

Mississippi S-Corporation Income and Franchise Tax Return 2010

WCA



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

Name of Corporation

Mailing Address (PO Box or Street Including Rural Route)

City State Zip + 4 County Code

Check All That Apply: Final Return Short Year Return Address Change Growth and Prosperity (GAP) (See Instructions)

Check One: 100% Mississippi Multistate Apportioning Multistate Direct Accounting Is This a Composite Return? Yes No

Number of Schedule K-1's Attached:

Number of Shareholders at End of Tax Year:

Date of Election as an S-Corporation:

Filing Status

1. Taxable Capital (From Form 83-110, Line 18)

2a. Franchise Tax Due (From Form 83-110, Line 19) Minimum Tax of \$25

2b. Franchise Tax Credit \$ \$
(From Form 83-401, Enter credit code and amount)

2c. Net Franchise Tax Due

3. If this corporation is the owner of a QSSS or a SMLLC doing business in Mississippi, enter the name and FEIN of the QSSS or the SMLLC. If more than one, attach list. FEIN -
Name

Franchise and Income Tax Composite Only

4. Mississippi Net Taxable Income (Enter ZERO, unless filing composite return) Composite Filers enter amount from Form 85-122, Line 20.

5. Total Income Tax (Composite Return Only, See Instructions)

6a. Ad Valorem Tax Credit (From Form 83-401, Schedule A) (Composite Only)

6b. Other Credits (From Form 83-401, Line H, Schedule B) (Composite Only) (Enter Credit Code and amount.) \$ \$ \$
Round All Amounts to the Nearest Dollar

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

8. Total Franchise and Income Tax Due (Line 2c Plus Line 7 if filing Composite)

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

10. Total of Lines 8 and 9

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)

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

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

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

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

Payments and Tax Due

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

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



Mississippi S-Corporation Income and Franchise Tax Return 2010

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's 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
- S-Status Terminated
- 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 () _____

- 10. Is this corporation a partner/member in a partnership, LLP or LLC doing business in Mississippi?
If Yes, must attach Mississippi Form K-1(s). 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

List of Officers - This schedule MUST be completed

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