



Mississippi Composite Partnership Income Tax Return 2009

CPA

For Fiscal Year Beginning [] and Ending [] FEIN: []

Name of Entity []

Mailing Address (P.O. Box or Number & Street, Including Rural Route) []

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

(See Instructions)

FILING STATUS

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 One: [] 100% Mississippi [] Multistate Apportioning [] Multistate Direct Accounting

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

4b. Date business commenced in Mississippi []

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

For Internal Use Only:

1 [] 0 [] 5 [] 0 []

Round All Amounts to the Nearest Dollar

5. MS Net Taxable Income (Enter Amount, if Positive, from Form 86-122, Line 20) 6 []

6. Total Income Tax

7a. Ad Valorem Tax Credit (Form 83-401, Schedule A) 22 []

7b. Other Credits (From Form 83-401, Schedule B; Enter Credit Code and Amount)

[] \$ [] \$ [] \$

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

9. Interest on Underestimated Income Tax Payments (Must Attach Form 80-320) 26 []

10. Total of Lines 8 and 9

PAYMENTS and TAX DUE

11. Overpayments from Prior Year

12. Estimated Tax Payments and Payment with Extension

13. Total Payments (Line 11 Plus Line 12)

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

15. Late Payments - Interest @ 1% Per Month and Penalty @ 1/2% Per Month Late or Non-Filer Fee \$100.00 (See Instructions) 29 []

16. Amount Paid with this Return (Line 14 plus Line 15) AMOUNT PAID 31 []
Make payable to: State Tax Commission

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

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

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

Please check this box if return may be discussed with preparer.

Mail To: Corporate Income Tax Division
P.O. Box 1033
Jackson, MS 39215-1033

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 Date

Officer Title () Tax Department Phone

Paid Preparer Signature Date Paid Preparer Address

Paid Firm Identification Number or PTIN OR Paid Preparer Social Security Number or PTIN () Preparer Phone

Mississippi Composite Partnership Income Tax Return 2009



Name _____

FEIN: _____

Federal Return Data Schedule

Round All Amounts to the Nearest Dollar

- 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. IRS Business Activity 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 (Must Attach Copy)
- Federal RAR (Must 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 () _____

20a. Is this partnership a partner/member in a partnership, LLP, or LLC doing business in Mississippi? Yes No
If Yes, Must Attach Mississippi Form K-1(s).

20b. Is this partnership the owner/member of a single member LLC doing business in Mississippi? Yes No
(If Yes, Must Attach schedule)

21. Has the partnership/LLP/LLC filed amended federal returns in the last three years? Yes No
If Yes, list years _____

22. Has the IRS made any changes to your taxable income in the last three years? Yes No
If Yes, list years _____

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

24. Did this partnership file any prior year return in which it claimed a federal 30% or 50% special depreciation allowance, but did not make the appropriate adjustments to back out such depreciation in determining its income to this state. Yes No

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