



— DEPARTMENT OF —
REVENUE
STATE OF MISSISSIPPI

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

2014

12/16/2014



MISSISSIPPI TESTING OVERVIEW

Corporate & Pass-Through Entity E-File

September 19, 2014

Thank you for participating in the Mississippi E-file program. Enclosed is the State of Mississippi e-file test package for tax year 2014. 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 Nine (9) 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 including 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 2014 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

12/16/2014

Test Scenario 1

Name: Help For All Inc
FEIN: 000110001

2014
Corporation

RETURN INFORMATION

Tax Period: Calendar Year 2014

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



Mississippi Corporate Income and Franchise Tax Return 2014

FEIN 000110001

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	0	.00
19 Total overpayment (if line 12 is larger than line 9, subtract line 9 from line 12)	19	445,370	.00
20 Overpayment credited to next year (from line 19)	20	400,000	.00
21 Overpayment to be refunded (line 19 minus line 20)	21	45,370	.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? _____ No
- 2 If final return, enter reason and date effective: _____ Date _____
- 3 If the corporation has been sold or 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? _____
- 6 Principal business activity in Mississippi Retailing 6a County location in Mississippi Hinds
- 7 Principal product or service in Mississippi Clothing
- 8 Contact person for this return John Jones 8a Location and Phone number MS 601-923-7055

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
Rodger Rabbit Chief Executive Office	999060042	301 N Estates Avenue Columbia MD 20901	20.0000%
Robert Fleece Vice President	123456789	509 Kingston Place Columbia MD 20901	10.0000%



Mississippi Corporate Franchise Tax Schedule 2014

FEIN 000110001

CAPITAL BASE		(ROUND TO THE NEAREST DOLLAR)
1	Capital stock	326,013,891.00
2	Paid in capital	675,611,707.00
3	Surplus and retained earnings	1,085,306,580.00
4	Loans from shareholders or affiliates	.00
5	Deferred taxes, contingent liabilities, all true reserves, and other elements (attach schedule)	50,000,000.00
6	Less 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)	2,136,932,178.00

APPORTIONMENT RATIO		A MISSISSIPPI	B EVERYWHERE
10	Real & tangible personal property owned at year end (net book value)	10A <u>103,786,143.00</u>	10B <u>207,572,285.00</u>
11	Gross receipts	11A <u>342,263.00</u>	11B <u>684,525.00</u>
12	Total (line 10 plus line 11)	12A <u>104,128,406.00</u>	12B <u>208,256,810.00</u>
13	Mississippi ratio (line 12A divided by line 12B)		13 <u>50.0000</u> %
14	Taxable capital apportioned to Mississippi (line 9 multiplied by line 13. If 100% Mississippi, enter amount from line 9)		14 <u>1,068,466,089.00</u>

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)	0.00
16	Taxable capital (enter the larger of line 14 or line 15)	1,068,466,089.00
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)	.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 \$1,000 and enter amount on Form 83-105, line 1. If negative, enter zero on Form 83-105, line 1)	1,068,467,000.00

Mississippi Balance Sheet Per Books

FEIN 000110001

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	0 0 0 1 1 0 0 0 1		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 SHAREHOLDERS' 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	
	7,283,986	6 Other decreases (itemize): _____	
4 Add lines 1,2, and 3	136,104,313	7 Add lines 5 and 6	
		8 Balance at end of year (line 4 less line 7)	



Mississippi Net Taxable Income Schedule 2014

FEIN 0 0 0 1 1 0 0 0 1

COMPUTATION OF MISSISSIPPI NET TAXABLE INCOME	(ROUND TO THE NEAREST DOLLAR)
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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
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STATE ADDITIONS TO FEDERAL TAXABLE INCOME
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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 %

<input checked="" type="checkbox"/> Sales retail	<input type="checkbox"/> Manufacturers (retail)	<input type="checkbox"/> Manufacturers (wholesale), Financial institutions, Pipelines, (for pharmaceutical suppliers, see instructions)	<input type="checkbox"/> Special Formula
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Mississippi Net Taxable Income Schedule 2014

FEIN 0 0 0 1 1 0 0 0 1

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

Mississippi Business Income Apportionment Schedule

FEIN 0 0 0 1 1 0 0 0 1

2014

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)	243,331,370	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)			
2 Payroll factor (line 2, column A divided by line 2, column B)	16,857,750	37,118,850	<u>4 5 4 1 5 6</u> %
3 Sales factor (line 3, column A divided by line 3, column B)	342,263	684,525	<u>5 0 0 0 0 1</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 83-122, line 19)	<u>5 0 0 0 0 1</u> %
<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 (for major medical or pharmaceutical suppliers, see instructions Form 83-100)	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)	_____ %

Mississippi Nonbusiness Income Worksheet 2014



Tax Year Beginning 0 10 120 14
m m d d y y y

Tax Year Ending 123 120 14
m m d d y y y

FEIN 000 11000 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





Mississippi Tax Credit Summary Schedule 2014

FEIN 000110001

(*Carryover Not Available)

TAX CREDIT CODES			
CODE	CREDIT	CODE	CREDIT
* 02	Premium Retaliatory	18	Land Donation
* 03	Finance Company Privilege	19	Broadband Technology
* 04	Advanced Technology / Enterprise Zone	21	Brownfield Credit
05	Jobs Tax	22	Airport Cargo Charges
06	National or Regional Headquarters	23	Manufacturer's Investment Tax Credit
07	Research and Development Skills	24	Alternative Energy Jobs
08	Employer Child / Dependent Care	25	Child Adoption
09	Basic Skills Training or Retraining	26	Historic Structure Rehabilitation (Attach Statement)
10	Reforestation		<input type="checkbox"/> Check if requesting refund in lieu of 10-year carryforward
* 11	Gambling License Fee	* 27	Long Term Care
* 12	Financial Institution Jobs	28	New Markets
13	Mississippi Revenue Bond Service	29	Biomass Energy Investment
14	Ad Valorem Inventory	30	Wildlife Land Use
15	Export Port Charges	31	Prekindergarten Credit
16	Insurance Guaranty	32	Headquarters Relocation Credit
17	Import Credit	* 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 Total franchise tax credit used this year (total column E); (enter on Form 83-105, page 1, line 3) 1 _____
- 2 Total franchise tax credit available for next year (total amounts in column G) 2 _____

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)
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, line 5; if more than three income tax credits taken, see instructions, Form 83-100) 3 1,000,000
- 4 Total income tax credit available for next year (total amounts in column G) 4 0

Test Scenario 2

Name: Hide N Seek Foods Inc
FEIN: 000110002

2014
Corporation

RETURN INFORMATION

Tax Beginning: 01/01/2014

Filing Status: Multistate Direct Accounting

Tax Year Ending: 12/31/2014

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 3, 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



Mississippi Corporate Income and Franchise Tax Return 2014

Tax Year Beginning 01012014
m m d d y y y y

Tax Year Ending 12312014
m m d d y y y y

FEIN 000110002

Mississippi Secretary of State ID 547210

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

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"/>	150,820.00
3 Franchise tax credit (from Form 83-401, line 1)	3	.00
4 Net franchise tax due (line 2 minus line 3)	4	150,820.00

INCOME TAX

Combined income tax return (enter FEIN of reporting corporation) 000110002

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	20,000.00
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	1,277,244.00
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	452,244.00
14 Interest and penalty on underestimated income tax payments (from Form 83-305, line 17)	14	51,060.00
15 Late payment interest	15	4,070.00
16 Late payment penalty	16	2,035.00



Mississippi Corporate Income and Franchise Tax Return 2014

FEIN 000110002

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	509,409	.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 or 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? _____

6 Principal business activity in Mississippi Medicaid Managed Care 6a County location in Mississippi Hinds

7 Principal product or service in Mississippi Medicaid Managed Care

8 Contact person for this return Jeanette Doe 8a Location and Phone number MS 601-923-7055

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	10.0000%
Jane Doe Vice President	999060017	615 Northington Dr Houston TX 77025	10.0000%
Tom Doe Treasurer	999060018	3849 Wood Hill Lane Houston TX 77020	10.0000%



Mississippi Corporate Franchise Tax Schedule 2014

FEIN 000110002

CAPITAL BASE		(ROUND TO THE NEAREST DOLLAR)
1	Capital stock	40,315,772.00
2	Paid in capital	216,368,896.00
3	Surplus and retained earnings	136,104,313.00
4	Loans from shareholders or affiliates	3,000,000.00
5	Deferred taxes, contingent liabilities, all true reserves, and other elements (attach schedule)	16,391,046.00
6	Less treasury stock	7,701,611.00
7	Add adjustments to retained earnings for treasury stock purchased with borrowed funds	1,000,000.00
8	Holding company exclusion (attach schedule)	12,000,000.00
9	Total capital base (add line 1 through line 8)	393,478,416.00

APPORTIONMENT RATIO		A MISSISSIPPI	B EVERYWHERE
10	Real & tangible personal property owned at year end (net book value)	10A <u>65,123,870.00</u>	10B <u>208,361,780.00</u>
11	Gross receipts	11A <u>49,648,300.00</u>	11B <u>496,482,805.00</u>
12	Total (line 10 plus line 11)	12A <u>114,772,170.00</u>	12B <u>704,844,585.00</u>
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>64,071,271.00</u>

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)	3,000,000.00
16	Taxable capital (enter the larger of line 14 or line 15)	64,071,271.00
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)	.00
18	Capital exemption (attach schedule)	3,744,196.00
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)	60,328,000.00

Mississippi Balance Sheet Per Books

FEIN 0 0 0 1 1 0 0 0 2

SCHEDULE L - BALANCE SHEETS PER BOOKS				
	Beginning of Tax Year		End of Tax Year	
ASSETS	(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 SHAREHOLDERS' 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	
	7,283,986	6 Other decreases (itemize): _____	
4 Add lines 1,2, and 3	136,104,313	7 Add lines 5 and 6	
		8 Balance at end of year (line 4 less line 7)	



Mississippi Net Taxable Income Schedule 2014

FEIN 0 0 0 1 1 0 0 0 2

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

<input type="checkbox"/> Sales retail	<input type="checkbox"/> Manufacturers (retail)	<input type="checkbox"/> Manufacturers (wholesale), Financial institutions, Pipelines, (for pharmaceutical suppliers, see instructions)	<input type="checkbox"/> Special Formula
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Mississippi Net Taxable Income Schedule 2014

FEIN 0 0 0 1 1 0 0 0 2**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



Mississippi Direct Accounting Income Statement 2014



FEIN 000110002

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 _____ .00	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	12 _____ .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





Mississippi Direct Accounting Income Statement 2014

FEIN 000110002

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	_____	.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



Mississippi Direct Accounting Income Statement 2014



FEIN 0 0 0 1 1 0 0 0 2

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





Mississippi Summary of Net Income Schedule 2014

FEIN 000110002

(ROUND TO THE NEAREST DOLLAR)

Column A	Column B		Column C
Name of Company FEIN	Credit Code	Credit Amount	Net Taxable Income (Loss)
1 Reporting company			
NAME <u>Hide N Seek Foods Inc</u>	<u>13</u>	20,000.00	
FEIN <u>11000002</u>	--	.00	
	--	.00	22,931,481.00
	--	.00	
2 Subsidiary companies			
NAME <u>The Food Corporation</u>	--	0.00	
FEIN <u>11000012</u>	--	.00	
	--	.00	(25,702,498).00
	--	.00	
NAME <u>Acme Food Corporation</u>	--	0.00	
FEIN <u>11000013</u>	--	.00	
	--	.00	25,702,498.00
	--	.00	
NAME _____	--	.00	
FEIN _____	--	.00	.00
	--	.00	
NAME _____	--	.00	
FEIN _____	--	.00	.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)		20,000.00	22,931,481.00
4 Totals from page 2 (total of column B and column C from additional page(s) Form 83-310)		0.00	0.00
5 Total income tax credits and net taxable income (loss) (sum of line 3 and line 4. Enter the total from column B on Form 83-105, page 1, line 7 or Form 83-391, line 4, page 1. Enter the total from column C on Form 83-105, page 1, line 5 or Form 83-391, page 1, line 1. If the total in column C is negative, enter zero on Form 83-105, page 1, line 5 or Form 83-391, page 1, line 1)		20,000.00	22,931,481.00



Mississippi Tax Credit Summary Schedule 2014

FEIN 000110002

(*Carryover Not Available)

TAX CREDIT CODES			
CODE	CREDIT	CODE	CREDIT
* 02	Premium Retaliatory	18	Land Donation
* 03	Finance Company Privilege	19	Broadband Technology
* 04	Advanced Technology / Enterprise Zone	21	Brownfield Credit
05	Jobs Tax	22	Airport Cargo Charges
06	National or Regional Headquarters	23	Manufacturer's Investment Tax Credit
07	Research and Development Skills	24	Alternative Energy Jobs
08	Employer Child / Dependent Care	25	Child Adoption
09	Basic Skills Training or Retraining	26	Historic Structure Rehabilitation (Attach Statement)
10	Reforestation		<input type="checkbox"/> Check if requesting refund in lieu of 10-year carryforward
* 11	Gambling License Fee	* 27	Long Term Care
* 12	Financial Institution Jobs	28	New Markets
13	Mississippi Revenue Bond Service	29	Biomass Energy Investment
14	Ad Valorem Inventory	30	Wildlife Land Use
15	Export Port Charges	31	Prekindergarten Credit
16	Insurance Guaranty	32	Headquarters Relocation Credit
17	Import Credit	* 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 _____
- 2 Total franchise tax credit available for next year (total amounts in column G) 2 _____

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, line 5; if more than three income tax credits taken, see instructions, Form 83-100) 3 20,000
- 4 Total income tax credit available for next year (total amounts in column G) 4 0

Test Scenario 3

Name: Work N All Day Inc
FEIN: 001100007

2014

Pass-Through Entity - S Corporation

RETURN INFORMATION

Tax Beginning: 07/01/2014

Filing Status: 100% Mississippi

State Payment: ACH Credit

Tax Year Ending: 12/31/2014

Return Type: Amended Return

Payment Amount: \$2,115.00

Requested Payment Date: 3/30/2015

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 Schedule 2014

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 2014

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 2014

FEIN 001100007

CAPITAL BASE		(ROUND TO THE NEAREST DOLLAR)	
1	Capital stock	1	10,000 ₀₀
2	Paid in capital	2	00
3	Surplus and retained earnings	3	2,101,917 ₀₀
4	Loans from shareholders or affiliates	4	00
5	Deferred taxes, contingent liabilities, all true reserves and other elements (attach schedule)	5	00
6	Less 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	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	100.0000%
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)	15	60,000 ₀₀
16	Taxable capital (enter the larger of line 14 or line 15)	16	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)	17	1,055,959 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	1,056,000 ₀₀



Mississippi Net Taxable Income Schedule 2014

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 10 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			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		0	00



Mississippi Net Taxable Income Schedule 2014

FEIN 00 1100007

APPORTIONMENT / ALLOCATION

21 Apportionment ratio (enter ratio and check box as shown on Form 84-125, Part II)	21	<u>100 0000</u> %
<input checked="" type="checkbox"/> Sales (retail) <input type="checkbox"/> Manufacturers (retail) <input type="checkbox"/> Manufacturers (wholesale), Financial institutions, Pipelines, (for pharmaceutical suppliers, see instructions) <input type="checkbox"/> Special Formula		
22 Mississippi apportioned income (loss) (multiply line 20 by line 21)	22	<u>18,610</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>18,610</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 2014

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)			100.0000 %
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	100.0000 %

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)	100.0000 %
<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 (for major medical or pharmaceutical suppliers, see instructions Form 84-100) <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 2014

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>50.0000</u> STATE <u>W I</u> <input type="checkbox"/> COMPOSITE	a <u>9305</u> b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	<u>0</u>
NAME <u>Ben Xempt</u> FEIN <input checked="" type="checkbox"/> <u>000999068</u> SSN <input type="checkbox"/>	<u>50.0000</u> STATE <u>W I</u> <input type="checkbox"/> COMPOSITE	a <u>9305</u> b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	<u>0</u>
NAME _____ FEIN <input type="checkbox"/> SSN <input type="checkbox"/>	_____ STATE _____ <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	_____
NAME _____ FEIN <input type="checkbox"/> SSN <input type="checkbox"/>	_____ STATE _____ <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	_____
NAME _____ FEIN <input type="checkbox"/> SSN <input type="checkbox"/>	_____ STATE _____ <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	_____

2 Total column B, column C and column D (from above)	<u>100.0000</u>	2a	<u>18610</u>	2	<u>0</u>
		2c	<u>0</u>		
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>	3	<u>0</u>
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 and line 4c on Form 84-105, page 1, line 7)	<u>0</u>	3c	<u>0</u>		
		4a	<u>18610</u>	4	<u>0</u>
		4c	<u>0</u>		
5 Total taxable income (loss) (column C, line 4a plus column D, line 4)				5	<u>18610</u>

Mississippi Schedule K-1

2014

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 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></td> <td style="text-align: center;">_____ %</td> <td></td> <td></td> </tr> <tr> <td>Loss</td> <td style="text-align: center;">_____ %</td> <td></td> <td style="text-align: center;">_____ %</td> <td></td> <td></td> </tr> <tr> <td>Capital</td> <td style="text-align: center;">_____ %</td> <td></td> <td style="text-align: center;">_____ %</td> <td></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																								

Mississippi Schedule K-1

2014

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 8</div>		5 Interest income <div style="text-align: right; font-size: 1.2em;">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 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;">39,324</div>	<div style="text-align: right; font-size: 1.2em;">(8,371)</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: 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></td> <td style="text-align: center;">_____ %</td> <td></td> <td></td> </tr> <tr> <td>Loss</td> <td style="text-align: center;">_____ %</td> <td></td> <td style="text-align: center;">_____ %</td> <td></td> <td></td> </tr> <tr> <td>Capital</td> <td style="text-align: center;">_____ %</td> <td></td> <td style="text-align: center;">_____ %</td> <td></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;">31,467</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;">251,184</div>	22 Other information <div style="text-align: right; font-size: 1.2em;">35,573</div>																								
PART IV: MISSISSIPPI TAX CREDITS (Enter credit code and name from Form 84-401)																											
	Code	Credit	Amount																								



Mississippi Tax Credit Summary Schedule 2014

FEIN 001100007

(*Carryover Not Available)

TAX CREDIT CODES			
CODE	CREDIT	CODE	CREDIT
* 02	Premium Retaliatory	18	Land Donation
* 03	Finance Company Privilege	19	Broadband Technology
* 04	Advanced Technology / Enterprise Zone	21	Brownfield Credit
05	Jobs Tax	22	Airport Cargo Charges
06	National or Regional Headquarters	23	Manufacturer's Investment Tax Credit
07	Research and Development Skills	24	Alternative Energy Jobs
08	Employer Child / Dependent Care	25	Child Adoption
09	Basic Skills Training or Retraining	26	Historic Structure Rehabilitation (Attach Statement)
10	Reforestation		<input type="checkbox"/> Check if requesting refund in lieu of 10-year carryforward
* 11	Gambling License Fee	* 27	Long Term Care
* 12	Financial Institution Jobs	28	New Markets
13	Mississippi Revenue Bond Service	29	Biomass Energy Investment
14	Ad Valorem Inventory	30	Wildlife Land Use
15	Export Port Charges	31	Prekindergarten Credit
16	Insurance Guaranty	32	Headquarters Relocation Credit
17	Import Credit	* 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)
-----------	------------------------------	---	--	----------------------------	-------------------------------	---

19	500	0	0	500	0	0

- | | | |
|--|---|-----|
| 1 Total franchise tax credit used this year (total column E; enter on Form 84-105, page 1, line 3) | 1 | 500 |
| 2 Total franchise tax credit available for next year (total amounts in column G) | 2 | 0 |

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 (composite only; total column E); enter on Form 84-105, page 1, line 7; if more than three income tax credits taken, see instructions, Form 84-100) | 3 | 0 |
| 4 Total income tax credit available for next year (total amounts in column G) | 4 | 0 |

Test Scenario 4

Name: Sam Starling, LLP
FEIN: 006900001

2014

Pass-Through Entity - Partnership

RETURN INFORMATION

Tax Beginning: Calendar Year 2014

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 Pass-Through Entity Schedule 2014

FEIN 006900001

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
Sam Starling President	000000022	P O Box 997 7 Birch Branch St Johns Canada AIC5N5	10.0000
Taxpayer 1 Vice President	009900009	P O Box 0001 Reno NV 89510	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 2014

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)



FEIN 006900001

Mississippi Net Taxable Income Schedule 2014

Page 1

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 10 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 2014

FEIN 006900001

APPORTIONMENT / ALLOCATION

21 Apportionment ratio (enter ratio and check box as shown on Form 84-125, Part II)	21	<u>2.0000</u> %
<input checked="" type="checkbox"/> Sales (retail) <input type="checkbox"/> Manufacturers (retail) <input type="checkbox"/> Manufacturers (wholesale), Financial institutions, Pipelines, (for pharmaceutical suppliers, see instructions) <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 2014

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)			5.0000 %
2 Payroll factor (line 2, column A divided by line 2, column B)	1,105,350	110,535,025	1.0000 %
3 Sales factor (line 3, column A divided by line 3, column B)	6,469,112	323,455,613	2.0000 %

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)	2.0000 %
<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 (for major medical or pharmaceutical suppliers, see instructions Form 84-100) <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 2014

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>208956</u> b _____ c _____ b _____ c _____ b _____ c _____	<u>10,238,833</u>
NAME <u>Tax Payer 1</u> FEIN <input type="checkbox"/> _____ SSN <input checked="" type="checkbox"/> <u>009900001</u>	<u>50.0000</u> STATE <u>NV</u> <input type="checkbox"/> COMPOSITE	a <u>1044779</u> b _____ c _____ b _____ c _____ b _____ c _____	<u>51,194,163</u>
NAME <u>Barton and Jenkins</u> FEIN <input checked="" type="checkbox"/> <u>000000022</u> SSN <input type="checkbox"/> _____	<u>40.0000</u> STATE <u>AK</u> <input type="checkbox"/> COMPOSITE	a <u>835823</u> b _____ c _____ b _____ c _____ b _____ c _____	<u>40,955,330</u>
NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____	_____ STATE _____ <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____	_____
NAME _____ FEIN <input type="checkbox"/> _____ SSN <input type="checkbox"/> _____	_____ STATE _____ <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____	_____

2 Total column B, column C and column D (from above)	<u>100.0000</u>	2a	<u>2,089,558</u>	2	<u>102,388,326</u>
		2c	<u>0</u>		
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>	3	<u>0</u>
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 and line 4c on Form 84-105, page 1, line 7)	<u>0</u>	3c	<u>0</u>		
		4a	<u>2,089,558</u>	4	<u>102,388,326</u>
		4c	<u>0</u>		
5 Total taxable income (loss) (column C, line 4a plus column D, line 4)				5	<u>104,477,884</u>

Mississippi Schedule K-1

2014

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-size: 1.2em;">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-size: 1.2em;">406</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) <div style="text-align: right; font-size: 1.2em;">151</div>	16 Credits																								
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>		4 Guaranteed payments																									
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		5 Interest income <div style="text-align: right; font-size: 1.2em;">185</div>	17 Foreign transactions																								
F <input type="checkbox"/> General partner or LLC member-manager <input checked="" type="checkbox"/> Limited partner or other LLC member		6a Ordinary dividends																									
G What type of entity is the partner? <u>Individual</u>		6b Qualified dividends																									
H Check box if 5% of the net gain / profit was withheld. Enter amount of withholding remitted for partner \$ _____		7 Royalties	18 Alternative minimum tax (AMT) items																								
I Partner's share of profit, loss and capital: <table style="width: 100%; border-collapse: collapse; font-size: 0.9em;"> <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;">10.0000 %</td> <td></td> <td style="text-align: center;">10.0000 %</td> <td></td> <td></td> </tr> <tr> <td>Loss</td> <td style="text-align: center;">10.0000 %</td> <td></td> <td style="text-align: center;">10.0000 %</td> <td></td> <td></td> </tr> <tr> <td>Capital</td> <td style="text-align: center;">10.0000 %</td> <td></td> <td style="text-align: center;">10.0000 %</td> <td></td> <td></td> </tr> </table>		Beginning		Ending			Profit	10.0000 %		10.0000 %			Loss	10.0000 %		10.0000 %			Capital	10.0000 %		10.0000 %				8 Net short-term capital gain (loss)	A <div style="text-align: right; font-size: 1.2em;">399</div>
	Beginning		Ending																								
Profit	10.0000 %		10.0000 %																								
Loss	10.0000 %		10.0000 %																								
Capital	10.0000 %		10.0000 %																								
J Partner's share of liabilities at year end: Nonrecourse \$ <u>1,100,000</u> Qualified nonrecourse financing \$ _____ Recourse \$ _____		9a Net long-term capital gain (loss)	19 Items affecting shareholder basis																								
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>		9b Collectibles (28%) gain (loss)																									
<input type="checkbox"/> Tax Basis <input type="checkbox"/> GAAP <input checked="" type="checkbox"/> Other		9c Unrecaptured section 1250 gain	20 Tax-Exempt income and nondeductible expenses																								
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.		10 Net section 1231 gain (loss)	C <div style="text-align: right; font-size: 1.2em;">1,550</div>																								
M Shareholder's percentage of stock ownership for tax year _____ %		11 Other income (loss) <div style="text-align: right; font-size: 1.2em;">12,801</div>																									
N Mississippi apportionment ratio for tax year _____ %		12 Charitable contributions	21 Distributions																								
		13 Section 179 deduction	<div style="text-align: right; font-size: 1.2em;">150,281</div>																								
		14 Other deductions <div style="text-align: right; font-size: 1.2em;">11,150</div>	22 Other information <div style="text-align: right; font-size: 1.2em;">185</div>																								
PART IV: MISSISSIPPI TAX CREDITS (Enter credit code and name from Form 84-401)																											
	Code	Credit	Amount																								
	---	_____	_____																								
	---	_____	_____																								
	---	_____	_____																								
	---	_____	_____																								

Test Scenario 5

Name: Carlton Manufacturing, LLC
FEIN: 006900003

2014

Pass-Through Entity - Composite Partnership

RETURN INFORMATION

Tax Beginning: Calendar Year 2014

Filing Status: Multistate Apportioning

State Payment: ACH Debit

Return Type: Composite Return

Account #: 410005

Routing #: 253000053

Payment Amount: \$40,325

Payment Effective Date: 3/15/2015

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 9</u> – Other Additions• <u>Line 16</u> – Other Deductions• <u>Line 26</u> – 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 2014



FEIN 006900003

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	40,325.00
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

Amended

See instructions for electronic payment options or attach payment voucher, Form 84-300, with check or money order for balance due.

PART I: ENTITY INFORMATION

- 1 If final return, enter reason and date effective: _____ Date _____
- If the entity has been sold or merged or incorporated, complete the following: Name, address and FEIN of the new existing corporation:
 _____ FEIN _____
- 2 If amended return, check reason. Mississippi Correction Federal Correction Other _____
- 3 If a partnership or LLC, has a federal election been made to file as a corporation? Yes No
- 4 Check if the company has been audited by the IRS. If the company has been audited, what year(s) are involved? 2011
- 5 Principal business activity in Mississippi _____ 5a County location in Mississippi _____
- 6 Principal product or service in Mississippi _____
- 7 Contact person for this return _____ 7a Location and Phone number _____

PART II: PASS-THROUGH ENTITY SCHEDULE

List all pass-through entities in Mississippi that the S corporation / Partnership invested in during the tax year. Attach additional schedule(s), Form 84-105, page 4, if needed.

ENTITY NAME	FEIN	ADDRESS	ENTITY TYPE





Mississippi Supplemental Pass-Through Entity Schedule 2014

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)



FEIN 006900003

Mississippi Net Taxable Income Schedule 2014

Page 1

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 10 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 2014

FEIN 006900003

APPORTIONMENT / ALLOCATION

21 Apportionment ratio (enter ratio and check box as shown on Form 84-125, Part II)	21		2.3137 %
<input type="checkbox"/> Sales (retail) <input checked="" type="checkbox"/> Manufacturers (retail) <input type="checkbox"/> Manufacturers (wholesale), Financial institutions, Pipelines, (for pharmaceutical suppliers, see instructions) <input type="checkbox"/> Special Formula			
22 Mississippi apportioned income (loss) (multiply line 20 by line 21)	22		9,475,665 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		138,825 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		9,614,490 00

MISSISSIPPI COMPOSITE TAXABLE INCOME

If filing composite, complete lines 29 through 32

29 Mississippi composite net income (loss) (from Form 84-131)	29		9,614,490 00
30 Composite return filing adjustment (attach schedule)	30		5,000 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		9,609,490 00

Mississippi Business Income Apportionment Schedule 2014

FEIN 006900003

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>3.2546</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>3.0000</u> %

PART II: APPLICATION OF APPORTIONMENT FACTORS (CHECK ONE)

<input 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)	_____ %																			
<input checked="" type="checkbox"/> Manufacturers that sell principally at retail	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">5a Property factor (from part I, line 1g, column C)</td> <td style="width: 20%; text-align: right;"><u>3.2546</u></td> <td style="width: 20%; text-align: right;">%</td> </tr> <tr> <td>5b Payroll factor (from part I, line 2, column C)</td> <td style="text-align: right;"><u>0</u></td> <td style="text-align: right;">%</td> </tr> <tr> <td>5c Subtotal (line 5a plus line 5b)</td> <td style="text-align: right;"><u>3.2546</u></td> <td style="text-align: right;">%</td> </tr> <tr> <td>5d Average (divide line 5c by two)</td> <td style="text-align: right;"><u>1.6273</u></td> <td style="text-align: right;">%</td> </tr> <tr> <td>5e Sales factor (from part I, line 3, column C)</td> <td style="text-align: right;"><u>3.0000</u></td> <td style="text-align: right;">%</td> </tr> <tr> <td>5f Total (line 5d plus Line 5e)</td> <td style="text-align: right;"><u>4.6273</u></td> <td style="text-align: right;">%</td> </tr> </table>	5a Property factor (from part I, line 1g, column C)	<u>3.2546</u>	%	5b Payroll factor (from part I, line 2, column C)	<u>0</u>	%	5c Subtotal (line 5a plus line 5b)	<u>3.2546</u>	%	5d Average (divide line 5c by two)	<u>1.6273</u>	%	5e Sales factor (from part I, line 3, column C)	<u>3.0000</u>	%	5f Total (line 5d plus Line 5e)	<u>4.6273</u>	%	5g Weighted average (divide line 5f by two) (enter ratio on Form 84-122, line 21)	_____ %
5a Property factor (from part I, line 1g, column C)	<u>3.2546</u>	%																			
5b Payroll factor (from part I, line 2, column C)	<u>0</u>	%																			
5c Subtotal (line 5a plus line 5b)	<u>3.2546</u>	%																			
5d Average (divide line 5c by two)	<u>1.6273</u>	%																			
5e Sales factor (from part I, line 3, column C)	<u>3.0000</u>	%																			
5f Total (line 5d plus Line 5e)	<u>4.6273</u>	%																			
<input type="checkbox"/> Financial institutions, pipelines or manufacturers that sell principally at wholesale (for major medical or pharmaceutical suppliers, see instructions Form 84-100)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">6a Property factor (from part I, line 1g, column C)</td> <td style="width: 20%; text-align: right;">_____</td> <td style="width: 20%; text-align: right;">%</td> </tr> <tr> <td>6b Payroll factor (from part I, line 2, column C)</td> <td style="text-align: right;">_____</td> <td style="text-align: right;">%</td> </tr> <tr> <td>6c Sales factor (from part I, line 3, column C)</td> <td style="text-align: right;">_____</td> <td style="text-align: right;">%</td> </tr> <tr> <td>6d Total (add lines 6a, 6b and 6c)</td> <td style="text-align: right;">_____</td> <td style="text-align: right;">%</td> </tr> </table>	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)	_____ %						
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)	_____	%																			
<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 2014

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>8,556,896</u> b _____ c _____ b _____ c _____ b _____ c _____	<u>8,556,896</u>	<u>355,939,027</u>
NAME <u>Taxpayer B2</u> FEIN <input type="checkbox"/> SSN <input checked="" type="checkbox"/> <u>009900001</u>	<u>1.0000</u> STATE <u>CA</u> <input checked="" type="checkbox"/> COMPOSITE	a <u>96,145</u> b _____ c _____ b _____ c _____ b _____ c _____	<u>96,145</u>	<u>3,999,315</u>
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>961,449</u> b _____ c _____ b _____ c _____ b _____ c _____	<u>961,449</u>	<u>39,993,149</u>
NAME _____ FEIN <input type="checkbox"/> SSN <input type="checkbox"/>	_____ STATE _____ <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____	_____	_____
NAME _____ FEIN <input type="checkbox"/> SSN <input type="checkbox"/>	_____ STATE _____ <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____	_____	_____

2 Total column B, column C and column D (from above)	<u>100.0000</u>	2a	<u>9,614,490</u>	2	<u>399,931,491</u>
		2c	<u>0</u>		
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>	3	<u>0</u>
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 and line 4c on Form 84-105, page 1, line 7)	<u>0</u>	3c	<u>0</u>		
		4a	<u>9,614,490</u>	4	<u>399,931,491</u>
		4c	<u>0</u>		
5 Total taxable income (loss) (column C, line 4a plus column D, line 4)				5	<u>409,545,981</u>

Mississippi Schedule K-1

2014

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 3</div>		1 Ordinary business income (loss) 15 Self-employment earnings (loss) <div style="text-align: right; font-weight: bold;">8,370,432</div>																						
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)																						
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		PART III: PARTNER'S SHARE OF CURRENT YEAR INCOME, DEDUCTIONS, CREDITS, AND OTHER ITEMS																						
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>		4 Guaranteed payments																						
E Owner / partner's name, address, city, state and zip code Taxpayer B1 93 Oaks Dr Los Angeles CA 90052		5 Interest income 17 Foreign transactions <div style="text-align: right; font-weight: bold;">752</div> <div style="text-align: right; font-weight: bold;">434,317</div>																						
F <input type="checkbox"/> General partner or LLC member-manager <input checked="" type="checkbox"/> Limited partner or other LLC member		6a Ordinary dividends																						
G What type of entity is the partner? Partnership		6b Qualified dividends																						
H Check box if 5% of the net gain / profit was withheld. Enter amount of withholding remitted for partner \$ _____		7 Royalties 18 Alternative minimum tax (AMT) items																						
I Partner's share of profit, loss and capital:		8 Net short-term capital gain (loss)																						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 30%; text-align: center;">Beginning</td> <td style="width: 30%;"></td> <td style="width: 25%; text-align: center;">Ending</td> </tr> <tr> <td>Profit</td> <td style="text-align: center;">89.0000 %</td> <td></td> <td style="text-align: center;">89.0000 %</td> </tr> <tr> <td>Loss</td> <td style="text-align: center;">89.0000 %</td> <td></td> <td style="text-align: center;">89.0000 %</td> </tr> <tr> <td>Capital</td> <td style="text-align: center;">89.0000 %</td> <td></td> <td style="text-align: center;">89.0000 %</td> </tr> </table>		Beginning		Ending	Profit	89.0000 %		89.0000 %	Loss	89.0000 %		89.0000 %	Capital	89.0000 %		89.0000 %		9a Net long-term capital gain (loss) 19 Items affecting shareholder basis						
	Beginning		Ending																					
Profit	89.0000 %		89.0000 %																					
Loss	89.0000 %		89.0000 %																					
Capital	89.0000 %		89.0000 %																					
J Partner's share of liabilities at year end:		9b Collectibles (28%) gain (loss)																						
Nonrecourse \$ 4,806,000 Qualified nonrecourse financing \$ _____ Recourse \$ _____		9c Unrecaptured section 1250 gain 20 Tax-Exempt income and nondeductible expenses																						
K Partner's Mississippi capital account analysis:		10 Net section 1231 gain (loss)	23																					
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		11 Other income (loss) 102,960																						
<input type="checkbox"/> Tax Basis <input type="checkbox"/> GAAP <input checked="" type="checkbox"/> Other		12 Charitable contributions 21 Distributions <div style="text-align: right; font-weight: bold;">892</div> <div style="text-align: right; font-weight: bold;">8,405,682</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 22 Other information <div style="text-align: right; font-weight: bold;">51,480</div> <div style="text-align: right; font-weight: bold;">752</div>																						
N Mississippi apportionment ratio for tax year _____ %		PART IV: MISSISSIPPI TAX CREDITS (Enter credit code and name from Form 84-401)																						
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Mississippi Schedule K-1

2014

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: right; font-family: monospace; font-size: 1.2em;">0 0 6 9 0 0 0 0 3</div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td style="width: 70%;">Ordinary business income (loss)</td> <td style="width: 10%; text-align: center;">15</td> <td style="width: 15%;">Self-employment earnings (loss)</td> </tr> <tr> <td></td> <td style="text-align: right; font-size: 1.2em;">94,050</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">2</td> <td>Net rental real estate income (loss)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td>Other net rental income (loss)</td> <td style="text-align: center;">16</td> <td>Credits</td> </tr> <tr> <td style="text-align: center;">4</td> <td>Guaranteed payments</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">5</td> <td>Interest income</td> <td style="text-align: center;">5</td> <td style="text-align: right;">17 Foreign transactions 4,878</td> </tr> <tr> <td style="text-align: center;">6a</td> <td>Ordinary dividends</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6b</td> <td>Qualified dividends</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">7</td> <td>Royalties</td> <td style="text-align: center;">18</td> <td>Alternative minimum tax (AMT) items</td> </tr> <tr> <td style="text-align: center;">8</td> <td>Net short-term capital gain (loss)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">9a</td> <td>Net long-term capital gain (loss)</td> <td style="text-align: center;">19</td> <td>Items affecting shareholder basis</td> </tr> <tr> <td style="text-align: center;">9b</td> <td>Collectibles (28%) gain (loss)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">9c</td> <td>Unrecaptured section 1250 gain</td> <td style="text-align: center;">20</td> <td>Tax-Exempt income and nondeductible expenses</td> </tr> <tr> <td style="text-align: center;">10</td> <td>Net section 1231 gain (loss)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">11</td> <td>Other income (loss)</td> <td></td> <td style="text-align: right; font-size: 1.2em;">1,157</td> </tr> <tr> <td style="text-align: center;">12</td> <td>Charitable contributions</td> <td style="text-align: center;">10</td> <td style="text-align: right;">21 Distributions 94,446</td> </tr> <tr> <td style="text-align: center;">13</td> <td>Section 179 deduction</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">14</td> <td>Other deductions</td> <td style="text-align: center;">22</td> <td style="text-align: right;">Other information 8</td> </tr> </table>	1	Ordinary business income (loss)	15	Self-employment earnings (loss)		94,050			2	Net rental real estate income (loss)			3	Other net rental income (loss)	16	Credits	4	Guaranteed payments			5	Interest income	5	17 Foreign transactions 4,878	6a	Ordinary dividends			6b	Qualified dividends			7	Royalties	18	Alternative minimum tax (AMT) items	8	Net short-term capital gain (loss)			9a	Net long-term capital gain (loss)	19	Items affecting shareholder basis	9b	Collectibles (28%) gain (loss)			9c	Unrecaptured section 1250 gain	20	Tax-Exempt income and nondeductible expenses	10	Net section 1231 gain (loss)			11	Other income (loss)		1,157	12	Charitable contributions	10	21 Distributions 94,446	13	Section 179 deduction			14	Other deductions	22	Other information 8
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Mississippi Schedule K-1

2014

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

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A Entity FEIN 0 0 6 9 0 0 0 0 3		1 Ordinary business income (loss) 1,079,320	15 Self-employment earnings (loss) 82,421,978																														
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)																															
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D Owner / partner's SSN or FEIN 0 0 6 9 3 0 0 0 1		5 Interest income 85	17 Foreign transactions 48,799																														
E Owner / partner's name, address, city, state and zip code Taxpayer B3 7272 W Truman Ave Sacramento CA 95813		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																															
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N Mississippi apportionment ratio for tax year _____ %																																	

Test Scenario 6

Name: Tree Fixr Upper, Inc.
FEIN: 001100009

2014

Pass-Through Entity - Composite S Corporation

RETURN INFORMATION

Tax Beginning: Calendar Year 2014

Filing Status: Multistate Apportioning

State Payment: ACH Debit

Return Type: Composite Return

Account #: 312222

Routing #: 040500600

Payment Effective Date: 4/25/2015

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 2014

Tax Year Beginning 01012014

Tax Year Ending 10302014

FEIN 001100009

Mississippi Secretary of State ID 005892

NAICS Code 541320

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			
Anytown OK 74002 <small>City State Zip +4</small>	<input checked="" type="checkbox"/> Composite Return		<input type="checkbox"/> 100% Mississippi	
County Code <u>25</u> Total Number of Mississippi K-1's <u>01</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 checked="" 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	_____ 0 .00
2	Franchise tax (minimum tax \$25) <input type="checkbox"/> Fee-In-Lieu	2	_____ 25 .00
3	Franchise tax credit (from Form 84-401, line 1)	3	_____ .00
4	Net franchise tax due (line 2 minus line 3)	4	_____ 25 .00

COMPOSITE INCOME TAX

5	Mississippi net taxable income (from Form 84-122, line 32)	5	_____ 0 .00
6	Income tax	6	_____ 0 .00
7	Income tax credits (from Form 84-401, line 3)	7	_____ .00
8	Net income tax due (line 6 minus line 7)	8	_____ 0 .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	_____ 25 .00
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 .00
13	Net total franchise and/or income tax (line 9 minus line 12)	13	_____ 25 .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 2014

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 2014

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, contingent liabilities, all true reserves and other elements (attach schedule)	5		00
6 Less 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	000	10B	27,969,90000
11 Gross receipts	11A	000	11B	1,900,670,40000
12 Total (line 10 plus line 11)	12A	000	12B	1,928,640,30000
13 Mississippi ratio (line 12A divided by line 12B)	13		13	0%
14 Taxable capital apportioned to Mississippi (line 9 multiplied by line 13. If 100% Mississippi enter amount from line 9)	14		14	000

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		000
16 Taxable capital (enter the larger of line 14 or line 15)	16		000
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		000
18 Capital exemption (attach schedule)	18		000
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		0 000



Mississippi Net Taxable Income Schedule 2014

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 10 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 2014

FEIN 001100009

APPORTIONMENT / ALLOCATION

21 Apportionment ratio (enter ratio and check box as shown on Form 84-125, Part II)	21	1.0523 %
<input checked="" type="checkbox"/> Sales (retail) <input type="checkbox"/> Manufacturers (retail) <input type="checkbox"/> Manufacturers (wholesale), Financial institutions, Pipelines, (for pharmaceutical suppliers, see instructions) <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 2014

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)	1,250,000	46,642,555	
g Mississippi property factor (line 1f, column A divided by line 1f, column B)			2.6800 %
2 Payroll factor (line 2, column A divided by line 2, column B)	250,000	6,372,055	3.9234 %
3 Sales factor (line 3, column A divided by line 3, column B)	20,000,000	1,900,670,400	1.0523 %

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)	1.0523 %
<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 (for major medical or pharmaceutical suppliers, see instructions Form 84-100) <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 2014

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>100.0000</u> STATE <u>PA</u> <input checked="" type="checkbox"/> COMPOSITE	a <u>(140,287)</u> b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	 <u>(13,191,210)</u>
NAME _____ FEIN <input type="checkbox"/> SSN <input type="checkbox"/>	STATE _____ <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	_____
NAME _____ FEIN <input type="checkbox"/> SSN <input type="checkbox"/>	STATE _____ <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	_____
NAME _____ FEIN <input type="checkbox"/> SSN <input type="checkbox"/>	STATE _____ <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	_____
NAME _____ FEIN <input type="checkbox"/> SSN <input type="checkbox"/>	STATE _____ <input type="checkbox"/> COMPOSITE	a _____ b _____ c _____ b _____ c _____ b _____ c _____ b _____ c _____	_____

2 Total column B, column C and column D (from above)	<u>100.0000</u>	2a	<u>(140,287)</u>	2	<u>(13,191,210)</u>
		2c	<u>0</u>		
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>	3	<u>0</u>
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 and line 4c on Form 84-105, page 1, line 7	<u>0</u>	3c	<u>0</u>	4	<u>(13,191,210)</u>
		4a	<u>(140,287)</u>	4	<u>(13,191,210)</u>
		4c	<u>0</u>		
5 Total taxable income (loss) (column C, line 4a plus column D, line 4)				5	<u>(13,331,497)</u>

Mississippi Schedule K-1

2014

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; padding: 2px;">1</td> <td style="width: 70%; padding: 2px;">Ordinary business income (loss) (184,057)</td> <td style="width: 5%; padding: 2px;">15</td> <td style="width: 15%; padding: 2px;">Self-employment earnings (loss)</td> </tr> <tr> <td style="padding: 2px;">2</td> <td style="padding: 2px;">Net rental real estate income (loss)</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">3</td> <td style="padding: 2px;">Other net rental income (loss)</td> <td style="padding: 2px;">16</td> <td style="padding: 2px;">Credits 4,878</td> </tr> <tr> <td style="padding: 2px;">4</td> <td style="padding: 2px;">Guaranteed payments</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">5</td> <td style="padding: 2px;">Interest income 26,308</td> <td style="padding: 2px;">17</td> <td style="padding: 2px;">Foreign transactions</td> </tr> <tr> <td style="padding: 2px;">6a</td> <td style="padding: 2px;">Ordinary dividends 26,097</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">6b</td> <td style="padding: 2px;">Qualified dividends</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">7</td> <td style="padding: 2px;">Royalties</td> <td style="padding: 2px;">18</td> <td style="padding: 2px;">Alternative minimum tax (AMT) items</td> </tr> <tr> <td style="padding: 2px;">8</td> <td style="padding: 2px;">Net short-term capital gain (loss)</td> <td></td> <td style="padding: 2px;">158</td> </tr> <tr> <td style="padding: 2px;">9a</td> <td style="padding: 2px;">Net long-term capital gain (loss)</td> <td style="padding: 2px;">19</td> <td style="padding: 2px;">Items affecting shareholder basis</td> </tr> <tr> <td style="padding: 2px;">9b</td> <td style="padding: 2px;">Collectibles (28%) gain (loss)</td> <td></td> <td style="padding: 2px;">5,171</td> </tr> <tr> <td style="padding: 2px;">9c</td> <td style="padding: 2px;">Unrecaptured section 1250 gain</td> <td style="padding: 2px;">20</td> <td style="padding: 2px;">Tax-Exempt income and nondeductible expenses</td> </tr> <tr> <td style="padding: 2px;">10</td> <td style="padding: 2px;">Net section 1231 gain (loss)</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">11</td> <td style="padding: 2px;">Other income (loss)</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">12</td> <td style="padding: 2px;">Charitable contributions</td> <td style="padding: 2px;">21</td> <td style="padding: 2px;">Distributions</td> </tr> <tr> <td style="padding: 2px;">13</td> <td style="padding: 2px;">Section 179 deduction</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">14</td> <td style="padding: 2px;">Other deductions 8,635</td> <td style="padding: 2px;">22</td> <td style="padding: 2px;">Other information 52,405</td> </tr> </table>	1	Ordinary business income (loss) (184,057)	15	Self-employment earnings (loss)	2	Net rental real estate income (loss)			3	Other net rental income (loss)	16	Credits 4,878	4	Guaranteed payments			5	Interest income 26,308	17	Foreign transactions	6a	Ordinary dividends 26,097			6b	Qualified dividends			7	Royalties	18	Alternative minimum tax (AMT) items	8	Net short-term capital gain (loss)		158	9a	Net long-term capital gain (loss)	19	Items affecting shareholder basis	9b	Collectibles (28%) gain (loss)		5,171	9c	Unrecaptured section 1250 gain	20	Tax-Exempt income and nondeductible expenses	10	Net section 1231 gain (loss)			11	Other income (loss)			12	Charitable contributions	21	Distributions	13	Section 179 deduction			14	Other deductions 8,635	22	Other information 52,405
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D Owner / partner's SSN or FEIN 9 9 9 0 6 0 0 1 4		(Enter credit code and name from Form 84-401)																																																																			
E Owner / partner's name, address, city, state and zip code Rose B Trim 57 Any Street Anytown PA 17201	F <input type="checkbox"/> General partner or LLC member-manager <input type="checkbox"/> Limited partner or other LLC member	Code	Credit	Amount																																																																	
G What type of entity is the partner?	H Check box if 5% of the net gain / profit was withheld. Enter amount of withholding remitted for partner \$	---	---	---																																																																	
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: 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></td> <td style="text-align: center;">_____ %</td> <td></td> <td></td> </tr> <tr> <td>Loss</td> <td style="text-align: center;">_____ %</td> <td></td> <td style="text-align: center;">_____ %</td> <td></td> <td></td> </tr> <tr> <td>Capital</td> <td style="text-align: center;">_____ %</td> <td></td> <td style="text-align: center;">_____ %</td> <td></td> <td></td> </tr> </table>		Beginning		Ending			Profit	_____ %		_____ %			Loss	_____ %		_____ %			Capital	_____ %		_____ %			---	---	---																																									
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Profit	_____ %		_____ %																																																																		
Loss	_____ %		_____ %																																																																		
Capital	_____ %		_____ %																																																																		
J Partner's share of liabilities at year end:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Nonrecourse</td> <td style="width: 5%;">\$</td> <td style="width: 25%;">_____</td> </tr> <tr> <td>Qualified nonrecourse financing</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>Recourse</td> <td>\$</td> <td>_____</td> </tr> </table>	Nonrecourse	\$	_____	Qualified nonrecourse financing	\$	_____	Recourse	\$	_____	---	---	---																																																								
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K Partner's Mississippi capital account analysis:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Beginning capital account</td> <td style="width: 5%;">\$</td> <td style="width: 25%;">_____</td> </tr> <tr> <td>Capital contributed during the year</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>Current year increase (decrease)</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>Withdrawals and distributions</td> <td>\$ (</td> <td>_____)</td> </tr> <tr> <td>Ending capital account</td> <td>\$</td> <td>_____</td> </tr> </table>	Beginning capital account	\$	_____	Capital contributed during the year	\$	_____	Current year increase (decrease)	\$	_____	Withdrawals and distributions	\$ (_____)	Ending capital account	\$	_____	---	---	---																																																		
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Ending capital account	\$	_____																																																																			
<input type="checkbox"/> Tax Basis <input type="checkbox"/> GAAP <input type="checkbox"/> Other	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.	---	---	---																																																																	
M Shareholder's percentage of stock ownership for tax year 100.0000 %	N Mississippi apportionment ratio for tax year 1.0523 %	---	---	---																																																																	

Test Scenario 7

Name: Taxing Corporation
FEIN: 001100014

2014

SCorporation

RETURN INFORMATION

Tax Beginning: Calendar Year 2014

Return Type: Extension Payment

State Payment: ACH Credit

Payment Amount: \$50,000

Payment Effective Date: 3/15/2015

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

Test Scenario 8

Name: Taxing Insurance Company
FEIN: 000110014

2014
Insurance Company

RETURN INFORMATION

Tax Beginning: Calendar Year 2014

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• Federal Return PDF
83-155	Net Operating Loss & Capital Loss Schedule	<ul style="list-style-type: none">• None
83-310	Corporation Summary of Net Income Schedule (Combined Returns Only)	<ul style="list-style-type: none">• None



Mississippi Insurance Company Income Tax Return 2014

Tax Year Beginning 0 10 120 14
m m d d y y y y

Tax Year Ending 1 2 3 120 14
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 <hr/> Address 2525 Anyway Street <hr/> Our Town TX 63100 0000 <small>City State Zip +4</small> <hr/> 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)**

Combined income tax return (enter FEIN of reporting company) 000110014

1 Mississippi net taxable income (from page 2, line 17A or Form 83-310, page 1, line 5, column C)	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 or Form 83-310, page 1, line 5, column B)	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		.00
14 Total balance due (if line 5 is larger than line 8, add lines 9 through 13)	14	8,751	.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 check or money order for balance due.



Mississippi Insurance Company Income Tax Return 2014

FEIN 000110014

COMPUTATION OF NET INCOME	A MISSISSIPPI		B COMPANY-WIDE	
1 Direct premiums (except accident and health premiums)	4,251,950			
Less: return premiums	1,859,064	1A	2,392,886	1B
	.00		.00	160,277,131
2 Direct accident and health premiums		2A		2B
3 Reinsurance assumed		3A	(20,642)	3B
4 Considerations for annuities		4A		4B
5 Considerations for supplementary contracts		5A		5B
6 Unearned premiums (December 31st, prior year)		6A	1,231,539	6B
7 Gross investment income		7A	125,334	7B
8 Other income		8A	240,965	8B
9 Total net income (add line 1 through line 8)		9A	3,970,082	9B
			.00	266,541,454

DEDUCTIONS				
10 Unearned premiums (December 31st, current year)		10A	1,789,496	10B
11 Reinsurance ceded		11A	563,899	11B
12 Dividends to policy holders		12A	3,916	12B
13 Total deductions (add line 10 through line 12)		13A	2,357,311	13B
			.00	159,395,458

MISSISSIPPI NET TAXABLE INCOME				
14 Gross income (line 9 minus line 13)		14A	1,612,771	14B
15 Total deductions allocated and apportioned (from page 4, part III, line 23)		15A	423,795	15B
16 Less: Mississippi net operating loss (from Form 83-155, part I, line 2)		16A		16B
17 Net taxable income (loss) (line 14 minus line 15 and line 16; enter amount from 17A on page 1, line 1 or Form 83-310, page 1, line 5, column C)		17A	1,188,976	17B
			.00	91,222,880

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 Insurance Company Income Tax Return 2014

FEIN 000110014

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

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

5 Losses, death benefits, accident and health benefits (less applicable recoveries)							
a Paid	5Aa	397,762	.00	5Ba	25,781,238	.00	
b Unpaid at December 31st, current year	5Ab	160,558	.00	5Bb	12,517,571	.00	
c Unpaid at December 31st, prior year	5Ac	118,647	.00	5Bc	15,386,577	.00	
6 Loss adjustment expenses allocated	6A	136,869	.00	6B	5,247,336	.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	320,579	.00	13B	5,134,826	.00	
14 Gross premium privilege tax	14A	25,828	.00	14B	2,647,350	.00	
15 Other allocable taxes	15A	1,430	.00	15B	906,124	.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	8,039	.00	19B	631,106	.00	
20 Total allocable deductions	20A		.00	20B		.00	

Mississippi Insurance Company Income Tax Return 2014

FEIN 000110014

PART III: DEDUCTIONS APPORTIONED		A MISSISSIPPI	B COMPANY-WIDE
21 Non-allocable loss adjustment expenses	21A	.00	21B .00
22 Total apportioned expenses (from page 4, part IV, line 3)	22A	423,795.00	22B 15,923,116.00
23 Total allocated and apportioned deductions (line 20 plus line 21 plus line 22; enter on page 2, line 15)	23A	423,795.00	23B 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 (X9)	B Less Allocable Expenses	C Balance Apportionable
11	3	Commission Brokerage	11,134,826	18,161,520	(1,026,694)
11	19	Other Underwriting Expenses	21,826,039	0	21,826,039
11	19	Other Underwriting Expenses	37,771	0	373,771

1 Totals (total column A minus total column B)	32,998,636	18,161,520	15,173,116
2 Applicable expense apportionment ratio (from page 3, part I)			27.301 %
3 Total apportioned to Mississippi (multiply line 1, column C by line 2, enter amount on page 4, part III, line 21)			414,241

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

Mississippi Insurance Company Income Tax Return 2014

FEIN 001100014

PART III: DEDUCTIONS APPORTIONED		A MISSISSIPPI	B COMPANY-WIDE
21 Non-allocable loss adjustment expenses	21A	_____ .00	21B _____ .00
22 Total apportioned expenses (from page 4, part IV, line 3)	22A	_____ .00	22B _____ .00
23 Total allocated and apportioned deductions (line 20 plus line 21 plus line 22; enter on page 2, line 15)	23A	_____ .00	23B _____ .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 (X9)	B Less Allocable Expenses	C Balance Apportionable
11	24	Over Investment Expenses	750,000	0	750,000

1 Totals (total column A minus total column B)	750,000		750,000
2 Applicable expense apportionment ratio (from page 3, part I)			12.738 %
3 Total apportioned to Mississippi (multiply line 1, column C by line 2, enter amount on page 4, part III, line 21)			9,554

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)	



Mississippi

Summary of Net Income Schedule

2014

FEIN 000 1100 14

(ROUND TO THE NEAREST DOLLAR)

Column A	Column B		Column C
Name of Company FEIN	Credit Code	Credit Amount	Net Taxable Income (Loss)
1 Reporting company			
NAME <u>Taxing Insurance Company</u>	-- --	-----00	
	-- --	-----00	
FEIN <u>000 1100 14</u>	-- --	-----00	594,488 .00
	-- --	-----00	
2 Subsidiary companies			
NAME <u>Refund Insurance Company</u>	-- --	-----00	
	-- --	-----00	
FEIN <u>000 1100 15</u>	-- --	-----00	594,488 .00
	-- --	-----00	
NAME _____	-- --	-----00	
	-- --	-----00	
FEIN _____	-- --	-----00	.00
	-- --	-----00	
NAME _____	-- --	-----00	
	-- --	-----00	
FEIN _____	-- --	-----00	.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>0</u> .00	<u>1,188,976</u> .00
4 Totals from page 2 (total of column B and column C from additional page(s) Form 83-310)		-----00	.00
5 Total income tax credits and net taxable income (loss) (sum of line 3 and line 4. Enter the total from column B on Form 83-105, page 1, line 7 or Form 83-391, line 4, page 1. Enter the total from column C on Form 83-105, page 1, line 5 or Form 83-391, page 1, line 1. If the total in column C is negative, enter zero on Form 83-105, page 1, line 5 or Form 83-391, page 1, line 1)		-----00	<u>1,188,976</u> .00

Test Scenario 9

Name: Green Non Profit Inc
FEIN: 000110012

2014
Corporation

RETURN INFORMATION

Tax Period: Calendar Year 2014

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



Mississippi Corporate Income and Franchise Tax Return 2014

Tax Year Beginning 01012014
m m d d y y y y

Tax Year Ending 12312014
m m d d y y y y

FEIN 000110012

Mississippi Secretary of State ID 776500

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



Mississippi Corporate Income and Franchise Tax Return 2014

FEIN 001100012

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	_____ 35 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? _____ No
- 2 If final return, enter reason and date effective: _____ Date _____
- 3 If the corporation has been sold or 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? _____
- 6 Principal business activity in Mississippi Church 6a County location in Mississippi Hinds
- 7 Principal product or service in Mississippi Daycare
- 8 Contact person for this return John Jones 8a Location and Phone number MS 601-923-7055

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
Rodger Brown Chief Executive Officer	999060042	301 N Estate Avenue Jackson MS 39209	50.0000%
Robert Blue Vice President	123456789	509 Kingston Place Madison MS 39110	50.0000%



Mississippi Net Taxable Income Schedule 2014

FEIN 0 0 0 1 1 0 0 1 2

COMPUTATION OF MISSISSIPPI NET TAXABLE INCOME	(ROUND TO THE NEAREST DOLLAR)
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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
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STATE ADDITIONS TO FEDERAL TAXABLE INCOME
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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	0.00
19 Apportionment ratio (enter ratio and check box as shown on Form 83-125, part II)	19	<u>1000000</u> %

<input type="checkbox"/> Sales retail	<input type="checkbox"/> Manufacturers (retail)	<input type="checkbox"/> Manufacturers (wholesale), Financial institutions, Pipelines, (for pharmaceutical suppliers, see instructions)	<input type="checkbox"/> Special Formula
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Mississippi Net Taxable Income Schedule 2014

FEIN 0 0 0 1 1 0 0 1 2

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