable Income Schedule	<ul style="list-style-type: none">• <u>Line 29</u> – Income Exemption
83-124	Direct Accounting Income Statement	<ul style="list-style-type: none">• <u>Page 2, Line 33</u> – Adjustments• <u>Page 2, Line 36</u> – Total Non-Allocable Business Income• <u>Page 2, Line 41</u> – Total Non-Allocable General & Administrative Expenses
83-155	Net Operating Loss & Capital Loss Schedule	None
83-310	Corporation Summary of Net Income	None
83-401	Tax Credit Summary Schedule	None



MS
Mississippi
Corporate Income and Franchise Tax Return
2013

Tax Year Beginning 01012013
m m d d y y y y

Tax Year Ending 12312013
m m d d y y y y

FEIN 001100002

Mississippi Secretary of State ID 547210

Legal Name and DBA Hide N Seek Foods Inc Address 32 Any Street <hr/> Anytown TX 77287 <small>City State Zip +4</small> <hr/> County Code <u>83</u> NAICS Code <u>236116</u>	CHECK ALL THAT APPLY <input type="checkbox"/> Amended Return <input type="checkbox"/> Final Return <input type="checkbox"/> Non Profit	CHECK ONE <input type="checkbox"/> 100% Mississippi <input type="checkbox"/> Multistate Apportioning <input checked="" type="checkbox"/> Multistate Direct Accounting
--	--	---

FRANCHISE TAX (ROUND TO THE NEAREST DOLLAR)

1 Taxable capital (from Form 83-110, line 19)	1	60,328,000.00
2 Franchise tax (minimum tax \$25) <input type="checkbox"/> Fee-In-Lieu	2	150,817.00
3 Franchise tax credit (from Form 83-401, line 1)	3	.00
4 Net franchise tax due (line 2 minus line 3)	4	150,817.00

INCOME TAX

Combined income tax return (enter FEIN of reporting corporation) 110000002

5 Mississippi net taxable income (from Form 83-122, line 30 or Form 83-310, line 5, column C)	5	22,931,481.00
6 Income tax	6	1,146,424.00
7 Income tax credits (from Form 83-401, line 3 or Form 83-310, line 5, column B)	7	2,000.00
8 Net income tax due (line 6 minus line 7)	8	1,126,424.00

PAYMENTS AND TAX DUE

9 Total franchise and income tax (line 4 plus line 8)	9	1,277,241.00
10 Overpayments from prior year	10	25,000.00
11 Estimated tax payments and payment with extension	11	800,000.00
12 Total payments (line 10 plus line 11)	12	825,000.00
13 Net total franchise and income tax (line 9 minus line 12)	13	452,241.00
14 Interest and penalty on underestimated income tax payments (from Form 83-305, line 17)	14	51,060.00
15 Late payment interest	15	4,793.00
16 Late payment penalty	16	2,397.00



MS
Mississippi
Corporate Income and Franchise Tax Return
2013

FEIN 001100002

17 Late filing penalty (minimum income tax penalty \$100)	17	_____ .00
18 Total balance due (if line 9 is larger than line 12, add line 13 through line 17)	18	510,491 .00
19 Total overpayment (if line 12 is larger than line 9, subtract line 9 from line 12)	19	_____ .00
20 Overpayment credited to next year (from line 19)	20	_____ .00
21 Overpayment to be refunded (line 19 minus line 20)	21	_____ .00

See instructions for electronic payment options or attach payment voucher, Form 83-300, with check or money order for balance due.

PART I: CORPORATE INFORMATION

- 1 Is this a publicly traded corporation? Yes If yes, under what symbol? HNSF No
- 2 If final return, enter reason and date effective: _____ Date _____
- 3 If the corporation has been sold, merged, complete the following: Name, address and FEIN of the new existing corporation:
 _____ FEIN _____
- 4 If amended return, check reason. Mississippi Correction Federal Correction Other _____
- 5 Check if the company has been audited by the IRS. If the company has been audited, what year(s) are involved? _____

PART II: CORPORATE OFFICER INFORMATION

List the owners, officers, directors or partners who have a responsibility in the fiscal management of the organization.

OFFICER NAME AND TITLE	SSN	ADDRESS	OWNERSHIP PERCENTAGE
Doug Doe Chief Executive Officer	999060016	615 Northington Dr Houston TX 77025	10.00000%
Jane Doe Vice President	999060017	615 Northington Dr Houston TX 77025	10.00000%
Tom Doe Treasurer	999060018	3849 Wood Hill Lane Houston TX 77020	10.00000%



MS Mississippi Corporate Income and Franchise Tax Return 2013

FEIN 001100002

PART III: CORPORATE AFFILIATION SCHEDULE

List all entities owned by and affiliated with the corporation. See page 4 for additional schedule if needed.

Table with 4 columns: ENTITY NAME, FEIN, ADDRESS, ENTITY TYPE. Contains two rows of data: The Greek Playhouse and Acme Food Corporation.

Check box if return may be discussed with preparer

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature and contact information fields for Officer and Paid Preparer, including fields for Date, Business Phone, Address, City, State, and Zip Code.



MS Mississippi Corporate Income and Franchise Tax Return 2013

FEIN 001100002

SUPPLEMENTAL CORPORATE AFFILIATION SCHEDULE

List all entities owned by and affiliated with the corporation. Continued from page 3, part III.

Table with 4 columns: ENTITY NAME, FEIN, ADDRESS, ENTITY TYPE. The table is currently empty.



MS
Mississippi
Corporate Franchise Tax Schedule
2013

FEIN 001100002

CAPITAL BASE		(ROUND TO THE NEAREST DOLLAR)
1	Capital stock	1 <u>40,315,772</u> .00
2	Paid in capital	2 <u>216,368,896</u> .00
3	Surplus and retained earnings	3 <u>136,104,313</u> .00
4	Loans from shareholders or affiliates	4 <u>3,000,000</u> .00
5	Deferred taxes, deferred gains, contingent liabilities, all true reserves, and other elements (attach schedule)	5 <u>16,391,046</u> .00
6	Treasury stock	6 <u>7,701,611</u> .00
7	Add adjustments to retained earnings for treasury stock purchased with borrowed funds	7 <u>1,000,000</u> .00
8	Holding company exclusion (attach schedule)	8 <u>12,000,000</u> .00
9	Total capital base (add line 1 through line 8)	9 <u>393,478,416</u> .00

APPORTIONMENT RATIO		A MISSISSIPPI	B EVERYWHERE
10	Real & tangible personal property owned at year end (net book value)	10A <u>65,123,870</u> .00	10B <u>208,361,780</u> .00
11	Gross receipts	11A <u>49,648,300</u> .00	11B <u>496,482,805</u> .00
12	Total (line 10 plus line 11)	12A <u>114,772,170</u> .00	12B <u>704,844,585</u> .00
13	Mississippi ratio (line 12A divided by line 12B)	13 <u>16.2833</u> %	
14	Taxable capital apportioned to Mississippi (line 9 multiplied by line 13. If 100% Mississippi, enter amount from line 9)	14 <u>64,071,271</u> .00	

ASSESSED VALUE OF MISSISSIPPI PROPERTY		
Mississippi County	Mississippi Assessed Value of Real Property	Mississippi Assessed Value of Personal Property
Holmes	2,000,000	1,000,000

TAXABLE CAPITAL		
15	Total assessed value of Mississippi property (attach additional schedule if needed)	15 <u>3,000,000</u> .00
16	Taxable capital (enter the larger of line 14 or line 15)	16 <u>64,071,271</u> .00
17	Prorate (except for initial return; if period is less than twelve months, multiply line 16 by the number of months covered by the return and divide by twelve)	17 _____ .00
18	Capital exemption (attach schedule)	18 <u>3,744,196</u> .00
19	Final taxable capital (line 16 or line 17 minus line 18. Round amount up to the next highest \$1,000 and enter amount on Form 83-105, line 1. If negative, enter zero on Form 83-105, line 1)	19 <u>60,328,000</u> .00

Mississippi Balance Sheet Per Books

FEIN 001100002

SCHEDULE L - BALANCE SHEETS PER BOOKS				
ASSETS	Beginning of Tax Year		End of Tax Year	
	(A) Amount	(B) Total	(C) Amount	(D) Total
1 Cash		1,400,129		1,084,483
2a Trade notes and accounts receivable	67505582		88,009,947	
b Less allowance for bad debts	(3,565,083)	63,940,499	(3,429,116)	84,580,831
3 Inventories		96,446,105		13,237,456
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement)		58,184,400		17,472,554
7 Loans to shareholders				3,000,000
8 Mortgage and real estate loans				
9 Other investments (attach statement)		391,810,173		550802483
10a Buildings and other depreciable assets	165,666,792		191,729,290	
b Less accumulated depreciation	(114,027,850)	51,638,942	(117,663,548)	74,065,742
11a Depletable assets				
b Less accumulated depletion	()		()	
12 Land (net of any amortization)		3,046,857		3,058,582
13a Intangible assets (amortizable only)	9,649,921		17,146,830	
b Less accumulated amortization	(5,122,236)	4,527,685	(6,175,345)	10,971,485
14 Other assets (attach statement)		25,320,662		39,650,087
15 Total assets		696,315,452		797,723,703

LIABILITIES AND SHAREHOLDER'S EQUITY				
16 Accounts payable		17,736,997		26,805,004
17 Mortgages, notes, bonds payable in less than 1 year		45,556,804		57,898,678
18 Other current liabilities (attach statement)		47,235,461		56,200,717
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more		216,040,151		268,662,559
21 Other liabilities (attach statement)		2,039,040		269,375
22 Capital stock: a Preferred stock				
b Common stock	40,156,378	40,156,378	40,315,772	40,315,772
23 Additional paid-in capital		278,955,000		216,368,896
24 Retained earnings—Appropriated (attach statement)				
25 Retained earnings—Unappropriated		48,595,621		136,104,313
26 Adjustments to shareholders' equity (attach statement) ...				
27 Less cost of treasury stock		()		(7,701,611)
28 Total liabilities and shareholders' equity		696,315,452		794923703

SCHEDULE M-1, RECONCILIATION OF INCOME (LOSS) PER BOOKS WITH FEDERAL INCOME PER RETURN
 Note: Schedule M-3 Required Instead of Schedule M-1 if Total Assets Are \$10 Million or More - See Instructions

1 Net income (loss) per books		7 Income Recorded on Books This Year Not Included on This Return (Itemize): Tax-Exempt Interest \$ _____
2 Federal income tax per books		
3 Excess of capital losses over capital gains		
4 Income subject to tax not recorded on books this year (itemize): _____		
5 Expenses recorded on books this year not deducted on this return (itemize): a Depreciation \$ _____ b Charitable contributions \$ _____ c Travel and entertainment ... \$ _____		8 Deductions on this return not charged against book income this year (itemize): a Depreciation \$ _____ b Charitable contributions \$ _____
6 Add lines 1 through 5		9 Add lines 7 and 8
		10 Income (page 1, line 28) line 6 less line 9

SCHEDULE M-2, ANALYSIS OF UNAPPROPRIATED RETAINED EARNINGS PER BOOKS

1 Balance at beginning of year	48,595,621	5 Distributions: a Cash
2 Net income (loss) per books	80,224,706	b Stock
3 Other increases (itemize): _____		c Property
		6 Other decreases (itemize): _____
	7,283,986	7 Add lines 5 and 6
4 Add lines 1,2, and 3	136,104,313	8 Balance at end of year (line 4 less line 7)



MS

Mississippi Net Taxable Income Schedule 2013

FEIN 001100002

COMPUTATION OF MISSISSIPPI NET TAXABLE INCOME (ROUND TO THE NEAREST DOLLAR)

1 Federal taxable income (loss) before net operating loss deductions and special deductions (from federal Form 1120, page 1, line 28. If multistate direct accounting, enter zero and skip to line 23) 1 0.00

STATE ADDITIONS TO FEDERAL TAXABLE INCOME

2 State, local or foreign government taxes based on income 2 _____ .00

3 Interest on obligations of other states or political subdivisions (net of expenses) 3 _____ .00

4 Depletion expense in excess of cost 4 _____ .00

5 Federal capital loss carryover deduction 5 _____ .00

6 Federal special depreciation allowance 6 _____ .00

7 Other additions required by law (attach schedule) 7 _____ .00

8 **Total additions** (add line 2 through line 7) 8 0.00

STATE DEDUCTIONS FROM FEDERAL TAXABLE INCOME

9 Interest on obligations of the United States (net of expenses) 9 _____ .00

10 Wages reduced on federal return for federal employment tax credits 10 _____ .00

11 Income (loss) from partnership, S corporation or trust 11 _____ .00

12 Income (loss) from construction contracting or production of natural mineral resource products (net of expenses) 12 _____ .00

13 Additional depreciation due to a difference in the depreciable base for federal and state purposes (attach schedule) 13 _____ .00

14 Other deductions (attach schedule) 14 _____ .00

15 **Total deductions** (add line 9 through line 14) 15 0.00

APPORTIONMENT / ALLOCATION (MULTISTATE ONLY)

If 100% Mississippi, complete line 16 then skip to page 2, line 20

16 **Adjusted federal income (loss)** (line 1 plus line 8 minus line 15) 16 0.00

17 Adjustment for nonbusiness income (loss) net of expenses (from Form 83-150, column E, line 2) 17 _____ .00

18 Apportionable business income (loss) (line 16 minus line 17) 18 0.00

19 Apportionment ratio (enter ratio and check box as shown on Form 83-125, part II) 19 0 %

Sales (retail)
 Manufacturers (retail)
 Manufacturers (wholesale), Financial Institutions, Pipelines
 Special Formula



MS

Mississippi Net Taxable Income Schedule 2013

FEIN 001100002

APPORTIONMENT / ALLOCATION

20 Mississippi apportioned income (loss) (multiply line 18 by line 19)	20		0	.00
21 Nonbusiness income (loss) allocated to Mississippi (from Form 83-150, column F, line 2)	21			.00
22 Mississippi income (loss) from partnership, S corporation or trust (attach Mississippi K-1's, Form 84-132)	22			.00
23 Mississippi income (loss) from construction contracting or production of natural mineral resource products (from Form 83-124, page 2, line 31 and/or page 3, line 46)	23		24,138,401	.00
24 Adjustments related to Mississippi tax credits claimed	24			.00
25 Mississippi capital loss carryover/carryback deduction (from Form 83-155, part II, line 2)	25			.00
26 Other adjustments (attach schedule)	26			.00

MISSISSIPPI TAXABLE INCOME

27 Income (loss) apportioned and allocated to Mississippi (add line 20 through line 26)	27		24,138,401	.00
28 Mississippi net operating loss deduction (from Form 83-155, part I, line 2)	28		0	.00
29 Income exemption (attach schedule; if not applicable enter zero)	29		1,206,920	.00
30 Mississippi net taxable income (loss) (line 27 minus line 28 and line 29. Enter on Form 83-105, line 5; If filing combined, enter income (loss) on Form 83-310. If negative, enter zero on Form 83-105, line 5)	30		22,931,481	.00



MS

Mississippi Direct Accounting Income Statement 2013



FEIN 0011000002

Producers of mineral or natural resource products should complete lines 1 through 31. Multistate construction contractors complete lines 32 through 46.

INCOME	(ROUND TO THE NEAREST DOLLAR)
---------------	--------------------------------------

1	Gross receipts or sales	_____		.00
	Less: returns and allowances	(_____)	1	_____ .00
2	Cost of goods sold and/or operations (attach schedule)	_____	2	_____ .00
3	Gross profit (line 1 minus line 2)	_____	3	_____ .00
4	Dividends (attach schedule)	_____	4	_____ .00
5	Interest	_____	5	_____ .00
6	Gross rents	_____	6	_____ .00
7	Gross royalties	_____	7	_____ .00
8	Allocable capital gain (attach schedule)	_____	8	_____ .00
9	Allocable net gain (loss) (attach schedule)	_____	9	_____ .00
10	Other income (loss) (attach schedule)	_____	10	_____ .00
11	Total income (add line 3 through line 10)	_____	11	_____ .00

DEDUCTIONS	
-------------------	--

12	Compensation of officers			_____ .00
13	Salaries and wages	_____	13	_____ .00
14	Repairs	_____	14	_____ .00
15	Bad debts	_____	15	_____ .00
16	Rents	_____	16	_____ .00
17	Taxes (attach schedule)	_____	17	_____ .00
18	Interest	_____	18	_____ .00
19	Contributions	_____	19	_____ .00
20a	Total depreciation	20a _____		_____ .00
20b	Depreciation claimed on return	20b _____		_____ .00
21	Depreciation balance claimed (line 20a minus 20b)	_____	21	_____ .00





MS
Mississippi
Direct Accounting Income Statement
2013

FEIN 001100002

22 Depletion	22	_____	.00
23 Advertising	23	_____	.00
24 Pension, profit-sharing, plans, etc.	24	_____	.00
25 Employee benefit programs	25	_____	.00
26 Other deductions (attach schedule)	26	_____	.00
27 Total deductions (add line 12 through line 19 and line 21 through line 26)	27	_____	0 .00

NET INCOME

28 Net direct income (loss) (line 11 minus line 27)	28	_____	.00
29 Non-allocable business income (loss) (including ordinary/capital gains apportioned to Mississippi using a sales to sales ratio; attach schedule)	29	_____	.00
30 Non-allocable general and administrative expenses (apportioned to Mississippi using a sales to sales ratio; attach schedule)	30	_____	.00
31 Net income (loss) (line 28 plus line 29 minus line 30; enter on Form 83-122, line 23)	31	_____	.00

GROSS PROFIT

Only multistate construction contractors complete lines 32 through 46

32 Gross receipts or gross sales from jobs in Mississippi	32	_____	49,648,300 .00
33 Adjustments (attach schedule)	33	_____	5,750,250 .00
34 Direct cost from jobs in Mississippi	34	_____	10,831,482 .00
35 Mississippi gross profit (line 32 plus line 33 minus line 34)	35	_____	44,567,068 .00

ADD: NON-ALLOCABLE BUSINESS INCOME

36 Total company non-allocable business income (attach schedule)	36	_____	250,000 .00
37 Total Mississippi sales (line 32 plus other Mississippi business income)	37	_____	49,648,300 .00
38 Total company sales (total sales from jobs and other business income)	38	_____	496,482,805 .00
39 Ratio (divide line 37 by line 38)	39	_____	100000 %
40 Mississippi non-allocable business income (multiply line 36 by line 39)	40	_____	25,000 .00



MS

Mississippi Direct Accounting Income Statement 2013



FEIN 001100002

DEDUCT: NON-ALLOCABLE GENERAL AND ADMINISTRATIVE EXPENSES

41	Total company non-allocable general and administrative expenses (attach schedule)	41	<u>205,930,819</u>	.00
42	Mississippi direct cost	42	<u>28,549,433</u>	.00
43	Total company direct cost	43	<u>287,440,463</u>	.00
44	Ratio (divide line 42 by line 43)	44	<u>99323</u>	%
45	Mississippi non-allocable general and administrative expenses (multiply line 41 by line 44)	45	<u>20,453,667</u>	.00
46	Net income (loss) (line 35 plus line 40 minus line 45; enter on Form 83-122, line 23)	46	<u>24,138,401</u>	.00





MS
Mississippi
Net Operating Loss & Capital Loss Schedule
2013

FEIN 0 0 1 1 0 0 0 0 2

Amended

State election to forgo carryback and to carryforward the current year NOL

PART I: NET OPERATING LOSS

A NOL Year End MM/DD/YYYY	B NOL Amount Enter as a Negative Number	C Income Year NOL Applied MM/DD/YYYY	D Amount Used In Income Year Enter a as Positive Number	E NOL Balance (B) + D = (E) Enter as a Negative Number or Zero
1 Total NOL available (from schedule above, enter as a negative number)				0
2 NOL used in current year (from schedule above, enter as a positive number) (enter on Form 83-122, line 28 or Form 83-391, page 2, line 16)				0
3 Remaining NOL available for carryforward (line 1 plus line 2)				0

PART II: CAPITAL LOSS

A Loss Year End MM/DD/YYYY	B Capital Loss Amount Enter as a Negative Number	C Income Year Loss Applied MM/DD/YYYY	D Amount Used in Income Year Enter as a Positive Number	E Capital Loss Balance (B) + D = (E) Enter as a Negative Number or Zero
1 Total capital loss available (from schedule above, enter as a negative number)				0
2 Capital loss used in current year (from schedule above, enter as a positive number) (enter here and on Form 83-122, line 25)				0
3 Remaining capital loss available for carryforward (line 1 plus line 2)				0



MS
Mississippi
Corporation Summary of Net Income Schedule
2013

FEIN 001100002

(ROUND TO THE NEAREST DOLLAR)

Column A	Column B		Column C
Corporation Name FEIN	Credit Code	Credit Amount	Net Income (Loss)
1 Reporting corporation			
NAME <u>Hide N Seek Foods Inc</u>	<u>13</u>	<u>20,000</u> .00	
FEIN <u>110000002</u>			<u>22,931,481</u> .00
2 Subsidiary corporations			
NAME <u>The Food Corporation</u>		.00	
FEIN <u>110000012</u>		.00	<u>(25,702,498)</u> .00
NAME <u>Acme Food Corporation</u>		.00	
FEIN <u>110000013</u>		.00	<u>25,702,498</u> .00
NAME _____		.00	
FEIN _____		.00	.00
NAME _____		.00	
FEIN _____		.00	.00
3 Total column B and column C (total of credit amounts line 1 and line 2, column B and total net taxable income (loss) from column C)		<u>20,000</u> .00	<u>22,931,481</u> .00
4 Totals from page 2 (total of column B and column C from additional page(s) Form 83-310)		<u>0</u> .00	<u>0</u> .00
5 Total income tax credits and net income (loss) (sum of line 3 and line 4. Enter the total from column B on Form 83-105, page 1, line 7. Enter the total from column C on Form 83-105, page 1, line 5. If the total in column C is negative, enter zero on Form 83-105, page 1, line 5)		<u>20,000</u> .00	<u>22,931,481</u> .00



MS

Mississippi Tax Credit Summary Schedule 2013

FEIN 001100002

(*Carryover Available)

TAX CREDIT CODES			
CODE	CREDIT	CODE	CREDIT
* 02	Premium Retaliatory	17	Import Credit
* 03	Finance Company Privilege	18	Land Donation
* 04	Advanced Technology / Enterprise Zone	19	Broadband Technology
05	Jobs Tax	21	Brownfield Credit
06	National or Regional Headquarters	22	Airport Cargo Charges
07	Research and Development Skills	23	Manufacturer's Investment Tax Credit
08	Employer Child / Dependent Care	24	Alternative Energy Jobs
09	Basic Skills Training or Retraining	25	Child Adoption
10	Reforestation	26	Historic Structure Rehabilitation (Attach Statement)
* 11	Gambling License Fee		<input type="checkbox"/> Check if requesting refund in lieu of 10-year carryforward
* 12	Financial Institution Jobs	* 27	Long Term Care
13	Mississippi Revenue Bond Service	28	New Markets
14	Ad Valorem Inventory	29	Biomass Energy Investment
15	Export Port Charges	30	Wildlife Land Use
16	Insurance Guaranty	* 50	Bank Share

PART I: FRANCHISE TAX CREDITS (CODES 16, 19 AND 50)						
A	B	C	D	E	F	G
CODE	CREDIT EARNED THIS YEAR	CREDIT RECEIVED FROM PASS-THROUGH ENTITY	*CREDIT CARRYOVER FROM PRIOR YEAR	CREDIT USED THIS YEAR	CREDIT EXPIRED THIS YEAR	CREDIT CARRYOVER AVAILABLE FOR NEXT YEAR (B+C+D-E-F)

- 1 Total franchise tax credit used this year (total column E); (enter on Form 83-105, page 1, line 3) 1 _____ .00
- 2 Total franchise tax credit available for next year (total amounts in column G) 2 _____ .00

PART II: INCOME TAX CREDITS						
A	B	C	D	E	F	G
CODE	CREDIT EARNED THIS YEAR	CREDIT RECEIVED FROM PASS-THROUGH ENTITY	*CREDIT CARRYOVER FROM PRIOR YEAR	CREDIT USED THIS YEAR	CREDIT EXPIRED THIS YEAR	CREDIT CARRYOVER AVAILABLE FOR NEXT YEAR (B+C+D-E-F)
13	20,000	0	0	20,000	0	0

- 3 Total income tax credit used this year (total column E); (enter on Form 83-105, page 1, line 7 or Form 83-391, page 1, line 4 or Form 83-310, column B; if more than three income tax credits taken, see instructions, Form 83-100) 3 _____ 20,000 .00
- 4 Total income tax credit available for next year (total amounts in column G) 4 _____ 0 .00

Test Scenario 3

Name: Work N All Day Inc
FEIN: 001100007

2013

Pass-Through Entity - S Corporation

RETURN INFORMATION

Tax Beginning: 07/01/2013

Filing Status: 100% Mississippi

State Payment: ACH Credit

Tax Year Ending: 12/31/2013

Return Type: Amended Return

Payment Amount: \$2,221.00

Requested Payment Date: 3/30/2014

REQUIRED FORMS	Form Name	Binary Attachments
84-105	Pass-Through Entity Tax Return	None
84-110	S-Corporation Franchise Tax Schedule	<ul style="list-style-type: none">Line 9 – Mississippi Balance Sheet Per Books (Federal Schedule L)
84-122	Mississippi Net Taxable Income Schedule	None
84-125	Business Income Apportionment Schedule	None
84-131	Mississippi Schedule K	None
84-132 (2)	Mississippi Schedule K-1	None
84-401	Tax Credit Summary Schedule	<ul style="list-style-type: none">Line 1 - Franchise Tax Credit Schedule of Computations

Prepared By: Self Prepared



Mississippi Pass-Through Entity Tax Return 2013

Tax Year Beginning 07012013
m m d d y y y y
 FEIN 001100007

Mississippi Secretary of State ID 305217

Tax Year Ending 12312013
m m d d y y y y
 NAICS Code 238210

Legal Name and DBA Work N All Day Inc			<input type="checkbox"/> Partnership / LLC / LLP (Federal 1065)		<input checked="" type="checkbox"/> S Corporation (Federal 1120-S)	
Address 37 Any Street			CHECK ALL THAT APPLY		CHECK ONE	
Anytown	NC	28041-0280	<input type="checkbox"/> Composite Return		<input checked="" type="checkbox"/> 100% Mississippi	
<small>City</small>	<small>State</small>	<small>Zip+4</small>	<input checked="" type="checkbox"/> Amended Return		<input type="checkbox"/> Multistate Apportioning	
County Code <u>25</u>		Total Number of Mississippi K-1's <u>02</u>				
If issuing 100 or more K-1's, this return <u>must</u> be filed electronically. See www.dor.ms.gov for information.						
S CORPORATION FRANCHISE TAX			(ROUND TO THE NEAREST DOLLAR)			

1	Taxable capital (from Form 84-110, line 19)	1		1,056,000.00
2	Franchise tax (minimum tax \$25) <input type="checkbox"/> Fee-In-Lieu	2		2,640.00
3	Franchise tax credit (from Form 84-401, line 1)	3		500.00
4	Net franchise tax due (line 2 minus line 3)	4		2,140.00

COMPOSITE INCOME TAX				
5	Mississippi net taxable income (from Form 84-122, line 32)	5		.00
6	Income tax	6		.00
7	Income tax credits (from Form 84-401, line 3)	7		.00
8	Net income tax due (line 6 minus line 7)	8		.00

PAYMENTS AND TAX DUE				
9	Total franchise and/or income tax (S corporations use line 4 only; composite S corporations use line 4 plus line 8; composite partnerships use line 8 only)	9		2,140.00
10	Overpayments from prior year	10		.00
11	Estimated tax payments and payment with extension	11		25.00
12	Total payments (line 10 plus line 11)	12		25.00
13	Net total franchise and/or income tax (line 9 minus line 12)	13		2,115.00
14	Interest and penalty on underestimated income tax payments (composite S corporations and composite partnerships only; from Form 83-305, line 17)	14		.00
15	Late payment interest	15		.00
16	Late payment penalty	16		106.00



Mississippi Pass-Through Entity Schedule 2013

FEIN 001100007

PART III Q-SUB/DISREGARDED ENTITY SCHEDULE

List all qualified subchapter S subsidiaries (Q-Sub) and/or disregarded entities. Attach additional schedule(s), Form 84-105, page 4, if needed.

ENTITY NAME	FEIN	ADDRESS	MISSISSIPPI OPERATIONS (Y/N)

PART IV ENTITY OFFICER INFORMATION

List the owners, officers, directors, or partners who have a responsibility in the fiscal management of the organization.

OFFICER NAME AND TITLE	SSN	ADDRESS	OWNERSHIP PERCENTAGE
Khiry U Farr CEO	999060020	2131 Woodland Dr Wilmington NC 28202	0
Carrie Ortiz Vice President	999060006	55 Any Street Anytown WI 53201	50.0000
Bin Xempt Treasurer	000999068	51 Any Street Anytown WI 53201	50.0000

Check box if return may be discussed with preparer.

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Officer Signature and Title	Date	Business Phone
Paid Preparer Signature	Date	Paid Preparer Address
Paid Preparer PTIN	Paid Preparer Phone	City State Zip Code

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



Mississippi Supplemental Pass-Through Entity Schedule 2013

FEIN 001100007

PASS-THROUGH ENTITY SCHEDULE

List all pass-through entities in Mississippi that the S corporation / Partnership invested in during the tax year, continued from page 2, part II.

ENTITY NAME	FEIN	ADDRESS	ENTITY TYPE

Q-SUB/DISREGARDED ENTITY SCHEDULE

List all qualified subchapter S subsidiaries (Q-Sub) and/or disregarded entities, continued from page 3, part III.

ENTITY NAME	FEIN	ADDRESS	MISSISSIPPI OPERATIONS (Y/N)



Mississippi S-Corporation Franchise Tax Schedule 2013

FEIN 001100007

CAPITAL BASE		(ROUND TO THE NEAREST DOLLAR)
1	Capital stock	10,000.00
2	Paid in capital	.00
3	Surplus and retained earnings	2,101,917.00
4	Loans from shareholders or affiliates	.00
5	Deferred taxes, deferred gains, contingent liabilities, all true reserves and other elements (attach schedule)	.00
6	Treasury stock	.00
7	Add adjustments to retained earnings for treasury stock purchased with borrowed funds	.00
8	Holding company exclusion (attach schedule)	.00
9	Total capital base (add line 1 through line 8)	2,111,917.00

APPORTIONMENT RATIO		A MISSISSIPPI	B EVERYWHERE
10	Real & tangible personal property owned at year end (net book value)	10A 60,000.00	10B 60,000.00
11	Gross receipts	11A 11,468,259.00	11B 11,468,259.00
12	Total (line 10 plus line 11)	12A 11,528,259.00	12B 11,528,259.00
13	Mississippi ratio (line 12A divided by line 12B)		13 1000000 %
14	Taxable capital apportioned to Mississippi (line 9 multiplied by line 13. If 100% Mississippi enter amount from line 9)		14 2,111,917.00

ASSESSED VALUE OF MISSISSIPPI PROPERTY		
Mississippi County	Mississippi Assessed Value of Real Property	Mississippi Assessed Value of Personal Property
Hinds	30.000	30.000

TAXABLE CAPITAL		
15	Total assessed value of Mississippi property (attach additional schedule if needed)	60,000.00
16	Taxable capital (enter the larger of line 14 or line 15)	2,111,917.00
17	Prorate (except for initial return; if period is less than twelve months, multiply line 16 by the number of months covered by the return and divide by twelve)	1,055,959.00
18	Capital exemption (attach schedule)	.00
19	Final taxable capital (line 16 or line 17 minus line 18; round amount up to the next highest \$1000. Enter amount on Form 84-105 line 1. If negative, enter zero on Form 84-105 line 1)	1,056,000.00



Mississippi Net Taxable Income Schedule 2013

FEIN 001100007

FEDERAL TAXABLE INCOME **(ROUND TO THE NEAREST DOLLAR)**

1 Ordinary business income (loss) (from federal Form 1120S, page 1, line 21 or federal Form 1065, page 1, line 22. If multistate direct accounting, enter zero and skip to line 25)	1		424,118.00
2 Total federal Schedule K income (pass-through items not included in line 1 above from federal Form 1120S, page 3, Schedule K, line 2 through line 6 or from federal Form 1065, page 4, Schedule K, line 2 through line 11)	2		159,796.00
3 Total federal Schedule K deductions (pass-through items not included in line 1 above from federal Form 1120S, page 3, Schedule K, line 11 through line 12d or from federal Form 1065, page 4, Schedule K, line 12 through line 13d)	3		565,304.00
4 Total federal business income (loss) (line 1 plus line 2 minus line 3)	4		18,610.00

STATE ADDITIONS TO FEDERAL TAXABLE INCOME

5 State, local or foreign government taxes based on income	5		.00
6 Interest on obligations of other states or political subdivisions (net of expenses)	6		.00
7 Depletion expense in excess of cost	7		.00
8 Federal special depreciation allowance	8		.00
9 Other additions required by law (attach schedule)	9		.00
10 Total additions (add line 5 through line 9)	10		0.00

STATE DEDUCTIONS FROM FEDERAL TAXABLE INCOME

11 Interest on obligations of the United States (net of expenses)	11		.00
12 Wages reduced on federal return for federal employment tax credits	12		.00
13 Income (loss) from partnership, S corporation or trust	13		.00
14 Income (loss) from construction contracting or production of natural mineral resource products (net of expenses)	14		.00
15 Additional depreciation due to a difference in the depreciable base for federal and state purposes (attach schedule)	15		.00
16 Other deductions (attach schedule)	16		.00
17 Total deductions (add line 11 through line 16)	17		0.00

APPORTIONMENT / ALLOCATION

If 100% Mississippi, complete line 18 then skip to page 2. line 22

18 Adjusted federal income (loss) (line 4 plus line 10 minus line 17)	18		18,610.00
19 Adjustment for nonbusiness income (loss) net of expenses (from Form 84-150, column E, line 2)	19		.00
20 Apportionable business income (loss) (line 18 minus line 19)	20		18,610.00



Mississippi Net Taxable Income Schedule 2013

FEIN 001100007

APPORTIONMENT / ALLOCATION

21 Apportionment ratio (enter ratio and check box as shown on Form 84-125, Part II)	21	1000000 %
<input checked="" type="checkbox"/> Sales (retail) <input type="checkbox"/> Manufacturers (retail) <input type="checkbox"/> Manufacturers (wholesale), Financial Institutions, Pipelines <input type="checkbox"/> Special Formula		
22 Mississippi apportioned income (loss) (multiply line 20 by line 21)	22	18,610.00
23 Nonbusiness income (loss) allocated to Mississippi (from Form 84-150, column F, line 2)	23	.00
24 Mississippi income (loss) from partnership, S corporation or trust (attach Mississippi K-1's, Form 84-132)	24	.00
25 Mississippi income (loss) from construction contracting or production of natural mineral resource products (from Form 84-124, page 2, line 31 and/or page 3, line 46)	25	.00
26 Other adjustments required by law (attach schedule)	26	.00
27 Income exemption (attach schedule; if not applicable, enter zero)	27	.00
28 Total income (loss) apportioned and directly allocated to Mississippi (add line 22 through line 27)	28	18,610.00

MISSISSIPPI COMPOSITE TAXABLE INCOME

If filing composite, complete lines 29 through 32

29 Mississippi composite net income (loss) (from Form 84-131)	29	0.00
30 Composite return filing adjustment (attach schedule)	30	.00
31 Less Mississippi composite net operating loss deduction (from Form 84-155, line 2)	31	.00
32 Mississippi composite net taxable income (loss) (line 29 minus line 30 and line 31; enter on Form 84-105, line 5. If negative, enter zero on Form 84-105, line 5)	32	0.00

Mississippi Business Income Apportionment Schedule 2013

FEIN 001100007

PART I: COMPUTATION OF APPORTIONMENT FACTORS (ROUND TO FOUR DECIMAL PLACES)

	A Total Mississippi	B Total Everywhere	C Mississippi Ratio
1 Property factor			
a Beginning of taxable year	25,000	25,000	
b End of taxable year	60,000	60,000	
c Total (line 1a plus line 1b)	85,000	85,000	
d Average net book value of assets (divide line 1c by two)	42,500	42,500	
e Rental property (enter annual rental property multiplied by eight)	0	0	
f Total (line 1d plus line 1e)	42,500	42,500	
g Mississippi property factor (line 1f, column A divided by line 1f, column B)			1000000 %
2 Payroll factor (line 2, column A divided by line 2, column B)	0	0	0 %
3 Sales factor (line 3, column A divided by line 3, column B)	11,468,259	11,468,259	1000000 %

PART II: APPLICATION OF APPORTIONMENT FACTORS (CHECK ONE)

<input checked="" type="checkbox"/> Retailing, renting, servicing, merchandising or wholesaling	4 Sales factor (from part I, line 3, column C) (enter ratio on Form 84-122, line 21)	100000 %
<input type="checkbox"/> Manufacturers that sell principally at retail <ul style="list-style-type: none"> 5a Property factor (from part I, line 1g, column C) _____ % 5b Payroll factor (from part I, line 2, column C) _____ % 5c Subtotal (line 5a plus line 5b) _____ % 5d Average (divide line 5c by two) _____ % 5e Sales factor (from part I, line 3, column C) _____ % 5f Total (line 5d plus Line 5e) _____ % 	5g Weighted average (divide line 5f by two) (enter ratio on Form 84-122, line 21)	_____ %
<input type="checkbox"/> Financial institutions, pipelines or manufacturers that sell principally at wholesale <ul style="list-style-type: none"> 6a Property factor (from part I, line 1g, column C) _____ % 6b Payroll factor (from part I, line 2, column C) _____ % 6c Sales factor (from part I, line 3, column C) _____ % 6d Total (add lines 6a, 6b and 6c) _____ % 	6e Average (divide line 6d by three) (enter ratio on Form 84-122, line 21)	_____ %
<input type="checkbox"/> Airlines, motor carriers, express companies, telephone and telegraph companies	7 Special formula required (attach schedule and enter ratio on Form 84-122, line 21)	_____ %



Mississippi Schedule K 2013

FEIN 001100007

Partnership / LLC / LLP (Federal 1065)

S Corporation (Federal 1120-S)

COLUMN A	COLUMN B	COLUMN C	COLUMN D
OWNER / PARTNER NAME ID TYPE	OWNERSHIP % (ENTER 25% AS 25.0000) STATE OF RESIDENCE (CHECK BOX IF COMPOSITE)	A MISSISSIPPI TAXABLE INCOME (LOSS) B CREDIT CODE C CREDIT AMOUNT	NON-MISSISSIPPI TAXABLE INCOME (LOSS)
1 NAME <u>Carrie Ortiz</u> FEIN <input type="checkbox"/> SSN <input checked="" type="checkbox"/> <u>999060006</u>	<u>500000</u> % STATE <u>WI</u> <input type="checkbox"/> COMPOSITE	a <u>9305</u> b _____ c _____ b _____ c _____ b _____ c _____	0.00
NAME <u>Ben Xempt</u> FEIN <input checked="" type="checkbox"/> <u>000999068</u> SSN <input type="checkbox"/>	<u>500000</u> % STATE <u>WI</u> <input type="checkbox"/> COMPOSITE	a <u>9305</u> b _____ c _____ b _____ c _____ b _____ c _____	0.00
NAME _____ FEIN <input type="checkbox"/> SSN <input type="checkbox"/>	____ . ____ % STATE _____ <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____	.00
NAME _____ FEIN <input type="checkbox"/> SSN <input type="checkbox"/>	____ . ____ % STATE _____ <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____	.00
NAME _____ FEIN <input type="checkbox"/> SSN <input type="checkbox"/>	____ . ____ % STATE _____ <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____	.00

2 Total column B, column C and column D (from above)	<u>1000000</u> %	2a <u>18610</u>	2c <u>0</u>	2 <u>0</u> .00
3 Totals from additional pages (total of column B, column C and column D from Form 84-131, page 2)	<u>0</u> %	3a <u>0</u>	3c <u>0</u>	3 <u>0</u> .00
4 Total taxable income (loss) and total tax credits (total of column C, line 2 plus line 3 and total column D, line 2 plus line 3. Composite filers enter total composite income from column C, line 4a on Form 84-105, page 1, line 5.	<u>0</u> %	4a <u>18610</u>	4c <u>0</u>	4 <u>0</u> .00
5 Total net income (loss) (column C, line 4a plus column D, line 4)				5 <u>18610</u> .00

Mississippi Schedule K-1

2013

S Corporation
 Partnership
 Final K-1
 Amended K-1
 Composite

PART I: INFORMATION ABOUT THE ENTITY		PART III: PARTNER'S SHARE OF CURRENT YEAR INCOME, DEDUCTIONS, CREDITS, AND OTHER ITEMS																									
A Entity FEIN <div style="text-align: center; font-family: monospace; font-size: 1.2em;">0 0 1 1 0 0 0 0 7</div>		1 Ordinary business income (loss) <div style="text-align: right; font-size: 1.2em;">212,059</div>	15 Self-employment earnings (loss)																								
B Entity's name, address, city, state and zip code Work N All Day Inc 37 Any Street Anytown NC 28041-0280		2 Net rental real estate income (loss)																									
C <input type="checkbox"/> If partnership box was checked above, is the partnership a publicly traded partnership (PTP)?		3 Other net rental income (loss)	16 Credits																								
PART II: INFORMATION ABOUT THE OWNER / PARTNER		4 Guaranteed payments																									
D Owner / partner's SSN or FEIN <div style="text-align: center; font-family: monospace; font-size: 1.2em;">9 9 9 0 6 0 0 0 6</div>		5 Interest income <div style="text-align: right; font-size: 1.2em;">35,574</div>	17 Foreign transactions																								
E Owner / partner's name, address, city, state and zip code Carrie Ortiz 55 Any Street Anytown WI 53201		6a Ordinary dividends																									
F <input type="checkbox"/> General partner or LLC member-manager <input type="checkbox"/> Limited partner or other LLC member		6b Qualified dividends																									
G What type of entity is the partner? _____		7 Royalties	18 Alternative minimum tax (AMT) items																								
H <input type="checkbox"/> Check box if 5% of the net gain / profit was withheld. Enter amount of withholding remitted for partner \$ _____		8 Net short-term capital gain (loss) <div style="text-align: right; font-size: 1.2em;">39,325</div>	<div style="text-align: right; font-size: 1.2em;">(8,373)</div>																								
I Partner's share of profit, loss and capital: <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;">Beginning</td> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;">Ending</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td>Profit</td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td></td> </tr> <tr> <td>Loss</td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td></td> </tr> <tr> <td>Capital</td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td></td> </tr> </table>		Beginning		Ending			Profit	%		%			Loss	%		%			Capital	%		%				9a Net long-term capital gain (loss)	19 Items affecting shareholder basis
	Beginning		Ending																								
Profit	%		%																								
Loss	%		%																								
Capital	%		%																								
J Partner's share of liabilities at year end: Nonrecourse \$ _____ Qualified nonrecourse financing \$ _____ Recourse \$ _____		9b Collectibles (28%) gain (loss) <div style="text-align: right; font-size: 1.2em;">96,826</div>																									
K Partner's Mississippi capital account analysis: Beginning capital account . . \$ _____ Capital contributed during the year \$ _____ Current year increase (decrease) \$ _____ Withdrawals and distributions \$ _____ Ending capital account . . . \$ _____		9c Unrecaptured section 1250 gain	20 Tax-Exempt income and nondeductible expenses																								
<input type="checkbox"/> Tax Basis <input type="checkbox"/> GAAP <input type="checkbox"/> Other		10 Net section 1231 gain (loss)																									
L Did the partner contribute property with a built-in gain or loss? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", attach statement.		11 Other income (loss) <div style="text-align: right; font-size: 1.2em;">5,000</div>																									
M Shareholder's percentage of stock ownership for tax year <div style="text-align: right; font-size: 1.2em;">50.0000 %</div>		12 Charitable contributions <div style="text-align: right; font-size: 1.2em;">31,468</div>	21 Distributions																								
N Mississippi apportionment ratio for tax year <div style="text-align: right; font-size: 1.2em;">100.0000 %</div>		13 Section 179 deduction																									
		14 Other deductions <div style="text-align: right; font-size: 1.2em;">251,185</div>	22 Other information <div style="text-align: right; font-size: 1.2em;">35,574</div>																								
PART IV: MISSISSIPPI TAX CREDITS (Enter credit code and name from Form 84-401)																											
	Code	Credit	Amount																								
			.00																								
			.00																								
			.00																								
			.00																								

Mississippi Schedule K-1

2013

S Corporation
 Partnership
 Final K-1
 Amended K-1
 Composite

PART I: INFORMATION ABOUT THE ENTITY		PART III: PARTNER'S SHARE OF CURRENT YEAR INCOME, DEDUCTIONS, CREDITS, AND OTHER ITEMS																					
A Entity FEIN <div style="text-align: center; font-family: monospace; font-size: 1.2em;">0 0 1 1 0 0 0 0 7</div>		1 Ordinary business income (loss) <div style="text-align: right; font-weight: bold;">212,059</div>	15 Self-employment earnings (loss)																				
B Entity's name, address, city, state and zip code Work N All Day 37 Any Street Anytown NC 28041-0280		2 Net rental real estate income (loss)																					
C <input type="checkbox"/> If partnership box was checked above, is the partnership a publicly traded partnership (PTP)?		3 Other net rental income (loss)	16 Credits																				
PART II: INFORMATION ABOUT THE OWNER / PARTNER		4 Guaranteed payments																					
D Owner / partner's SSN or FEIN <div style="text-align: center; font-family: monospace; font-size: 1.2em;">0 0 0 9 9 9 0 6 8</div>		5 Interest income <div style="text-align: right; font-weight: bold;">35,573</div>	17 Foreign transactions																				
E Owner / partner's name, address, city, state and zip code Bin Xempt 51 Any Street Anytown WI 53201		6a Ordinary dividends																					
F <input type="checkbox"/> General partner or LLC member-manager <input type="checkbox"/> Limited partner or other LLC member		6b Qualified dividends																					
G What type of entity is the partner? _____		7 Royalties	18 Alternative minimum tax (AMT) items																				
H <input type="checkbox"/> Check box if 5% of the net gain / profit was withheld. Enter amount of withholding remitted for partner \$ _____		8 Net short-term capital gain (loss) <div style="text-align: right; font-weight: bold;">39,324</div>	(8,371)																				
I Partner's share of profit, loss and capital: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 20%; text-align: center;">Beginning</td> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">Ending</td> <td style="width: 10%;"></td> </tr> <tr> <td>Profit</td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">%</td> <td></td> </tr> <tr> <td>Loss</td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">%</td> <td></td> </tr> <tr> <td>Capital</td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">%</td> <td></td> </tr> </table>		Beginning		Ending		Profit	%		%		Loss	%		%		Capital	%		%			9a Net long-term capital gain (loss)	19 Items affecting shareholder basis
	Beginning		Ending																				
Profit	%		%																				
Loss	%		%																				
Capital	%		%																				
J Partner's share of liabilities at year end: Nonrecourse \$ _____ Qualified nonrecourse financing \$ _____ Recourse \$ _____		9b Collectibles (28%) gain (loss)	96,826																				
K Partner's Mississippi capital account analysis: Beginning capital account . . \$ _____ Capital contributed during the year \$ _____ Current year increase (decrease) \$ _____ Withdrawals and distributions \$ (_____) Ending capital account . . . \$ _____		9c Unrecaptured section 1250 gain	20 Tax-Exempt income and nondeductible expenses																				
<input type="checkbox"/> Tax Basis <input type="checkbox"/> GAAP <input type="checkbox"/> Other		10 Net section 1231 gain (loss)																					
L Did the partner contribute property with a built-in gain or loss? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", attach statement.		11 Other income (loss) <div style="text-align: right; font-weight: bold;">5,000</div>																					
M Shareholder's percentage of stock ownership for tax year <div style="text-align: right; font-weight: bold;">50.0000 %</div>		12 Charitable contributions <div style="text-align: right; font-weight: bold;">31,467</div>	21 Distributions																				
N Mississippi apportionment ratio for tax year <div style="text-align: right; font-weight: bold;">100.0000 %</div>		13 Section 179 deduction																					
		14 Other deductions <div style="text-align: right; font-weight: bold;">251,184</div>	22 Other information <div style="text-align: right; font-weight: bold;">35,573</div>																				
PART IV: MISSISSIPPI TAX CREDITS (Enter credit code and name from Form 84-401)																							
	Code	Credit	Amount																				
			.00																				
			.00																				
			.00																				
			.00																				



MS

Mississippi Tax Credit Summary Schedule 2013

FEIN 001100007

(*Carryover Available)

TAX CREDIT CODES			
CODE	CREDIT	CODE	CREDIT
* 02	Premium Retaliatory	17	Import Credit
* 03	Finance Company Privilege	18	Land Donation
* 04	Advanced Technology / Enterprise Zone	19	Broadband Technology
05	Jobs Tax	21	Brownfield Credit
06	National or Regional Headquarters	22	Airport Cargo Charges
07	Research and Development Skills	23	Manufacturer's Investment Tax Credit
08	Employer Child / Dependent Care	24	Alternative Energy Jobs
09	Basic Skills Training or Retraining	25	Child Adoption
10	Reforestation	26	Historic Structure Rehabilitation (Attach Statement)
* 11	Gambling License Fee		<input type="checkbox"/> Check if requesting refund in lieu of 10-year carryforward
* 12	Financial Institution Jobs	* 27	Long Term Care
13	Mississippi Revenue Bond Service	28	New Markets
14	Ad Valorem Inventory	29	Biomass Energy Investment
15	Export Port Charges	30	Wildlife Land Use
16	Insurance Guaranty	* 50	Bank Share

PART I: FRANCHISE TAX CREDITS (CODES 16, 19 AND 50)

A CODE	B CREDIT EARNED THIS YEAR	C CREDIT RECEIVED FROM PASS-THROUGH ENTITY	D *CREDIT CARRYOVER FROM PRIOR YEAR	E CREDIT USED THIS YEAR	F CREDIT EXPIRED THIS YEAR	G CREDIT CARRYOVER AVAILABLE FOR NEXT YEAR (B+C+D-E-F)
-----------	------------------------------	---	--	----------------------------	-------------------------------	---

1 9 500 0 0 500 0 0

- 1 Total franchise tax credit used this year (total column E); (enter on Form 83-105, page 1, line 3) 1 500.00
- 2 Total franchise tax credit available for next year (total amounts in column G) 2 0.00

PART II: INCOME TAX CREDITS

A CODE	B CREDIT EARNED THIS YEAR	C CREDIT RECEIVED FROM PASS-THROUGH ENTITY	D *CREDIT CARRYOVER FROM PRIOR YEAR	E CREDIT USED THIS YEAR	F CREDIT EXPIRED THIS YEAR	G CREDIT CARRYOVER AVAILABLE FOR NEXT YEAR (B+C+D-E-F)
-----------	------------------------------	---	--	----------------------------	-------------------------------	---

- 3 Total income tax credit used this year (total column E); (enter on Form 83-105, page 1, line 7 or Form 83-391, page 1, line 4 or Form 83-310, column B; if more than three income tax credits taken, see instructions, Form 83-100) 3 0.00
- 4 Total income tax credit available for next year (total amounts in column G) 4 0.00

Test Scenario 4

Name: Sam Starling, LLP
FEIN: 006900001

2013
Pass-Through Entity - Partnership

RETURN INFORMATION

Tax Beginning: Calendar Year 2013

Filing Status: Multistate Apportioning

Return Type: Informational Return

REQUIRED FORMS	Form Name	Binary Attachments
84-105	Pass-Through Entity Tax Return	None
84-122	Mississippi Net Taxable Income Schedule	<ul style="list-style-type: none">• <u>Line 15</u> – Additional Depreciation• <u>Line 16</u> – Other Deductions
84-125	Business Income Apportionment Schedule	None
84-131	Mississippi Schedule K	None
84-132 (3)	Mississippi Schedule K-1	None



Mississippi Supplemental Pass-Through Entity Schedule 2013

FEIN 006900001

PASS-THROUGH ENTITY SCHEDULE

List all pass-through entities in Mississippi that the S corporation / Partnership invested in during the tax year, continued from page 2, part II.

ENTITY NAME	FEIN	ADDRESS	ENTITY TYPE

Q-SUB/DISREGARDED ENTITY SCHEDULE

List all qualified subchapter S subsidiaries (Q-Sub) and/or disregarded entities, continued from page 3, part III.

ENTITY NAME	FEIN	ADDRESS	MISSISSIPPI OPERATIONS (Y/N)



Mississippi Net Taxable Income Schedule 2013

FEIN 006900001

FEDERAL TAXABLE INCOME		(ROUND TO THE NEAREST DOLLAR)
1 Ordinary business income (loss) (from federal Form 1120S, page 1, line 21 or federal Form 1065, page 1, line 22. If multistate direct accounting, enter zero and skip to line 25)	1	80,681,403.00
2 Total federal Schedule K income (pass-through items not included in line 1 above from federal Form 1120S, page 3, Schedule K, line 2 through line 6 or from federal Form 1065, page 4, Schedule K, line 2 through line 11)	2	22,970,806.00
3 Total federal Schedule K deductions (pass-through items not included in line 1 above from federal Form 1120S, page 3, Schedule K, line 11 through line 12d or from federal Form 1065, page 4, Schedule K, line 12 through line 13d)	3	.00
4 Total federal business income (loss) (line 1 plus line 2 minus line 3)	4	103,652,209.00
STATE ADDITIONS TO FEDERAL TAXABLE INCOME		
5 State, local or foreign government taxes based on income	5	.00
6 Interest on obligations of other states or political subdivisions (net of expenses)	6	1,642,500.00
7 Depletion expense in excess of cost	7	1,500,000.00
8 Federal special depreciation allowance	8	3,258,175.00
9 Other additions required by law (attach schedule)	9	.00
10 Total additions (add line 5 through line 9)	10	6,400,675.00
STATE DEDUCTIONS FROM FEDERAL TAXABLE INCOME		
11 Interest on obligations of the United States (net of expenses)	11	.00
12 Wages reduced on federal return for federal employment tax credits	12	75,000.00
13 Income (loss) from partnership, S corporation or trust	13	.00
14 Income (loss) from construction contracting or production of natural mineral resource products (net of expenses)	14	.00
15 Additional depreciation due to a difference in the depreciable base for federal and state purposes (attach schedule)	15	500,000.00
16 Other deductions (attach schedule)	16	5,000,000.00
17 Total deductions (add line 11 through line 16)	17	5,575,000.00
APPORTIONMENT / ALLOCATION		
If 100% Mississippi, complete line 18 then skip to page 2. line 22		
18 Adjusted federal income (loss) (line 4 plus line 10 minus line 17)	18	104,477,884.00
19 Adjustment for nonbusiness income (loss) net of expenses (from Form 84-150, column E, line 2)	19	.00
20 Apportionable business income (loss) (line 18 minus line 19)	20	104,477,884.00



Mississippi Net Taxable Income Schedule 2013

FEIN 006900001

APPORTIONMENT / ALLOCATION

21	Apportionment ratio (enter ratio and check box as shown on Form 84-125, Part II)	21	<u>20000</u> %
	<input checked="" type="checkbox"/> Sales (retail) <input type="checkbox"/> Manufacturers (retail) <input type="checkbox"/> Manufacturers (wholesale), Financial Institutions, Pipelines <input type="checkbox"/> Special Formula		
22	Mississippi apportioned income (loss) (multiply line 20 by line 21)	22	<u>2,089,558</u> .00
23	Nonbusiness income (loss) allocated to Mississippi (from Form 84-150, column F, line 2)	23	_____ .00
24	Mississippi income (loss) from partnership, S corporation or trust (attach Mississippi K-1's, Form 84-132)	24	_____ .00
25	Mississippi income (loss) from construction contracting or production of natural mineral resource products (from Form 84-124, page 2, line 31 and/or page 3, line 46)	25	_____ .00
26	Other adjustments required by law (attach schedule)	26	_____ .00
27	Income exemption (attach schedule; if not applicable, enter zero)	27	_____ .00
28	Total income (loss) apportioned and directly allocated to Mississippi (add line 22 through line 27)	28	<u>2,089,558</u> .00

MISSISSIPPI COMPOSITE TAXABLE INCOME

If filing composite, complete lines 29 through 32

29	Mississippi composite net income (loss) (from Form 84-131)	29	_____ .00
30	Composite return filing adjustment (attach schedule)	30	_____ .00
31	Less Mississippi composite net operating loss deduction (from Form 84-155, line 2)	31	_____ .00
32	Mississippi composite net taxable income (loss) (line 29 minus line 30 and line 31; enter on Form 84-105, line 5. If negative, enter zero on Form 84-105, line 5)	32	_____ .00

Mississippi Business Income Apportionment Schedule 2013

FEIN 006900001

PART I: COMPUTATION OF APPORTIONMENT FACTORS (ROUND TO FOUR DECIMAL PLACES)

	A Total Mississippi	B Total Everywhere	C Mississippi Ratio
1 Property factor			
a Beginning of taxable year	3,246,851	64,937,028	
b End of taxable year	3,956,726	79,134,516	
c Total (line 1a plus line 1b)	7,203,577	144,071,544	
d Average net book value of assets (divide line 1c by two)	3,601,789	72,035,772	
e Rental property (enter annual rental property multiplied by eight)	0	0	
f Total (line 1d plus line 1e)	3,601,789	72,035,772	
g Mississippi property factor (line 1f, column A divided by line 1f, column B)			50000 %
2 Payroll factor (line 2, column A divided by line 2, column B)	1,105,350	110,535,025	10000 %
3 Sales factor (line 3, column A divided by line 3, column B)	6,469,112	323,455,613	20000 %

PART II: APPLICATION OF APPORTIONMENT FACTORS (CHECK ONE)

<input checked="" type="checkbox"/> Retailing, renting, servicing, merchandising or wholesaling	4 Sales factor (from part I, line 3, column C) (enter ratio on Form 84-122, line 21)	20000 %
<input type="checkbox"/> Manufacturers that sell principally at retail <ul style="list-style-type: none"> 5a Property factor (from part I, line 1g, column C) _____ % 5b Payroll factor (from part I, line 2, column C) _____ % 5c Subtotal (line 5a plus line 5b) _____ % 5d Average (divide line 5c by two) _____ % 5e Sales factor (from part I, line 3, column C) _____ % 5f Total (line 5d plus Line 5e) _____ % 	5g Weighted average (divide line 5f by two) (enter ratio on Form 84-122, line 21)	_____ %
<input type="checkbox"/> Financial institutions, pipelines or manufacturers that sell principally at wholesale <ul style="list-style-type: none"> 6a Property factor (from part I, line 1g, column C) _____ % 6b Payroll factor (from part I, line 2, column C) _____ % 6c Sales factor (from part I, line 3, column C) _____ % 6d Total (add lines 6a, 6b and 6c) _____ % 	6e Average (divide line 6d by three) (enter ratio on Form 84-122, line 21)	_____ %
<input type="checkbox"/> Airlines, motor carriers, express companies, telephone and telegraph companies	7 Special formula required (attach schedule and enter ratio on Form 84-122, line 21)	_____ %



Mississippi Schedule K 2013

FEIN 006900001

Partnership / LLC / LLP (Federal 1065)

S Corporation (Federal 1120-S)

COLUMN A	COLUMN B	COLUMN C	COLUMN D
OWNER / PARTNER NAME ID TYPE	OWNERSHIP % (ENTER 25% AS 25.0000) STATE OF RESIDENCE (CHECK BOX IF COMPOSITE)	A MISSISSIPPI TAXABLE INCOME (LOSS) B CREDIT CODE C CREDIT AMOUNT	NON-MISSISSIPPI TAXABLE INCOME (LOSS)
1 NAME <u>Sam Starling</u> FEIN <input checked="" type="checkbox"/> <u>006900001</u> SSN <input type="checkbox"/> _____	<u>10.0000</u> % STATE <u>NV</u> <input type="checkbox"/> COMPOSITE	a <u>163,605</u> b _____ c _____ b _____ c _____ b _____ c _____	<u>10,284,183</u> .00
NAME <u>Tax Payer</u> FEIN <input type="checkbox"/> _____ SSN <input checked="" type="checkbox"/> <u>009900001</u>	<u>5.0000</u> % STATE <u>NV</u> <input type="checkbox"/> COMPOSITE	a <u>818,029</u> b _____ c _____ b _____ c _____ b _____ c _____	<u>51,420,913</u> .00
NAME <u>Barton and Jenkins</u> FEIN <input checked="" type="checkbox"/> <u>000000022</u> SSN <input type="checkbox"/> _____	<u>4.0000</u> % STATE <u>AK</u> <input type="checkbox"/> COMPOSITE	a <u>1,107,923</u> b _____ c _____ b _____ c _____ b _____ c _____	<u>40,683,231</u> .00
NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____	____ . ____ % STATE _____ <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____	_____.00
NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____	____ . ____ % STATE _____ <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____	_____.00

2 Total column B, column C and column D (from above)	<u>10.0000</u> %	2a <u>2,089,557</u>	2c <u>0</u>	2 <u>102,388,327</u> .00
3 Totals from additional pages (total of column B, column C and column D from Form 84-131, page 2)	<u>0</u> %	3a <u>0</u>	3c <u>0</u>	3 <u>0</u> .00
4 Total taxable income (loss) and total tax credits (total of column C, line 2 plus line 3 and total column D, line 2 plus line 3. Composite filers enter total composite income from column C, line 4a on Form 84-105, page 1, line 5.	<u>0</u> %	4a <u>2,089,557</u>	4c <u>0</u>	4 <u>102,388,327</u> .00
5 Total net income (loss) (column C, line 4a plus column D, line 4)				5 <u>104,477,884</u> .00

Mississippi Schedule K-1

2013

S Corporation
 Partnership
 Final K-1
 Amended K-1
 Composite

PART I: INFORMATION ABOUT THE ENTITY		PART III: PARTNER'S SHARE OF CURRENT YEAR INCOME, DEDUCTIONS, CREDITS, AND OTHER ITEMS													
A Entity FEIN <div style="text-align: center; font-family: monospace; font-size: 1.2em;">0 0 6 9 0 0 0 0 1</div>		1 Ordinary business income (loss) <div style="text-align: right; font-weight: bold;">161,363</div>	15 Self-employment earnings (loss)												
B Entity's name, address, city, state and zip code Sam Starling LLP 631 N McKinley St Reno NV 89510		2 Net rental real estate income (loss) <div style="text-align: right; font-weight: bold;">406</div>													
		3 Other net rental income (loss)	16 Credits												
C <input type="checkbox"/> If partnership box was checked above, is the partnership a publicly traded partnership (PTP)?		4 Guaranteed payments <div style="text-align: right; font-weight: bold;">151</div>													
PART II: INFORMATION ABOUT THE OWNER / PARTNER															
D Owner / partner's SSN or FEIN <div style="text-align: center; font-family: monospace; font-size: 1.2em;">0 0 0 0 0 0 0 2 2</div>		5 Interest income <div style="text-align: right; font-weight: bold;">185</div>	17 Foreign transactions												
E Owner / partner's name, address, city, state and zip code Sam Starling P O Box 99 7 Birch Branch St Johns NL AIC 5N5		6a Ordinary dividends													
		6b Qualified dividends													
F <input type="checkbox"/> General partner or LLC member-manager <input checked="" type="checkbox"/> Limited partner or other LLC member		7 Royalties	18 Alternative minimum tax (AMT) items												
G What type of entity is the partner? Individual		8 Net short-term capital gain (loss) <div style="text-align: right; font-weight: bold;">399</div>	A												
H <input type="checkbox"/> Check box if 5% of the net gain / profit was withheld. Enter amount of withholding remitted for partner \$ _____		9a Net long-term capital gain (loss)	19 Items affecting shareholder basis												
		9b Collectibles (28%) gain (loss)													
I Partner's share of profit, loss and capital: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning</th> <th style="text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td style="text-align: center;">10.0000 %</td> <td style="text-align: center;">10.0000 %</td> </tr> <tr> <td>Loss</td> <td style="text-align: center;">10.0000 %</td> <td style="text-align: center;">10.0000 %</td> </tr> <tr> <td>Capital</td> <td style="text-align: center;">10.0000 %</td> <td style="text-align: center;">10.0000 %</td> </tr> </tbody> </table>		Beginning	Ending	Profit	10.0000 %	10.0000 %	Loss	10.0000 %	10.0000 %	Capital	10.0000 %	10.0000 %		9c Unrecaptured section 1250 gain	20 Tax-Exempt income and nondeductible expenses
		Beginning	Ending												
Profit	10.0000 %	10.0000 %													
Loss	10.0000 %	10.0000 %													
Capital	10.0000 %	10.0000 %													
		10 Net section 1231 gain (loss) <div style="text-align: right; font-weight: bold;">1,550</div>	C												
J Partner's share of liabilities at year end: Nonrecourse \$ <u>1,100,000</u> Qualified nonrecourse financing \$ _____ Recourse \$ _____		11 Other income (loss) <div style="text-align: right; font-weight: bold;">12,801</div>													
		12 Charitable contributions	21 Distributions <div style="text-align: right; font-weight: bold;">150,281</div>												
K Partner's Mississippi capital account analysis: Beginning capital account . . . \$ <u>4,488,892</u> Capital contributed during the year \$ _____ Current year increase (decrease) \$ <u>12,143,540</u> Withdrawals and distributions \$ <u>(7,514,031)</u> Ending capital account \$ <u>9,118,401</u>		13 Section 179 deduction													
		14 Other deductions <div style="text-align: right; font-weight: bold;">11,150</div>	22 Other information <div style="text-align: right; font-weight: bold;">185</div>												
PART IV: MISSISSIPPI TAX CREDITS (Enter credit code and name from Form 84-401)															
	Code	Credit	Amount												
	_____	_____	.00												
	_____	_____	.00												
	_____	_____	.00												
	_____	_____	.00												
L Did the partner contribute property with a built-in gain or loss? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", attach statement.															
M Shareholder's percentage of stock ownership for tax year _____ %															
N Mississippi apportionment ratio for tax year _____ %															

Mississippi Schedule K-1

2013

S Corporation
 Partnership
 Final K-1
 Amended K-1
 Composite

PART I: INFORMATION ABOUT THE ENTITY		PART III: PARTNER'S SHARE OF CURRENT YEAR INCOME, DEDUCTIONS, CREDITS, AND OTHER ITEMS																	
A Entity FEIN 0 0 6 9 0 0 0 0 1		1 Ordinary business income (loss) <div style="text-align: right; font-weight: bold;">161,363</div>	15 Self-employment earnings (loss)																
B Entity's name, address, city, state and zip code Sam Starling LLP 631 N McKinley St Reno NV 89510	2 Net rental real estate income (loss) <div style="text-align: right; font-weight: bold;">406</div>	16 Credits																	
	3 Other net rental income (loss)	4 Guaranteed payments <div style="text-align: right; font-weight: bold;">151</div>																	
C <input type="checkbox"/> If partnership box was checked above, is the partnership a publicly traded partnership (PTP)?		5 Interest income <div style="text-align: right; font-weight: bold;">185</div>	17 Foreign transactions																
PART II: INFORMATION ABOUT THE OWNER / PARTNER																			
D Owner / partner's SSN or FEIN 0 0 9 9 0 0 0 0 1	6a Ordinary dividends	6b Qualified dividends																	
E Owner / partner's name, address, city, state and zip code Taxpayer 1 P O Box 1001 Reno NV 89510	7 Royalties	18 Alternative minimum tax (AMT) items																	
	F <input type="checkbox"/> General partner or LLC member-manager <input checked="" type="checkbox"/> Limited partner or other LLC member	8 Net short-term capital gain (loss) <div style="text-align: right; font-weight: bold;">399</div>	A																
G What type of entity is the partner? Individual		9a Net long-term capital gain (loss)	19 Items affecting shareholder basis																
H <input type="checkbox"/> Check box if 5% of the net gain / profit was withheld. Enter amount of withholding remitted for partner \$ _____		9b Collectibles (28%) gain (loss)																	
I Partner's share of profit, loss and capital: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 35%; text-align: center;">Beginning</td> <td style="width: 35%;"></td> <td style="width: 15%; text-align: center;">Ending</td> </tr> <tr> <td>Profit</td> <td style="text-align: center;">50.0000 %</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">50.0000 %</td> </tr> <tr> <td>Loss</td> <td style="text-align: center;">50.0000 %</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">50.0000 %</td> </tr> <tr> <td>Capital</td> <td style="text-align: center;">50.0000 %</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">50.0000 %</td> </tr> </table>			Beginning		Ending	Profit	50.0000 %		50.0000 %	Loss	50.0000 %		50.0000 %	Capital	50.0000 %		50.0000 %	9c Unrecaptured section 1250 gain	20 Tax-Exempt income and nondeductible expenses
	Beginning		Ending																
Profit	50.0000 %		50.0000 %																
Loss	50.0000 %		50.0000 %																
Capital	50.0000 %		50.0000 %																
J Partner's share of liabilities at year end: Nonrecourse \$ 1,100,000 Qualified nonrecourse financing \$ _____ Recourse \$ _____		10 Net section 1231 gain (loss) <div style="text-align: right; font-weight: bold;">1,550</div>	C																
K Partner's Mississippi capital account analysis: Beginning capital account . . . \$ 4,488,892 Capital contributed during the year \$ _____ Current year increase (decrease) \$ 12,143,540 Withdrawals and distributions \$ (7,514,031) Ending capital account \$ 9,118,401		11 Other income (loss) <div style="text-align: right; font-weight: bold;">12,801</div>	21 Distributions <div style="text-align: right; font-weight: bold;">150,281</div>																
<input type="checkbox"/> Tax Basis <input type="checkbox"/> GAAP <input checked="" type="checkbox"/> Other		12 Charitable contributions	22 Other information <div style="text-align: right; font-weight: bold;">185</div>																
L Did the partner contribute property with a built-in gain or loss? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", attach statement.		13 Section 179 deduction																	
M Shareholder's percentage of stock ownership for tax year _____ %		14 Other deductions <div style="text-align: right; font-weight: bold;">11,150</div>																	
N Mississippi apportionment ratio for tax year _____ %		PART IV: MISSISSIPPI TAX CREDITS (Enter credit code and name from Form 84-401)																	
		Code	Credit	Amount															
		_____	_____	.00															
		_____	_____	.00															
		_____	_____	.00															
		_____	_____	.00															

Mississippi Schedule K-1

2013

S Corporation
 Partnership
 Final K-1
 Amended K-1
 Composite

PART I: INFORMATION ABOUT THE ENTITY		PART III: PARTNER'S SHARE OF CURRENT YEAR INCOME, DEDUCTIONS, CREDITS, AND OTHER ITEMS																	
A Entity FEIN <div style="text-align: center; font-family: monospace; font-size: 1.2em;">0 0 6 9 0 0 0 0 1</div>		1 Ordinary business income (loss) <div style="text-align: right; font-weight: bold;">645,451</div>	15 Self-employment earnings (loss) <div style="text-align: right; font-weight: bold;">2,200,994</div>																
B Entity's name, address, city, state and zip code Sam Starling LLP 631 N McKinley St Reno NV 89510		2 Net rental real estate income (loss) <div style="text-align: right; font-weight: bold;">1,625</div>																	
C <input type="checkbox"/> If partnership box was checked above, is the partnership a publicly traded partnership (PTP)?		3 Other net rental income (loss) 16 Credits																	
PART II: INFORMATION ABOUT THE OWNER / PARTNER		4 Guaranteed payments <div style="text-align: right; font-weight: bold;">453,501</div>	16 Credits <div style="text-align: right; font-weight: bold;">605</div>																
D Owner / partner's SSN or FEIN <div style="text-align: center; font-family: monospace; font-size: 1.2em;">0 0 6 9 1 0 0 0 1</div>		5 Interest income <div style="text-align: right; font-weight: bold;">741</div>	17 Foreign transactions																
E Owner / partner's name, address, city, state and zip code Barton and Jenkins Enterprise RR 510 W Anchorage AK 99502		6a Ordinary dividends																	
F <input checked="" type="checkbox"/> General partner or LLC member-manager <input type="checkbox"/> Limited partner or other LLC member		6b Qualified dividends																	
G What type of entity is the partner? <u>Partnership</u>		7 Royalties	18 Alternative minimum tax (AMT) items																
H <input type="checkbox"/> Check box if 5% of the net gain / profit was withheld. Enter amount of withholding remitted for partner \$ _____		8 Net short-term capital gain (loss) <div style="text-align: right; font-weight: bold;">1,596</div>																	
I Partner's share of profit, loss and capital: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 35%; text-align: center;">Beginning</td> <td style="width: 35%; text-align: center;">Ending</td> <td style="width: 15%;"></td> </tr> <tr> <td>Profit</td> <td style="text-align: center;">40.0000 %</td> <td style="text-align: center;">40.0000 %</td> <td></td> </tr> <tr> <td>Loss</td> <td style="text-align: center;">40.0000 %</td> <td style="text-align: center;">40.0000 %</td> <td></td> </tr> <tr> <td>Capital</td> <td style="text-align: center;">40.0000 %</td> <td style="text-align: center;">40.0000 %</td> <td></td> </tr> </table>		Beginning	Ending		Profit	40.0000 %	40.0000 %		Loss	40.0000 %	40.0000 %		Capital	40.0000 %	40.0000 %			9a Net long-term capital gain (loss)	19 Items affecting shareholder basis
	Beginning	Ending																	
Profit	40.0000 %	40.0000 %																	
Loss	40.0000 %	40.0000 %																	
Capital	40.0000 %	40.0000 %																	
J Partner's share of liabilities at year end: Nonrecourse \$ <u>4,400,000</u> Qualified nonrecourse financing \$ _____ Recourse \$ _____		9b Collectibles (28%) gain (loss)																	
K Partner's Mississippi capital account analysis: Beginning capital account . . \$ <u>17,955,568</u> Capital contributed during the year \$ _____ Current year increase (decrease) \$ <u>48,574,160</u> Withdrawals and distributions \$ <u>(30,056,124)</u> Ending capital account . . . \$ <u>36,473,604</u>		9c Unrecaptured section 1250 gain	20 Tax-Exempt income and nondeductible expenses																
<input type="checkbox"/> Tax Basis <input type="checkbox"/> GAAP <input checked="" type="checkbox"/> Other		10 Net section 1231 gain (loss) <div style="text-align: right; font-weight: bold;">6,201</div>																	
L Did the partner contribute property with a built-in gain or loss? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", attach statement.		11 Other income (loss) <div style="text-align: right; font-weight: bold;">51,205</div>																	
M Shareholder's percentage of stock ownership for tax year _____ %		12 Charitable contributions	21 Distributions <div style="text-align: right; font-weight: bold;">601,122</div>																
N Mississippi apportionment ratio for tax year _____ %		13 Section 179 deduction																	
		14 Other deductions	22 Other information <div style="text-align: right; font-weight: bold;">741</div>																
		44,600																	
PART IV: MISSISSIPPI TAX CREDITS (Enter credit code and name from Form 84-401)																			
	Code	Credit	Amount																
	_____	_____	.00																
	_____	_____	.00																
	_____	_____	.00																
	_____	_____	.00																

Test Scenario 5

Name: Carlton Manufacturing, LLC
FEIN: 006900003

2013

Pass-Through Entity - Composite Partnership

RETURN INFORMATION

Tax Beginning: Calendar Year 2013

Filing Status: Multistate Apportioning

State Payment: ACH Debit

Return Type: Composite Return

Account #: 410005

Routing #: 253000053

Payment Amount: \$40,325

Payment Effective Date: 3/15/2014

REQUIRED FORMS	Form Name	Binary Attachments
84-105	Pass-Through Entity Tax Return	None
84-122	Mississippi Net Taxable Income Schedule	<ul style="list-style-type: none">• Line 9 – Other Additions• Line 16 – Other Deductions• Line 26 – Other Adjustments
84-125	Business Income Apportionment Schedule	None
84-131	Mississippi Schedule K	None
84-132 (3)	Mississippi Schedule K-1	None
84-155	Net Operating Loss & Capital Loss Schedule	None



Mississippi Pass-Through Entity Tax Return 2013

Tax Year Beginning 0 10 12 0 13
m m d d y y y y

Tax Year Ending 12 3 12 0 13
m m d d y y y y

FEIN 0 0 6 9 0 0 0 0 3

Mississippi Secretary of State ID 0 0 3 7 9 2

NAICS Code 3 3 7 2 1

Legal Name and DBA Carlton Manufacturing LLC			<input checked="" type="checkbox"/> Partnership / LLC / LLP (Federal 1065)		<input type="checkbox"/> S Corporation (Federal 1120-S)	
Address 1678 South Hoover Blvd			CHECK ALL THAT APPLY		CHECK ONE	
City San Francisco	State CA	Zip+4 94101	<input checked="" type="checkbox"/> Composite Return		<input type="checkbox"/> 100% Mississippi	
County Code <u>25</u> Total Number of Mississippi K-1's <u>03</u>			<input type="checkbox"/> Amended Return		<input checked="" type="checkbox"/> Multistate Apportioning	
If issuing 100 or more K-1's, this return <u>must</u> be filed electronically. See www.dor.ms.gov for information.			<input type="checkbox"/> Final Return		<input type="checkbox"/> Multistate Direct Accounting	
<input type="checkbox"/> Non Profit						

S CORPORATION FRANCHISE TAX (ROUND TO THE NEAREST DOLLAR)

1 Taxable capital (from Form 84-110, line 19)	1	_____	.00
2 Franchise tax (minimum tax \$25) <input type="checkbox"/> Fee-In-Lieu	2	_____	.00
3 Franchise tax credit (from Form 84-401, line 1)	3	_____	.00
4 Net franchise tax due (line 2 minus line 3)	4	_____	.00

COMPOSITE INCOME TAX

5 Mississippi net taxable income (from Form 84-122, line 32)	5	9,609,490	.00
6 Income tax	6	480,325	.00
7 Income tax credits (from Form 84-401, line 3)	7	_____	.00
8 Net income tax due (line 6 minus line 7)	8	480,325	.00

PAYMENTS AND TAX DUE

9 Total franchise and/or income tax (S corporations use line 4 only; composite S corporations use line 4 plus line 8; composite partnerships use line 8 only)	9	480,325	.00
10 Overpayments from prior year	10	_____	.00
11 Estimated tax payments and payment with extension	11	440,000	.00
12 Total payments (line 10 plus line 11)	12	440,000	.00
13 Net total franchise and/or income tax (line 9 minus line 12)	13	40,325	.00
14 Interest and penalty on underestimated income tax payments (composite S corporations and composite partnerships only; from Form 83-305, line 17)	14	_____	.00
15 Late payment interest	15	_____	.00
16 Late payment penalty	16	_____	.00



Mississippi Supplemental Pass-Through Entity Schedule 2013

FEIN 006900003

PASS-THROUGH ENTITY SCHEDULE

List all pass-through entities in Mississippi that the S corporation / Partnership invested in during the tax year, continued from page 2, part II.

ENTITY NAME	FEIN	ADDRESS	ENTITY TYPE

Q-SUB/DISREGARDED ENTITY SCHEDULE

List all qualified subchapter S subsidiaries (Q-Sub) and/or disregarded entities, continued from page 3, part III.

ENTITY NAME	FEIN	ADDRESS	MISSISSIPPI OPERATIONS (Y/N)



Mississippi Net Taxable Income Schedule 2013

FEIN 006900003

FEDERAL TAXABLE INCOME		(ROUND TO THE NEAREST DOLLAR)
1 Ordinary business income (loss) (from federal Form 1120S, page 1, line 21 or federal Form 1065, page 1, line 22. If multistate direct accounting, enter zero and skip to line 25)	1	406,490,888.00
2 Total federal Schedule K income (pass-through items not included in line 1 above from federal Form 1120S, page 3, Schedule K, line 2 through line 6 or from federal Form 1065, page 4, Schedule K, line 2 through line 11)	2	598,425.00
3 Total federal Schedule K deductions (pass-through items not included in line 1 above from federal Form 1120S, page 3, Schedule K, line 11 through line 12d or from federal Form 1065, page 4, Schedule K, line 12 through line 13d)	3	43,332.00
4 Total federal business income (loss) (line 1 plus line 2 minus line 3)	4	407,045,981.00
STATE ADDITIONS TO FEDERAL TAXABLE INCOME		
5 State, local or foreign government taxes based on income	5	.00
6 Interest on obligations of other states or political subdivisions (net of expenses)	6	.00
7 Depletion expense in excess of cost	7	.00
8 Federal special depreciation allowance	8	.00
9 Other additions required by law (attach schedule)	9	5,000,000.00
10 Total additions (add line 5 through line 9)	10	5,000,000.00
STATE DEDUCTIONS FROM FEDERAL TAXABLE INCOME		
11 Interest on obligations of the United States (net of expenses)	11	.00
12 Wages reduced on federal return for federal employment tax credits	12	.00
13 Income (loss) from partnership, S corporation or trust	13	.00
14 Income (loss) from construction contracting or production of natural mineral resource products (net of expenses)	14	.00
15 Additional depreciation due to a difference in the depreciable base for federal and state purposes (attach schedule)	15	.00
16 Other deductions (attach schedule)	16	2,500,000.00
17 Total deductions (add line 11 through line 16)	17	2,500,000.00
APPORTIONMENT / ALLOCATION		
If 100% Mississippi, complete line 18 then skip to page 2. line 22		
18 Adjusted federal income (loss) (line 4 plus line 10 minus line 17)	18	409,545,981.00
19 Adjustment for nonbusiness income (loss) net of expenses (from Form 84-150, column E, line 2)	19	.00
20 Apportionable business income (loss) (line 18 minus line 19)	20	409,545,981.00



Mississippi Net Taxable Income Schedule 2013

FEIN 0 0 6 9 0 0 0 0 3

APPORTIONMENT / ALLOCATION

21 Apportionment ratio (enter ratio and check box as shown on Form 84-125, Part II)	21	<u>23137</u> %
<input type="checkbox"/> Sales (retail) <input checked="" type="checkbox"/> Manufacturers (retail) <input type="checkbox"/> Manufacturers (wholesale), Financial Institutions, Pipelines <input type="checkbox"/> Special Formula		
22 Mississippi apportioned income (loss) (multiply line 20 by line 21)	22	<u>9,475,665</u> .00
23 Nonbusiness income (loss) allocated to Mississippi (from Form 84-150, column F, line 2)	23	_____ .00
24 Mississippi income (loss) from partnership, S corporation or trust (attach Mississippi K-1's, Form 84-132)	24	_____ .00
25 Mississippi income (loss) from construction contracting or production of natural mineral resource products (from Form 84-124, page 2, line 31 and/or page 3, line 46)	25	_____ .00
26 Other adjustments required by law (attach schedule)	26	<u>128,825</u> .00
27 Income exemption (attach schedule; if not applicable, enter zero)	27	_____ .00
28 Total income (loss) apportioned and directly allocated to Mississippi (add line 22 through line 27)	28	<u>9,614,490</u> .00

MISSISSIPPI COMPOSITE TAXABLE INCOME

If filing composite, complete lines 29 through 32

29 Mississippi composite net income (loss) (from Form 84-131)	29	<u>9,614,490</u> .00
30 Composite return filing adjustment (attach schedule)	30	<u>5,000</u> .00
31 Less Mississippi composite net operating loss deduction (from Form 84-155, line 2)	31	<u>0</u> .00
32 Mississippi composite net taxable income (loss) (line 29 minus line 30 and line 31; enter on Form 84-105, line 5. If negative, enter zero on Form 84-105, line 5)	32	<u>9,609,490</u> .00

Mississippi Business Income Apportionment Schedule 2013

FEIN 0 0 6 9 0 0 0 0 3

PART I: COMPUTATION OF APPORTIONMENT FACTORS (ROUND TO FOUR DECIMAL PLACES)

	A Total Mississippi	B Total Everywhere	C Mississippi Ratio
1 Property factor			
a Beginning of taxable year	48,652	1,621,740	
b End of taxable year	58,903	1,682,950	
c Total (line 1a plus line 1b)	107,555	3,304,690	
d Average net book value of assets (divide line 1c by two)	53,778	1,652,345	
e Rental property (enter annual rental property multiplied by eight)	0	0	
f Total (line 1d plus line 1e)	53,778	1,652,345	
g Mississippi property factor (line 1f, column A divided by line 1f, column B)			<u>32546</u> %
2 Payroll factor (line 2, column A divided by line 2, column B)	0	1,179,658	<u>0</u> %
3 Sales factor (line 3, column A divided by line 3, column B)	150,000	5,000,000	<u>30000</u> %

PART II: APPLICATION OF APPORTIONMENT FACTORS (CHECK ONE)

Retailing, renting, servicing, merchandising or wholesaling 4 Sales factor (from part I, line 3, column C) 30000 %
(enter ratio on Form 84-122, line 21)

Manufacturers that sell principally at retail

5a Property factor (from part I, line 1g, column C)	<u>32546</u>	%
5b Payroll factor (from part I, line 2, column C)	<u>0</u>	%
5c Subtotal (line 5a plus line 5b)	<u>32546</u>	%
5d Average (divide line 5c by two)	<u>16273</u>	%
5e Sales factor (from part I, line 3, column C)	<u>30000</u>	%
5f Total (line 5d plus Line 5e)	<u>46273</u>	%

5g Weighted average (divide line 5f by two)
(enter ratio on Form 84-122, line 21) 23137 %

Financial institutions, pipelines or manufacturers that sell principally at wholesale

6a Property factor (from part I, line 1g, column C)	_____	%
6b Payroll factor (from part I, line 2, column C)	_____	%
6c Sales factor (from part I, line 3, column C)	_____	%
6d Total (add lines 6a, 6b and 6c)	_____	%

6e Average (divide line 6d by three)
(enter ratio on Form 84-122, line 21) _____ %

Airlines, motor carriers, express companies, telephone and telegraph companies 7 Special formula required (attach schedule and enter ratio on Form 84-122, line 21) _____ %



Mississippi Schedule K 2013

FEIN 006900003

Partnership / LLC / LLP (Federal 1065)

S Corporation (Federal 1120-S)

COLUMN A	COLUMN B	COLUMN C	COLUMN D
OWNER / PARTNER NAME ID TYPE	OWNERSHIP % (ENTER 25% AS 25.0000) STATE OF RESIDENCE (CHECK BOX IF COMPOSITE)	A MISSISSIPPI TAXABLE INCOME (LOSS) B CREDIT CODE C CREDIT AMOUNT	NON-MISSISSIPPI TAXABLE INCOME (LOSS)
1 NAME <u>Taxpayer B1</u> FEIN <input type="checkbox"/> SSN <input checked="" type="checkbox"/> <u>006900002</u>	<u>89.0000</u> % STATE <u>CA</u> <input checked="" type="checkbox"/> COMPOSITE	a <u>8,421,772</u> b _____ c _____ b _____ c _____ b _____ c _____	<u>356,074,151</u> .00
NAME <u>Taxpayer B2</u> FEIN <input type="checkbox"/> SSN <input checked="" type="checkbox"/> <u>009900001</u>	<u>10.0000</u> % STATE <u>CA</u> <input checked="" type="checkbox"/> COMPOSITE	a <u>94,627</u> b _____ c _____ b _____ c _____ b _____ c _____	<u>4,000,833</u> .00
NAME <u>Taxpayer B3</u> FEIN <input type="checkbox"/> SSN <input checked="" type="checkbox"/> <u>006930001</u>	<u>10.0000</u> % STATE <u>CA</u> <input checked="" type="checkbox"/> COMPOSITE	a <u>1,098,091</u> b _____ c _____ b _____ c _____ b _____ c _____	<u>39856507</u> .00
NAME _____ FEIN <input type="checkbox"/> SSN <input type="checkbox"/>	_____. _____. _____. % STATE _____ <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____	_____.00
NAME _____ FEIN <input type="checkbox"/> SSN <input type="checkbox"/>	_____. _____. _____. % STATE _____ <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____	_____.00

2 Total column B, column C and column D (from above)	<u>10.0000</u> %	2a <u>9,614,490</u>	2c <u>0</u>	2 <u>399,931,491</u> .00
3 Totals from additional pages (total of column B, column C and column D from Form 84-131, page 2)	<u>0</u> %	3a <u>0</u>	3c <u>0</u>	3 <u>0</u> .00
4 Total taxable income (loss) and total tax credits (total of column C, line 2 plus line 3 and total column D, line 2 plus line 3. Composite filers enter total composite income from column C, line 4a on Form 84-105, page 1, line 5.	<u>0</u> %	4a <u>9,614,490</u>	4c <u>0</u>	4 <u>399,931,491</u> .00
5 Total net income (loss) (column C, line 4a plus column D, line 4)				5 <u>409,545,981</u> .00

Mississippi Schedule K-1

2013

S Corporation
 Partnership
 Final K-1
 Amended K-1
 Composite

PART I: INFORMATION ABOUT THE ENTITY		PART III: PARTNER'S SHARE OF CURRENT YEAR INCOME, DEDUCTIONS, CREDITS, AND OTHER ITEMS																	
A Entity FEIN 0 0 6 9 0 0 0 0 3		1 Ordinary business income (loss) 8,370,432	15 Self-employment earnings (loss)																
B Entity's name, address, city, state and zip code Carlton Manufacturing LLC 1678 South Hoover Blvd San Francisco CA 94101		2 Net rental real estate income (loss)																	
		3 Other net rental income (loss)	16 Credits																
C <input type="checkbox"/> If partnership box was checked above, is the partnership a publicly traded partnership (PTP)?		4 Guaranteed payments																	
	PART II: INFORMATION ABOUT THE OWNER / PARTNER		5 Interest income	17 Foreign transactions															
D Owner / partner's SSN or FEIN 0 0 0 0 0 0 0 2 2		6a Ordinary dividends	752																
E Owner / partner's name, address, city, state and zip code Taxpayer B1 93 Oaks Dr Los Angeles CA 90052		6b Qualified dividends	434,317																
		7 Royalties	18 Alternative minimum tax (AMT) items																
F <input type="checkbox"/> General partner or LLC member-manager <input checked="" type="checkbox"/> Limited partner or other LLC member		8 Net short-term capital gain (loss)																	
G What type of entity is the partner? Partnership		9a Net long-term capital gain (loss)	19 Items affecting shareholder basis																
H <input type="checkbox"/> Check box if 5% of the net gain / profit was withheld. Enter amount of withholding remitted for partner \$ _____		9b Collectibles (28%) gain (loss)																	
		9c Unrecaptured section 1250 gain	20 Tax-Exempt income and nondeductible expenses																
I Partner's share of profit, loss and capital: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 35%; text-align: center;">Beginning</td> <td style="width: 35%;"></td> <td style="width: 15%; text-align: center;">Ending</td> </tr> <tr> <td>Profit</td> <td style="text-align: right;">89.0000 %</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: right;">89.0000 %</td> </tr> <tr> <td>Loss</td> <td style="text-align: right;">89.0000 %</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: right;">89.0000 %</td> </tr> <tr> <td>Capital</td> <td style="text-align: right;">89.0000 %</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: right;">89.0000 %</td> </tr> </table>		Beginning		Ending	Profit	89.0000 %		89.0000 %	Loss	89.0000 %		89.0000 %	Capital	89.0000 %		89.0000 %		10 Net section 1231 gain (loss)	23
		Beginning		Ending															
	Profit	89.0000 %		89.0000 %															
	Loss	89.0000 %		89.0000 %															
Capital	89.0000 %		89.0000 %																
		11 Other income (loss)	102,960																
J Partner's share of liabilities at year end: Nonrecourse \$ 4,806,000 Qualified nonrecourse financing \$ _____ Recourse \$ _____		12 Charitable contributions	892																
		13 Section 179 deduction	8,405,682																
K Partner's Mississippi capital account analysis: Beginning capital account . . . \$ 3,483,574 Capital contributed during the year \$ _____ Current year increase (decrease) \$ 362,207,091 Withdrawals and distributions \$ (636,300,436) Ending capital account \$ 2,390,229		14 Other deductions	752																
			51,480																
		PART IV: MISSISSIPPI TAX CREDITS (Enter credit code and name from Form 84-401)																	
		Code	Credit																
			Amount																
			.00																
			.00																
			.00																
			.00																
L Did the partner contribute property with a built-in gain or loss? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", attach statement.																			
M Shareholder's percentage of stock ownership for tax year _____ %																			
N Mississippi apportionment ratio for tax year _____ %																			

Mississippi Schedule K-1

2013

S Corporation
 Partnership
 Final K-1
 Amended K-1
 Composite

PART I: INFORMATION ABOUT THE ENTITY		PART III: PARTNER'S SHARE OF CURRENT YEAR INCOME, DEDUCTIONS, CREDITS, AND OTHER ITEMS													
A Entity FEIN 0 0 6 9 0 0 0 0 3		1 Ordinary business income (loss) 94,050	15 Self-employment earnings (loss)												
B Entity's name, address, city, state and zip code Carlton Manufacturing LLC 1678 South Hoover Blvd San Francisco CA 94101	2	Net rental real estate income (loss)													
	3	Other net rental income (loss)	16 Credits												
C <input type="checkbox"/> If partnership box was checked above, is the partnership a publicly traded partnership (PTP)?	4	Guaranteed payments													
PART II: INFORMATION ABOUT THE OWNER / PARTNER		5	17 Foreign transactions 4,878												
D Owner / partner's SSN or FEIN 0 0 9 9 0 0 0 2 2	6a	Ordinary dividends													
E Owner / partner's name, address, city, state and zip code Taxpayer B2 888 NW Peach St San Francisco CA 94101	6b	Qualified dividends													
	7	Royalties	18 Alternative minimum tax (AMT) items												
F <input type="checkbox"/> General partner or LLC member-manager <input checked="" type="checkbox"/> Limited partner or other LLC member	8	Net short-term capital gain (loss)													
G What type of entity is the partner? Individual	9a	Net long-term capital gain (loss)	19 Items affecting shareholder basis												
H <input type="checkbox"/> Check box if 5% of the net gain / profit was withheld. Enter amount of withholding remitted for partner \$ _____	9b	Collectibles (28%) gain (loss)													
I Partner's share of profit, loss and capital: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 30%; text-align: center;">Beginning</td> <td style="width: 30%; text-align: center;">Ending</td> </tr> <tr> <td>Profit</td> <td style="text-align: center;">1.0000 %</td> <td style="text-align: center;">1.0000 %</td> </tr> <tr> <td>Loss</td> <td style="text-align: center;">1.0000 %</td> <td style="text-align: center;">1.0000 %</td> </tr> <tr> <td>Capital</td> <td style="text-align: center;">1.0000 %</td> <td style="text-align: center;">1.0000 %</td> </tr> </table>		Beginning	Ending	Profit	1.0000 %	1.0000 %	Loss	1.0000 %	1.0000 %	Capital	1.0000 %	1.0000 %	9c	Unrecaptured section 1250 gain	20 Tax-Exempt income and nondeductible expenses
		Beginning	Ending												
	Profit	1.0000 %	1.0000 %												
Loss	1.0000 %	1.0000 %													
Capital	1.0000 %	1.0000 %													
J Partner's share of liabilities at year end: Nonrecourse \$ 4,806,000 Qualified nonrecourse financing \$ _____ Recourse \$ _____	10	Net section 1231 gain (loss)													
K Partner's Mississippi capital account analysis: Beginning capital account . . . \$ 5,400 Capital contributed during the year \$ 39,141 Current year increase (decrease) \$ 4,069,743 Withdrawals and distributions \$ (4,069,743) Ending capital account . . . \$ 26,141	11	Other income (loss) 1,157													
<input type="checkbox"/> Tax Basis <input type="checkbox"/> GAAP <input checked="" type="checkbox"/> Other	12	Charitable contributions 10	21 Distributions 94,446												
L Did the partner contribute property with a built-in gain or loss? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", attach statement.	13	Section 179 deduction													
M Shareholder's percentage of stock ownership for tax year _____ %	14	Other deductions	22 Other information 8												
N Mississippi apportionment ratio for tax year _____ %															
		PART IV: MISSISSIPPI TAX CREDITS (Enter credit code and name from Form 84-401)													
		Code	Credit												
			Amount												
		_____	_____ .00												
		_____	_____ .00												
		_____	_____ .00												
		_____	_____ .00												

Test Scenario 6

Name: Tree Fixr Upper, Inc.
FEIN: 001100009

2013

Pass-Through Entity - Composite S Corporation

RETURN INFORMATION

Tax Beginning: Calendar Year 2013

Filing Status: Multistate Apportioning

State Payment: ACH Debit

Return Type: Composite Return

Account #: 312222

Routing #: 040500600

Payment Effective Date: 4/25/2014

REQUIRED FORMS	Form Name	Binary Attachments
84-105	Pass-Through Entity Tax Return	None
84-110	S-Corporation Franchise Tax Schedule	None
84-122	Net Taxable Income Schedule	None
84-125	Business Income Apportionment Schedule	None
84-131	Mississippi Schedule K	None
84-132	Mississippi Schedule K-1	None



Mississippi Pass-Through Entity Tax Return 2013

Tax Year Beginning 0 10 12 0 13
m m d d y y y y

Tax Year Ending 10 30 20 13
m m d d y y y y

FEIN 0 0 1 1 0 0 0 9

Mississippi Secretary of State ID 0 0 5 8 9 2

NAICS Code 5 4 1 3 2 0

Legal Name and DBA Tree Fixr Upper Inc			<input type="checkbox"/> Partnership / LLC / LLP (Federal 1065)		<input checked="" type="checkbox"/> S Corporation (Federal 1120-S)	
Address 39 Any Stree			CHECK ALL THAT APPLY		CHECK ONE	
Anytown	OK	74002	<input checked="" type="checkbox"/> Composite Return		<input type="checkbox"/> 100% Mississippi	
<small>City</small>	<small>State</small>	<small>Zip+4</small>	<input type="checkbox"/> Amended Return		<input checked="" type="checkbox"/> Multistate Apportioning	
County Code <u>25</u>	Total Number of Mississippi K-1's <u>01</u>		<input checked="" type="checkbox"/> Final Return		<input type="checkbox"/> Multistate Direct Accounting	
If issuing 100 or more K-1's, this return <u>must</u> be filed electronically. See www.dor.ms.gov for information.			<input type="checkbox"/> Non Profit			

S CORPORATION FRANCHISE TAX (ROUND TO THE NEAREST DOLLAR)

1 Taxable capital (from Form 84-110, line 19)	1		0	
2 Franchise tax (minimum tax \$25)		<input type="checkbox"/> Fee-In-Lieu	25	
3 Franchise tax credit (from Form 84-401, line 1)	3		.00	
4 Net franchise tax due (line 2 minus line 3)	4		25	

COMPOSITE INCOME TAX

5 Mississippi net taxable income (from Form 84-122, line 32)	5		0	
6 Income tax	6		0	
7 Income tax credits (from Form 84-401, line 3)	7		.00	
8 Net income tax due (line 6 minus line 7)	8		0	

PAYMENTS AND TAX DUE

9 Total franchise and/or income tax (S corporations use line 4 only; composite S corporations use line 4 plus line 8; composite partnerships use line 8 only)	9		25	
10 Overpayments from prior year	10		.00	
11 Estimated tax payments and payment with extension	11		.00	
12 Total payments (line 10 plus line 11)	12		0	
13 Net total franchise and/or income tax (line 9 minus line 12)	13		25	
14 Interest and penalty on underestimated income tax payments (composite S corporations and composite partnerships only; from Form 83-305, line 17)	14		.00	
15 Late payment interest	15		2	
16 Late payment penalty	16		1	



Mississippi Pass-Through Entity Schedule 2013

FEIN 001100009

PART-III Q-SUB/DISREGARDED ENTITY SCHEDULE

List all qualified subchapter S subsidiaries (Q-Sub) and/or disregarded entities. Attach additional schedule(s), Form 84-105, page 4, if needed.

ENTITY NAME	FEIN	ADDRESS	MISSISSIPPI OPERATIONS (Y/N)

PART IV ENTITY OFFICER INFORMATION

List the owners, officers, directors, or partners who have a responsibility in the fiscal management of the organization.

OFFICER NAME AND TITLE	SSN	ADDRESS	OWNERSHIP PERCENTAGE
Rose B Trim President	999060014	61 Woodland Hills Drive Anytown OK 74002	100.0000
Talbert Oaks Vice President	000000011	105 Storybook Lane Anytown OK 74002	0

Check box if return may be discussed with preparer.

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Officer Signature and Title	Date	Business Phone
Paid Preparer Signature	Date	Paid Preparer Address
Paid Preparer PTIN	Paid Preparer Phone	City State Zip Code

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



Mississippi Supplemental Pass-Through Entity Schedule 2013

FEIN 001100009

PASS-THROUGH ENTITY SCHEDULE

List all pass-through entities in Mississippi that the S corporation / Partnership invested in during the tax year, continued from page 2, part II.

ENTITY NAME	FEIN	ADDRESS	ENTITY TYPE

Q-SUB/DISREGARDED ENTITY SCHEDULE

List all qualified subchapter S subsidiaries (Q-Sub) and/or disregarded entities, continued from page 3, part III.

ENTITY NAME	FEIN	ADDRESS	MISSISSIPPI OPERATIONS (Y/N)



Mississippi S-Corporation Franchise Tax Schedule 2013

FEIN 0011000009

CAPITAL BASE		(ROUND TO THE NEAREST DOLLAR)
1	Capital stock	1 _____ .00
2	Paid in capital	2 _____ .00
3	Surplus and retained earnings	3 _____ .00
4	Loans from shareholders or affiliates	4 _____ .00
5	Deferred taxes, deferred gains, contingent liabilities, all true reserves and other elements (attach schedule)	5 _____ .00
6	Treasury stock	6 _____ .00
7	Add adjustments to retained earnings for treasury stock purchased with borrowed funds	7 _____ .00
8	Holding company exclusion (attach schedule)	8 _____ .00
9	Total capital base (add line 1 through line 8)	9 _____ 0 .00

APPORTIONMENT RATIO		A MISSISSIPPI	B EVERYWHERE
10	Real & tangible personal property owned at year end (net book value)	10A _____ 0 .00	10B _____ 27,969,900 .00
11	Gross receipts	11A _____ 0 .00	11B _____ 1,900,670,400 .00
12	Total (line 10 plus line 11)	12A _____ 0 .00	12B _____ 1,928,640,300 .00
13	Mississippi ratio (line 12A divided by line 12B)		13 _____ 0%
14	Taxable capital apportioned to Mississippi (line 9 multiplied by line 13. If 100% Mississippi enter amount from line 9)		14 _____ 0 .00

ASSESSED VALUE OF MISSISSIPPI PROPERTY		
Mississippi County	Mississippi Assessed Value of Real Property	Mississippi Assessed Value of Personal Property

TAXABLE CAPITAL		
15	Total assessed value of Mississippi property (attach additional schedule if needed)	15 _____ 0 .00
16	Taxable capital (enter the larger of line 14 or line 15)	16 _____ 0 .00
17	Prorate (except for initial return; if period is less than twelve months, multiply line 16 by the number of months covered by the return and divide by twelve)	17 _____ .00
18	Capital exemption (attach schedule)	18 _____ .00
19	Final taxable capital (line 16 or line 17 minus line 18; round amount up to the next highest \$1000. Enter amount on Form 84-105 line 1. If negative, enter zero on Form 84-105 line 1)	19 _____ 0 .00



Mississippi Net Taxable Income Schedule 2013

FEIN 001100009

FEDERAL TAXABLE INCOME **(ROUND TO THE NEAREST DOLLAR)**

1 Ordinary business income (loss) (from federal Form 1120S, page 1, line 21 or federal Form 1065, page 1, line 22. If multistate direct accounting, enter zero and skip to line 25)	1	(17,490,947).00
2 Total federal Schedule K income (pass-through items not included in line 1 above from federal Form 1120S, page 3, Schedule K, line 2 through line 6 or from federal Form 1065, page 4, Schedule K, line 2 through line 11)	2	4,980,000.00
3 Total federal Schedule K deductions (pass-through items not included in line 1 above from federal Form 1120S, page 3, Schedule K, line 11 through line 12d or from federal Form 1065, page 4, Schedule K, line 12 through line 13d)	3	820,550.00
4 Total federal business income (loss) (line 1 plus line 2 minus line 3)	4	(13,331,497).00

STATE ADDITIONS TO FEDERAL TAXABLE INCOME

5 State, local or foreign government taxes based on income	5	.00
6 Interest on obligations of other states or political subdivisions (net of expenses)	6	.00
7 Depletion expense in excess of cost	7	.00
8 Federal special depreciation allowance	8	.00
9 Other additions required by law (attach schedule)	9	.00
10 Total additions (add line 5 through line 9)	10	0.00

STATE DEDUCTIONS FROM FEDERAL TAXABLE INCOME

11 Interest on obligations of the United States (net of expenses)	11	.00
12 Wages reduced on federal return for federal employment tax credits	12	.00
13 Income (loss) from partnership, S corporation or trust	13	.00
14 Income (loss) from construction contracting or production of natural mineral resource products (net of expenses)	14	.00
15 Additional depreciation due to a difference in the depreciable base for federal and state purposes (attach schedule)	15	.00
16 Other deductions (attach schedule)	16	.00
17 Total deductions (add line 11 through line 16)	17	0.00

APPORTIONMENT / ALLOCATION

If 100% Mississippi, complete line 18 then skip to page 2. line 22

18 Adjusted federal income (loss) (line 4 plus line 10 minus line 17)	18	(13,331,497).00
19 Adjustment for nonbusiness income (loss) net of expenses (from Form 84-150, column E, line 2)	19	.00
20 Apportionable business income (loss) (line 18 minus line 19)	20	(13,331,497).00



Mississippi Net Taxable Income Schedule 2013

FEIN 001100009

APPORTIONMENT / ALLOCATION

21 Apportionment ratio (enter ratio and check box as shown on Form 84-125, Part II)	21	10523 %
<input checked="" type="checkbox"/> Sales (retail) <input type="checkbox"/> Manufacturers (retail) <input type="checkbox"/> Manufacturers (wholesale), Financial Institutions, Pipelines <input type="checkbox"/> Special Formula		
22 Mississippi apportioned income (loss) (multiply line 20 by line 21)	22	(140,287).00
23 Nonbusiness income (loss) allocated to Mississippi (from Form 84-150, column F, line 2)	23	.00
24 Mississippi income (loss) from partnership, S corporation or trust (attach Mississippi K-1's, Form 84-132)	24	.00
25 Mississippi income (loss) from construction contracting or production of natural mineral resource products (from Form 84-124, page 2, line 31 and/or page 3, line 46)	25	.00
26 Other adjustments required by law (attach schedule)	26	.00
27 Income exemption (attach schedule; if not applicable, enter zero)	27	.00
28 Total income (loss) apportioned and directly allocated to Mississippi (add line 22 through line 27)	28	(140,287).00

MISSISSIPPI COMPOSITE TAXABLE INCOME

If filing composite, complete lines 29 through 32

29 Mississippi composite net income (loss) (from Form 84-131)	29	(140,287).00
30 Composite return filing adjustment (attach schedule)	30	0.00
31 Less Mississippi composite net operating loss deduction (from Form 84-155, line 2)	31	0.00
32 Mississippi composite net taxable income (loss) (line 29 minus line 30 and line 31; enter on Form 84-105, line 5. If negative, enter zero on Form 84-105, line 5)	32	(140,287).00

Mississippi Business Income Apportionment Schedule 2013

FEIN 001100009

PART I: COMPUTATION OF APPORTIONMENT FACTORS (ROUND TO FOUR DECIMAL PLACES)

	A Total Mississippi	B Total Everywhere	C Mississippi Ratio
1 Property factor			
a Beginning of taxable year	1,000,000	40,270,500	
b End of taxable year	1,000,000	40,270,500	
c Total (line 1a plus line 1b)	2,000,000	80,541,000	
d Average net book value of assets (divide line 1c by two)	1,000,000	40,270,500	
e Rental property (enter annual rental property multiplied by eight)	250,000	6,372,055	
f Total (line 1d plus line 1e)	20,000,000	1,900,670,400	
g Mississippi property factor (line 1f, column A divided by line 1f, column B)			<u>24832</u> %
2 Payroll factor (line 2, column A divided by line 2, column B)	250,000	6,372,055	<u>39234</u> %
3 Sales factor (line 3, column A divided by line 3, column B)	20,000,000	1,900,670,400	<u>102523</u> %

PART II: APPLICATION OF APPORTIONMENT FACTORS (CHECK ONE)

<input checked="" type="checkbox"/> Retailing, renting, servicing, merchandising or wholesaling	4 Sales factor (from part I, line 3, column C) (enter ratio on Form 84-122, line 21)	<u>102523</u> %
<input type="checkbox"/> Manufacturers that sell principally at retail <ul style="list-style-type: none"> 5a Property factor (from part I, line 1g, column C) _____ % 5b Payroll factor (from part I, line 2, column C) _____ % 5c Subtotal (line 5a plus line 5b) _____ % 5d Average (divide line 5c by two) _____ % 5e Sales factor (from part I, line 3, column C) _____ % 5f Total (line 5d plus Line 5e) _____ % 	5g Weighted average (divide line 5f by two) (enter ratio on Form 84-122, line 21)	_____ %
<input type="checkbox"/> Financial institutions, pipelines or manufacturers that sell principally at wholesale <ul style="list-style-type: none"> 6a Property factor (from part I, line 1g, column C) _____ % 6b Payroll factor (from part I, line 2, column C) _____ % 6c Sales factor (from part I, line 3, column C) _____ % 6d Total (add lines 6a, 6b and 6c) _____ % 	6e Average (divide line 6d by three) (enter ratio on Form 84-122, line 21)	_____ %
<input type="checkbox"/> Airlines, motor carriers, express companies, telephone and telegraph companies	7 Special formula required (attach schedule and enter ratio on Form 84-122, line 21)	_____ %



Mississippi Schedule K 2013

FEIN 001100009

Partnership / LLC / LLP (Federal 1065)

S Corporation (Federal 1120-S)

COLUMN A	COLUMN B	COLUMN C	COLUMN D
OWNER / PARTNER NAME ID TYPE	OWNERSHIP % (ENTER 25% AS 25.0000) STATE OF RESIDENCE (CHECK BOX IF COMPOSITE)	A MISSISSIPPI TAXABLE INCOME (LOSS) B CREDIT CODE C CREDIT AMOUNT	NON-MISSISSIPPI TAXABLE INCOME (LOSS)
1 NAME <u>Rose B Trim</u> FEIN <input type="checkbox"/> _____ SSN <input checked="" type="checkbox"/> <u>999060014</u>	<u>10.0000</u> % STATE <u>PA</u> <input checked="" type="checkbox"/> COMPOSITE	a <u>(140,287)</u> b _____ c _____ b _____ c _____ b _____ c _____	<u>(13,191,210)</u> .00
NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____	_____ . _____ % STATE _____ <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____	_____ .00
NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____	_____ . _____ % STATE _____ <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____	_____ .00
NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____	_____ . _____ % STATE _____ <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____	_____ .00
NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____	_____ . _____ % STATE _____ <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____	_____ .00

2 Total column B, column C and column D (from above)	<u>10.0000</u> %	2a <u>(140,287)</u>	2c <u>0</u>	2 <u>(13,191,210)</u> .00
3 Totals from additional pages (total of column B, column C and column D from Form 84-131, page 2)	0 %	3a <u>0</u>	3c <u>0</u>	3 <u>0</u> .00
4 Total taxable income (loss) and total tax credits (total of column C, line 2 plus line 3 and total column D, line 2 plus line 3. Composite filers enter total composite income from column C, line 4a on Form 84-105, page 1, line 5.	0 %	4a <u>(140,287)</u>	4c <u>0</u>	4 <u>(13,191,210)</u> .00
5 Total net income (loss) (column C, line 4a plus column D, line 4)				5 <u>(13,331,497)</u> .00

Mississippi Schedule K-1

2013

S Corporation
 Partnership
 Final K-1
 Amended K-1
 Composite

PART I: INFORMATION ABOUT THE ENTITY		PART III: PARTNER'S SHARE OF CURRENT YEAR INCOME, DEDUCTIONS, CREDITS, AND OTHER ITEMS																									
A Entity FEIN 0 0 1 1 0 0 0 0 9		1 Ordinary business income (loss) (184,057)	15 Self-employment earnings (loss)																								
B Entity's name, address, city, state and zip code Tree Fixr Upper Inc 39 Anvtown Street Anytown OK 74002	2	Net rental real estate income (loss)																									
	3	Other net rental income (loss)	16 Credits 4,878																								
C <input type="checkbox"/> If partnership box was checked above, is the partnership a publicly traded partnership (PTP)?	4	Guaranteed payments																									
PART II: INFORMATION ABOUT THE OWNER / PARTNER		5	17																								
D Owner / partner's SSN or FEIN 9 9 9 0 6 0 0 1 4	6a	Ordinary dividends 26,308	Foreign transactions																								
E Owner / partner's name, address, city, state and zip code Rose B Trim 57 Any Street Anytown PA 17201	6b	Qualified dividends																									
	7	Royalties	18 Alternative minimum tax (AMT) items																								
F <input type="checkbox"/> General partner or LLC member-manager <input type="checkbox"/> Limited partner or other LLC member	8	Net short-term capital gain (loss)	158																								
G What type of entity is the partner? _____	9a	Net long-term capital gain (loss)	19 Items affecting shareholder basis 5,171																								
H <input type="checkbox"/> Check box if 5% of the net gain / profit was withheld. Enter amount of withholding remitted for partner \$ _____	9b	Collectibles (28%) gain (loss)																									
I Partner's share of profit, loss and capital: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 10%; text-align: center;">Beginning</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">Ending</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>Profit</td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">%</td> </tr> <tr> <td>Loss</td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">%</td> </tr> <tr> <td>Capital</td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">%</td> <td style="border-left: 1px solid black;"></td> <td style="text-align: center;">%</td> </tr> </table>		Beginning		Ending			Profit	%		%		%	Loss	%		%		%	Capital	%		%		%	9c	Unrecaptured section 1250 gain	20 Tax-Exempt income and nondeductible expenses
		Beginning		Ending																							
	Profit	%		%		%																					
Loss	%		%		%																						
Capital	%		%		%																						
J Partner's share of liabilities at year end:	10	Net section 1231 gain (loss)																									
Nonrecourse \$ _____ Qualified nonrecourse financing \$ _____ Recourse \$ _____	11	Other income (loss)																									
K Partner's Mississippi capital account analysis: Beginning capital account . . \$ _____ Capital contributed during the year \$ _____ Current year increase (decrease) \$ _____ Withdrawals and distributions \$ _____ Ending capital account . . . \$ _____	12	Charitable contributions	21 Distributions																								
	<input type="checkbox"/> Tax Basis <input type="checkbox"/> GAAP <input type="checkbox"/> Other	13	Section 179 deduction																								
L Did the partner contribute property with a built-in gain or loss? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", attach statement.	14	Other deductions 8635	22 Other information 52,405																								
M Shareholder's percentage of stock ownership for tax year 100.0000 %	PART IV: MISSISSIPPI TAX CREDITS (Enter credit code and name from Form 84-401)																										
N Mississippi apportionment ratio for tax year 1.0523 %	Code	Credit	Amount																								
			.00																								
			.00																								
			.00																								
			.00																								

Test Scenario 7

Name: Taxing Corporation
FEIN: 001100014

2013

SCorporation

RETURN INFORMATION

Tax Beginning: Calendar Year 2013

Return Type: Extension Payment

State Payment: ACH Credit

Payment Amount: \$50,000

Payment Effective Date: 3/15/2014

REQUIRED FORMS	Form Name	Binary Attachments
83-180	Application for Automatic Six-Month Extension	None



MS
Mississippi
Application for Automatic Six Month Extension
2013

Tax Year Beginning 0 10 120 13
m m d d y y y y
 FEIN 0 0 1 1 0 0 0 1 4

Tax Year Ending 1 23 120 13
m m d d y y y y
 Mississippi Secretary of State ID 7 0 5 0 0 1

Legal Name and DBA Taxing Corporation	CHECK ALL THAT APPLY	
Address 2525 Anyway Street	<input type="checkbox"/> C Corporation	<input checked="" type="checkbox"/> Initial Return
Our Town TX 63100 0000	<input checked="" type="checkbox"/> S Corporation	<input type="checkbox"/> Final Return
City State Zip+4	<input type="checkbox"/> Partnership / LLC / LLP	<input type="checkbox"/> Composite Return

1 Extension payment amount
 Enter the total amount of payment remitted by reporting entity for all members of affiliated group listed below. 50,000.00

NAME	FEIN	SSN	IDENTIFICATION NUMBER	AMOUNT OF PAYMENT
2 Taxing Corporation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 0 1 1 0 0 0 1 4	2 <u>10,000</u> .00
3 Bin Xempt	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9 9 9 0 6 0 0 0 6	3 <u>1,000</u> .00
4 Work N All Day Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 0 1 1 0 0 0 0 7	4 <u>9000</u> .00
5 Help For All Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 0 1 1 0 0 0 0 1	5 <u>10,000</u> .00
6 Hide N Seek Food Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 0 1 1 0 0 0 0 2	6 <u>20,000</u> .00
7	<input type="checkbox"/>	<input type="checkbox"/>		7 _____ .00
8	<input type="checkbox"/>	<input type="checkbox"/>		8 _____ .00
9	<input type="checkbox"/>	<input type="checkbox"/>		9 _____ .00
10	<input type="checkbox"/>	<input type="checkbox"/>		10 _____ .00
11	<input type="checkbox"/>	<input type="checkbox"/>		11 _____ .00
12	<input type="checkbox"/>	<input type="checkbox"/>		12 _____ .00
13	<input type="checkbox"/>	<input type="checkbox"/>		13 _____ .00
14	<input type="checkbox"/>	<input type="checkbox"/>		14 _____ .00
15 Total of amounts entered on line 2 through line 14				<u>50,000</u> .00
16 Total amounts from all additional pages (Form(s) 83-180)				<u>0</u> .00
17 Total extension payment (add line 15 and line 16; total should equal payment amount on line 1)				<u>50,000</u> .00

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return.

 Officer / Agent Signature

 Title

 Date

Test Scenario 8

Name: Taxing Insurance Company
FEIN: 001100014

2013
Insurance Company

RETURN INFORMATION

Tax Beginning: Calendar Year 2013

Return Type: Insurance Return
Balance Due Return

REQUIRED FORMS	Form Name	Binary Attachments
83-391	Insurance Company Income Tax Return	<ul style="list-style-type: none">• <u>Page 3, Line 19</u> – Other Allocable Deductions• <u>Page 4, Part IV</u> – Apportioned Expenses• <u>Page 4, Part V</u> – Retaliatory Taxes Paid
83-155	Net Operating Loss & Capital Loss Schedule	<ul style="list-style-type: none">• None



MS
**Mississippi
 Insurance Company Income Tax Return
 2013**

Tax Year Beginning 0 1 0 1 2 0 1 3
m m d d y y y y

Tax Year Ending 1 2 3 1 2 0 1 3
m m d d y y y y

FEIN 0 0 1 1 0 0 0 1 4

Mississippi Secretary of State ID 705001

Legal Name and DBA Taxing Insurance Company Address 2525 Anyway Street Our Town TX 63100 0000 <small>City State Zip +4</small> County Code <u>25</u> NAICS Code <u>524113</u>	CHECK ALL THAT APPLY <input type="checkbox"/> Amended Return <input type="checkbox"/> Accident and Health <input type="checkbox"/> Final Return <input type="checkbox"/> Fire and Casualty <input checked="" type="checkbox"/> Accrual Basis <input checked="" type="checkbox"/> Life Insurance <input type="checkbox"/> Receipts and Disbursements Basis
---	--

COMPUTATION OF TAX (ROUND TO THE NEAREST DOLLAR)

1 Mississippi net taxable income (from page 2, line 17A)	1	1,188,976.00
2 Income tax	2	59,299.00
3 Retaliatory taxes paid to other states (Mississippi corporations only; from page 4, part V, line 1)	3	50,548.00
4 Income tax credits (from Form 83-401, line 3)	4	.00
5 Net income tax due (line 2 minus line 3 and line 4)	5	8,751.00

PAYMENTS AND TAX DUE

6 Overpayment from prior year	6	.00
7 Estimated tax payments and payment with extension	7	.00
8 Total payments (line 6 plus line 7)	8	0.00
9 Net total income tax due (line 5 minus line 8)	9	8,751.00
10 Interest and penalty on underestimated income tax payments (from Form 83-305, line 17)	10	.00
11 Late payment interest	11	.00
12 Late payment penalty	12	.00
13 Late filing penalty (minimum \$100)	13	8,751.00
14 Total balance due (if line 5 is larger than line 8, add lines 9 through 13)	14	.00
15 Total overpayment (if line 8 is larger than line 5, subtract line 5 from line 8)	15	.00
16 Total overpayment credited to next year (from line 15)	16	.00
17 Total overpayment refunded (line 15 minus line 16)	17	.00

See instructions for electronic payment options or attach payment voucher,
 Form 83-300, with check or money order for balance due.



MS
Mississippi
Insurance Company Income Tax Return
2013

FEIN 001100014

COMPUTATION OF NET INCOME		A MISSISSIPPI	B COMPANY-WIDE
1	Direct premiums (except accident and health premiums)	4,251,950.00	
	Less: return premiums	(1,859,064.00)	
		1A 2,392,886.00	1B 160,277,131.00
2	Direct accident and health premiums	2A .00	2B .00
3	Reinsurance assumed	3A (20,642).00	3B 501,229.00
4	Considerations for annuities	4A .00	4B .00
5	Considerations for supplementary contracts	5A .00	5B .00
6	Unearned premiums (December 31st, prior year)	6A 1,231,539.00	6B 95,371,787.00
7	Gross investment income	7A 125,334.00	7B 9,840,637.00
8	Other income	8A 240,965.00	8B 550,670.00
9	Total net income (add line 1 through line 8)	9A 3,970,082.00	9B 266,541,454.00

DEDUCTIONS			
10	Unearned premiums (December 31st, current year)	10A 1,789,496.00	10B 110,227,613.00
11	Reinsurance ceded	11A 563,899.00	11B 48,078,983.00
12	Dividends to policy holders	12A 3,916.00	12B 1,088,862.00
13	Total deductions (add line 10 through line 12)	13A 2,357,311.00	13B 159,395,458.00

MISSISSIPPI NET TAXABLE INCOME			
14	Gross income (line 9 minus line 13)	14A 1,612,771.00	14B 107,145,996.00
15	Total deductions allocated and apportioned (from page 4, part III, line 22)	15A 423,795.00	15B 15,923,116.00
16	Less: Mississippi net operating loss (from Form 83-155, part I, line 2)	16A .00	16B .00
17	Net taxable income (loss) (line 14 minus line 15 and line 16; enter amount from 17A on page 1, line 1)	17A 1,188,976.00	17B 91,222,880.00

Check box if return may be discussed with preparer

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Officer Signature and Title		Date	Business Phone	
Paid Preparer Signature		Date	Paid Preparer Address	
Paid Preparer PTIN	Paid Preparer Phone	City	State	Zip Code

Mail Return To: DEPARTMENT OF REVENUE P.O. BOX 23050 JACKSON, MS 39225-3050

MS
Mississippi
Insurance Company Income Tax Return
2013

FEIN 001100014

PART I: EXPENSE APPORTIONMENT RATIOS	A MISSISSIPPI	B COMPANY-WIDE	C MISSISSIPPI RATIO
--------------------------------------	---------------	----------------	---------------------

Applicable ratio(s) used on page 4, part IV, line 2

1 Loss adjustment expenses (direct losses)	1A <u>1,247,830</u> .00	1B <u>45,706,655</u> .00	1C <u>27301</u> %
2 Accident and health expenses (direct premiums and reinsurance assumed)	2A _____ .00	2B _____ .00	2C _____ %
3 Other underwriting expenses (direct premiums (less return premiums), annuity considerations and reinsurance assumed)	3A <u>2,372,244</u> .00	3B <u>160,778,360</u> .00	3C <u>14755</u> %
4 Investment expenses (gross investment income)	4A <u>8,039</u> .00	4B <u>631,106</u> .00	4C <u>12738</u> %

PART II: DEDUCTIONS ALLOCATED	A MISSISSIPPI	B COMPANY-WIDE
-------------------------------	---------------	----------------

5 Losses, death benefits, accident and health benefits (less applicable recoveries)		
a Paid	5Aa <u>397,762</u> .00	5Ba <u>25,781,238</u> .00
b Unpaid at December 31st, current year	5Ab <u>160,558</u> .00	5Bb <u>12,517,571</u> .00
c Unpaid at December 31st, prior year	5Ac <u>118,647</u> .00	5Bc <u>15,386,577</u> .00
6 Loss adjustment expenses allocated	6A <u>136,869</u> .00	6B <u>5,247,336</u> .00
7 Matured endowments	7A _____ .00	7B _____ .00
8 Annuity benefits	8A _____ .00	8B _____ .00
9 Disability benefits	9A _____ .00	9B _____ .00
10 Surrender benefits	10A _____ .00	10B _____ .00
11 Payments on supplementary contracts	11A _____ .00	11B _____ .00
12 Net additions to reserve funds (required by law for liquidating policies at maturity)	12A _____ .00	12B _____ .00
13 Commissions	13A <u>320,579</u> .00	13B <u>5,134,826</u> .00
14 Gross premium privilege tax	14A <u>25,828</u> .00	14B <u>2,647,350</u> .00
15 Other allocable taxes	15A <u>1,430</u> .00	15B <u>906,124</u> .00
16 Rent, allocated	16A _____ .00	16B _____ .00
17 Agency expense (attach schedule)	17A _____ .00	17B _____ .00
18 Medical and inspection fees, allocated	18A _____ .00	18B _____ .00
19 Other allocable deductions (attach schedule)	19A <u>8,039</u> .00	19B <u>631,106</u> .00

MS
Mississippi
Insurance Company Income Tax Return
2013

FEIN 001100014

PART III: DEDUCTIONS APPORTIONED		A MISSISSIPPI	B COMPANY-WIDE
20 Non-allocable loss adjustment expenses	20A	.00	20B .00
21 Total apportioned expenses (from page 4, part IV, line 3)	21A	423,795.00	15,923,116.00
22 Total allocated and apportioned deductions (line 20 plus line 21; enter on page 2, line 15)	22A	423,795.00	15,923,116.00

PART IV: DEDUCTIONS APPORTIONED (FROM ANNUAL STATEMENT)

Expenses must be separately apportioned. Attach supplementary pages to return as needed.

Page	Line	Description	A Column ()	B Less Allocable Expenses	C Balance Apportionable
11	2.8	Commission Brokerage	11,134,826	18,161,520	(1,026,694)
11	19	Other Underwriting Expenses	21,826,039		21,826,039
11	19	Other Underwriting Expenses	37,771		373,771

1 Totals (total column A minus total column B)	33,334,636.00	18,161,520.00	15,173,116.00
2 Applicable expense apportionment ratio (from page 3, part I)			27301%
3 Total apportioned to Mississippi (multiply line 1, column C by line 2, enter amount on page 4, part III, line 21)			414,241.00

PART V: RETALIATORY TAXES PAID (MISSISSIPPI CORPORATIONS ONLY)
--

Itemize retaliatory taxes paid by state and attach copies of returns documenting amounts. Attach supplementary schedules as needed.

A Taxing Authority	B Amount	A Taxing Authority	B Amount
Louisiana	50,548		
1 Total amounts (total amounts from column B; enter amount on page 1, line 3)			50,548.00

MS
Mississippi
Insurance Company Income Tax Return
2013

FEIN 001100014

PART III: DEDUCTIONS APPORTIONED		A MISSISSIPPI	B COMPANY-WIDE
20 Non-allocable loss adjustment expenses	20A	.00	20B .00
21 Total apportioned expenses (from page 4, part IV, line 3)	21A	.00	21B .00
22 Total allocated and apportioned deductions (line 20 plus line 21; enter on page 2, line 15)	22A	.00	22B .00

PART IV: DEDUCTIONS APPORTIONED (FROM ANNUAL STATEMENT)

Expenses must be separately apportioned. Attach supplementary pages to return as needed.

Page	Line	Description	A Column ()	B Less Allocable Expenses	C Balance Apportionable
11	24	Over Investment Expenses	750,000		750,000

1 Totals (total column A minus total column B)	750,000	.00	.00	750,000	.00
2 Applicable expense apportionment ratio (from page 3, part I)				12738	%
3 Total apportioned to Mississippi (multiply line 1, column C by line 2, enter amount on page 4, part III, line 21)				9,554	.00

PART V: RETALIATORY TAXES PAID (MISSISSIPPI CORPORATIONS ONLY)
--

Itemize retaliatory taxes paid by state and attach copies of returns documenting amounts. Attach supplementary schedules as needed.

A Taxing Authority	B Amount	A Taxing Authority	B Amount
1 Total amounts (total amounts from column B; enter amount on page 1, line 3)			.00



MS
Mississippi
Net Operating Loss & Capital Loss Schedule
2013

FEIN 0 0 1 1 0 0 0 1 4

Amended

State election to forgo carryback and to carryforward the current year NOL

PART I: NET OPERATING LOSS

A NOL Year End MM/DD/YYYY	B NOL Amount Enter as a Negative Number	C Income Year NOL Applied MM/DD/YYYY	D Amount Used In Income Year Enter a as Positive Number	E NOL Balance (B) + D = (E) Enter as a Negative Number or Zero

- | | |
|---|--|
| 1 Total NOL available (from schedule above, enter as a negative number) | |
| 2 NOL used in current year (from schedule above, enter as a positive number)
(enter on Form 83-122, line 28 or Form 83-391, page 2, line 16) | |
| 3 Remaining NOL available for carryforward (line 1 plus line 2) | |

PART II: CAPITAL LOSS

A Loss Year End MM/DD/YYYY	B Capital Loss Amount Enter as a Negative Number	C Income Year Loss Applied MM/DD/YYYY	D Amount Used in Income Year Enter as a Positive Number	E Capital Loss Balance (B) + D = (E) Enter as a Negative Number or Zero

- | | |
|---|---|
| 1 Total capital loss available (from schedule above, enter as a negative number) | 0 |
| 2 Capital loss used in current year (from schedule above, enter as a positive number)
(enter here and on Form 83-122, line 25) | 0 |
| 3 Remaining capital loss available for carryforward (line 1 plus line 2) | 0 |

Test Scenario 9

Name: Green Non Profit Inc
FEIN: 001100012

2013
Corporation

RETURN INFORMATION

Tax Period: Calendar Year 2013

Return Type: Balance Due Return
Non Profit

Filing Status: 100% Mississippi

REQUIRED FORMS	Form Name	Binary Attachments
83-105	Corporate Income and Franchise Tax Return	Federal Form 990T
83-122	Net Taxable Income Schedule	None



MS
Mississippi
Corporate Income and Franchise Tax Return
2013

Tax Year Beginning 01012013
m m d d y y y y

Tax Year Ending 12312013
m m d d y y y y

FEIN 001100012

Mississippi Secretary of State ID 776500

Legal Name and DBA Green Nonprofit Inc Address <u>200 Any Street</u> <hr/> <u>Anytown</u> <u>MS</u> <u>39206</u> <small>City State Zip +4</small> <hr/> County Code <u>25</u> NAICS Code <u>813312</u>	CHECK ALL THAT APPLY <input type="checkbox"/> Amended Return <input type="checkbox"/> Final Return <input checked="" type="checkbox"/> Non Profit	CHECK ONE <input checked="" type="checkbox"/> 100% Mississippi <input type="checkbox"/> Multistate Apportioning <input type="checkbox"/> Multistate Direct Accounting
---	---	---

FRANCHISE TAX (ROUND TO THE NEAREST DOLLAR)

1 Taxable capital (from Form 83-110, line 19)	1		0	
2 Franchise tax (minimum tax \$25)	<input type="checkbox"/>	Fee-In-Lieu	0	
3 Franchise tax credit (from Form 83-401, line 1)	3		.00	
4 Net franchise tax due (line 2 minus line 3)	4		0	

INCOME TAX

Combined income tax return (enter FEIN of reporting corporation) _____

5 Mississippi net taxable income (from Form 83-122, line 30 or Form 83-310, line 5, column C)	5		10,000	
6 Income tax	6		350	
7 Income tax credits (from Form 83-401, line 3 or Form 83-310, line 5, column B)	7		.00	
8 Net income tax due (line 6 minus line 7)	8		350	

PAYMENTS AND TAX DUE

9 Total franchise and income tax (line 4 plus line 8)	9		350	
10 Overpayments from prior year	10		.00	
11 Estimated tax payments and payment with extension	11		315	
12 Total payments (line 10 plus line 11)	12		315	
13 Net total franchise and income tax (line 9 minus line 12)	13		35	
14 Interest and penalty on underestimated income tax payments (from Form 83-305, line 17)	14		.00	
15 Late payment interest	15		.00	
16 Late payment penalty	16		.00	



MS Mississippi Corporate Income and Franchise Tax Return 2013

FEIN 001100012

PART III: CORPORATE AFFILIATION SCHEDULE

List all entities owned by and affiliated with the corporation. See page 4 for additional schedule if needed.

Table with 4 columns: ENTITY NAME, FEIN, ADDRESS, ENTITY TYPE. Multiple empty rows for data entry.

[X] Check box if return may be discussed with preparer

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature and title lines for Officer, Paid Preparer, and PTIN/Phone/Address/State/Zip Code fields.



MS Mississippi Corporate Income and Franchise Tax Return 2013

FEIN 001100012

SUPPLEMENTAL CORPORATE AFFILIATION SCHEDULE

List all entities owned by and affiliated with the corporation. Continued from page 3, part III.

Table with 4 columns: ENTITY NAME, FEIN, ADDRESS, ENTITY TYPE. The table contains 20 empty rows for data entry.



MS

Mississippi Net Taxable Income Schedule 2013

FEIN 0 0 1 1 0 0 0 1 2

COMPUTATION OF MISSISSIPPI NET TAXABLE INCOME (ROUND TO THE NEAREST DOLLAR)

1 Federal taxable income (loss) before net operating loss deductions and special deductions (from federal Form 1120, page 1, line 28. If multistate direct accounting, enter zero and skip to line 23) 1 10,000.00

STATE ADDITIONS TO FEDERAL TAXABLE INCOME

2 State, local or foreign government taxes based on income 2 _____ .00

3 Interest on obligations of other states or political subdivisions (net of expenses) 3 _____ .00

4 Depletion expense in excess of cost 4 _____ .00

5 Federal capital loss carryover deduction 5 _____ .00

6 Federal special depreciation allowance 6 _____ .00

7 Other additions required by law (attach schedule) 7 _____ .00

8 **Total additions** (add line 2 through line 7) 8 0.00

STATE DEDUCTIONS FROM FEDERAL TAXABLE INCOME

9 Interest on obligations of the United States (net of expenses) 9 _____ .00

10 Wages reduced on federal return for federal employment tax credits 10 _____ .00

11 Income (loss) from partnership, S corporation or trust 11 _____ .00

12 Income (loss) from construction contracting or production of natural mineral resource products (net of expenses) 12 _____ .00

13 Additional depreciation due to a difference in the depreciable base for federal and state purposes (attach schedule) 13 _____ .00

14 Other deductions (attach schedule) 14 _____ .00

15 **Total deductions** (add line 9 through line 14) 15 0.00

APPORTIONMENT / ALLOCATION (MULTISTATE ONLY)

If 100% Mississippi, complete line 16 then skip to page 2, line 20

16 **Adjusted federal income (loss)** (line 1 plus line 8 minus line 15) 16 10,000.00

17 Adjustment for nonbusiness income (loss) net of expenses (from Form 83-150, column E, line 2) 17 _____ .00

18 Apportionable business income (loss) (line 16 minus line 17) 18 _____ .00

19 Apportionment ratio (enter ratio and check box as shown on Form 83-125, part II) 19 _____ %

Sales (retail) Manufacturers (retail) Manufacturers (wholesale), Financial Institutions, Pipelines Special Formula



MS

Mississippi Net Taxable Income Schedule 2013

FEIN 001100012

APPORTIONMENT / ALLOCATION

20 Mississippi apportioned income (loss) (multiply line 18 by line 19)	20		10,000	.00
21 Nonbusiness income (loss) allocated to Mississippi (from Form 83-150, column F, line 2)	21			.00
22 Mississippi income (loss) from partnership, S corporation or trust (attach Mississippi K-1's, Form 84-132)	22			.00
23 Mississippi income (loss) from construction contracting or production of natural mineral resource products (from Form 83-124, page 2, line 31 and/or page 3, line 46)	23			.00
24 Adjustments related to Mississippi tax credits claimed	24			.00
25 Mississippi capital loss carryover/carryback deduction (from Form 83-155, part II, line 2)	25			.00
26 Other adjustments (attach schedule)	26		0	.00

MISSISSIPPI TAXABLE INCOME

27 Income (loss) apportioned and allocated to Mississippi (add line 20 through line 26)	27		10,000	.00
28 Mississippi net operating loss deduction (from Form 83-155, part I, line 2)	28		0	.00
29 Income exemption (attach schedule; if not applicable enter zero)	29			.00
30 Mississippi net taxable income (loss) (line 27 minus line 28 and line 29. Enter on Form 83-105, line 5; If filing combined, enter income (loss) on Form 83-310. If negative, enter zero on Form 83-105, line 5)	30		10,000	.00