

Mississippi Partnership / LLP / LLC Income Tax Return 1999

For Fiscal Year Beginning _____ and Ending \$ []

FEIN: \$ []

Name of Entity []

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

City [] State [] ZIP + 4 [] - [] County Code []

Filing Status

(See Instructions)

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

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

3. Check All That Apply: 100% Mississippi Multistate Direct Accounting Multistate Apportioning

4. Accounting Method: Cash Accrual Other: _____

5a. Number of partners/members at end of tax year. \$ [] 5b. Date business commenced in Mississippi. \$ []

A COMPLETE COPY OF FEDERAL FORM 1065 MUST BE ATTACHED TO THIS RETURN.

Apportionment/Allocation

(If negative place minus (-) to the left of the numbers)

	Whole Dollars Only
6 a. 100% Mississippi Net Income or Loss for State Purposes. (From Form 86-122, Part A, Line 15.) (Skip Lines 6b through 15 and enter amount from Line 6a on Line 16.)	[]
b. Multistate Net Income or Loss for State Purposes. (From Form 86-122, Part B, Line 22.) (Complete Lines 7 through 16 below.)	[]
7. Nonbusiness Income or Loss Directly Allocable Within and Without Mississippi , Net of Expenses. (Attach Schedule)	[]
8. Net Business Income or Loss Subject to Apportionment (Line 6b minus Line 7.)	[]
9. Apportionment Ratio (From Appropriate Line on Form 83-125, Part II.) Carry to 4 decimals.	[]
10. Mississippi Net Business Income or Loss. (Multiply Line 8 by Line 9.)	[]
11. Mississippi Net Capital Gain or Loss (From Form 83-135, Line 19.)	[]
12. Mississippi Net Gain or Loss (From Form 83-140, Line 12 and/or Form 83-145, Line 12.)	[]
13. Direct Accounting Income or Loss (From Form 83-124, Page 1, Line 31 or Page 2, Line 15.)	[]
14. Nonbusiness Income or Loss Directly Allocable to Mississippi , Net of Expenses. (Attach Schedule)	[]
15. Other Business Income or Loss. (Attach Schedule)	[]
16. Mississippi Taxable Income or Loss - From Line 6a or Total of Lines 10 through 15. \$	[]

17. Check All Applicable Boxes: Election to pay 5% Tax (See instructions) Composite return to be filed (See instructions) Partners will file individually (See instructions)

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 or PTIN [] Paid Preparer's Social Security Number or PTIN [] () _____
Preparer's Phone

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

Mississippi Partnership / LLP / LLC Income Tax Return 1999

Name

FEIN:

Federal Return Data Schedule

Whole Dollars Only

- 1. Total assets, beginning of year (From Federal Form 1065, Schedule L.)
- 2. Total assets, end of year (From Federal Form 1065, Schedule L.)
- 3. Total depreciable assets, beginning of year (From Federal Form 1065, Schedule L.)
- 4. Total depreciable assets, end of year (From Federal Form 1065, Schedule L.)
- 5. Federal gross receipts or sales less returns and allowances. (From Federal Form 1065.)

Mississippi Data

- 6. Mississippi gross receipts or sales, less returns and allowances.
- 7. Assets placed in service in Mississippi during the tax year.

Entity Information

8. Business code number per Federal Form 1065, Page 1, Line C

9. DBA _____

10. County codes for locations in Mississippi (See instructions) _____

11. Principal business activity in Mississippi _____

12. Principal business activity everywhere _____

13. Principal product or service in Mississippi _____

14. Principal product or service everywhere _____

15. Contact person for this return _____

16. Contact person's location and phone _____

17. If amended return, check reason:

- Mississippi correction only
 Amended Federal Form 1065 (attach copy)
 Federal RAR (attach applicable copies)
 Other : _____

18. If final return, check reason and enter date effective:

- Dissolving Mississippi Partnership
 Withdrawing from State
 Incorporated
- Other : _____ Date _____

19. If you checked "Incorporated" on line 18, provide the following:
New company or owner's name and address.

_____ FEIN _____
 _____ Phone () _____

- 20. Is this partnership a partner/member in a partnership, LLP, or LLC doing business in Mississippi?
If Yes, attach Mississippi Form K-1(s). Yes No
- 21. Has the partnership/LLP/LLC filed amended federal returns in the last three years?
If Yes, list years _____ Yes No
- 22. Has the IRS made any changes to your taxable income in the last three years?
If Yes, list years _____ Yes No
- 23. If Line 21 and/or Line 22 was checked "Yes", has the partnership/LLP/LLC filed Mississippi amended returns for all years for which amended Federal return(s) were filed or changes to taxable income were made by the IRS? Yes No