

Mississippi Partnership Income Tax Return 2002

WPA

For Fiscal Year Beginning ___/___/___ and Ending ► [] FEIN: ► [] - []

Name of Entity []

Mailing Address (PO Box or Street Including Rural Route) []

City [] State [] County Code []

Filing Status

1. Check All That Apply: Initial Return Final Return Amended Return Short Year Inactive Address Change (See Instructions)

2. Type of Entity: General Partnership Limited Partnership Limited Liability Partnership (LLP) Limited Liability Company (LLC) (Treated as a partnership)

3. Check One: 100% Mississippi Multistate Direct Accounting Multistate Apportioning

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

4b. Date business commenced in Mississippi ► []

4c. Number of Schedules K-1 attached. []

Round All Amounts to the Nearest Dollar

Return Information

5. Enter Mississippi Income from Form 86-122 Line 18 ► []

6. Enter the Amount of Nonbusiness Income, if any, Reported on Form 86-122, Line 10 []

7. Enter the Amount of Adjustments, if any, Reported on Form 86-122, Line 6 []

8. Enter the Amount of Adjustments, if any, Reported on Form 86-122, Line 8 []

9. Enter the Amount of Adjustments, if any, Reported on Form 86-122 Line 15 []

10. Enter the Amount of Adjustments, if any, Reported on Form 86-122 Line 17 []

11. Are you a manufacturer? YES NO

If yes, what do you manufacture? _____

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

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

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

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

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

SSN/FEIN [] - []

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

SSN/FEIN [] - []

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

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

Paid Preparer's Signature _____ Date _____ Paid Preparer's Address _____

Paid Firm's Identification Number [] - []

Paid Preparer's Social Security Number or PTIN [] - [] - []

Preparer's Phone () _____

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

