

Mississippi Corporate Income and Franchise Tax Return 2005

WCA

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

Name of Corporation

Mailing Address (PO Box or Street Including Rural Route)

City State County Code

(See Instructions)

Filing Status

Check All That Apply: Final Return Short Year Return Address Change

Check One: 100% Mississippi Multistate Direct Accounting Multistate Apportioning

IRS Business Activity Code Number

Franchise and Income Tax

1. Taxable Capital (From Form 83-110, Line 18) 1
2. Franchise Tax Due (From Form 83-110, Line 21) Minimum tax of \$25. 2.

3. If this corporation is included in a Mississippi Combined Income Tax Return, enter **Name** and **FEIN** of the **Reporting** corporation below:

Name 3. 5 FEIN -

Round All Amounts to the Nearest Dollar

4. Mississippi Net Taxable Income (If Loss enter Zero.) (From Form 83-122, Line 19 or Form 83-310, Column C, Line 3) 4. 6

5. Total Income Tax (See Instructions) 5.

6a. Ad Valorem Tax Credit (From Form 83-401, Schedule A or Form 83-310, Column B, Line 3a) 6a. 22

6b. Other Credits (From Form 83-401. Enter Credit Code and amount.) \$ \$ \$ 6b.

7. Balance of Income Tax Due. (Line 5 Minus Line 6a and Line 6b) 7.

8. Total Franchise and Income Tax Due. (Line 2 Plus Line 7) 8.

9. Interest and Penalty on Underestimated Income Tax Payments. (Attach Form 83-305) 9. 26

10. Total of Lines 8 and 9. 10.

11. Overpayments from Prior Year. 11.

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

13. Total Payments (Line 11 plus Line 12) 13.

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

15. Late Payments - Interest @ 1% Per Month and Penalty @ 1/2% Per Month (See Instructions) 15. 29

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

17. If Line 13 is Larger than Line 10, Enter Amount of **OVERPAYMENT** 17.

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

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

Payments and Tax Due

This return may be discussed with the preparer: Yes No

I declare, under the penalties of perjury, that this return (including any accompanying schedules) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.
----- Officer Signature and Title ----- Date ----- Tax Department Phone -----

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

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Corporate Information

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

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

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

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

_____ FEIN _____
 _____ Phone () _____
 Former owner's forwarding address

 _____ Phone () _____

- 10a. Is this corporation a partner/member in a partnership, LLP or LLC doing business in Mississippi?
 If Yes, attach Mississippi Form K-1(s). Yes No
- 10b. Is this corporation the owner/member of a single member LLC doing business in Mississippi? Yes No
- 11. Has the corporation filed amended federal returns in the last three years?
 If Yes, list years. _____ Yes No
- 12. Has the IRS made any changes to your taxable income in the last three years?
 If Yes, list years. _____ Yes No
- 13. If Line 11 and/or Line 12 was checked "Yes", has the corporation filed Mississippi amended returns for all years for which amended Federal return(s) were filed or changes to taxable income were made by the IRS? Yes No
- 14. Did this corporation file any prior year return in which it claimed 30% or 50% special federal depreciation allowance, but did not make the appropriate adjustments to back out such depreciation in determining its income to this state? Yes No

List of Officers - This schedule MUST be completed

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

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