



Mississippi Corporate Income and Franchise Tax Return 2022

Tax Year Beginning _____
mm dd yyyy

Tax Year Ending _____
mm dd yyyy

FEIN _____

Mississippi Secretary of State ID _____

Legal Name and DBA	CHECK ALL THAT APPLY	CHECK ONE
Address	<input type="checkbox"/> Amended Return <input type="checkbox"/> Final Return <input type="checkbox"/> Non Profit	<input type="checkbox"/> 100% Mississippi <input type="checkbox"/> Multistate Apportioning <input type="checkbox"/> Multistate Direct Accounting
City State Zip +4		
County Code _____ NAICS Code _____		

FRANCHISE TAX **(ROUND TO THE NEAREST DOLLAR)**

1 Taxable capital (from Form 83-110, line 18)	1	_____ .00
2 Franchise tax (minimum tax \$25) <input type="checkbox"/> Fee-In-Lieu	2	_____ .00
3 Franchise tax credit (from Form 83-401, line 1)	3	_____ .00
4 Net franchise tax due (line 2 minus line 3)	4	_____ .00

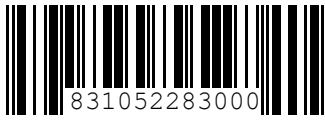
INCOME TAX

Combined income tax return (enter FEIN of reporting corporation) _____

5 Mississippi net taxable income (from Form 83-122, line 30 or Form 83-310, line 5, column C)	5	_____ .00
6 Income tax	6	_____ .00
7 Credit for tax paid on an electing Pass-Through Entity Tax Return (from Form 84-161, line 7; must attach K-1(s) received from electing pass-through entities)	7	_____ .00
8 Income tax credits (from Form 83-401, line 3 or Form 83-310, line 5, column B)	8	_____ .00
9 Net income tax due (line 6 minus line 7 and line 8)	9	_____ .00

PAYMENTS AND TAX DUE

10 Total franchise and income tax (line 4 plus line 9)	10	_____ .00
11 Overpayments from prior year	11	_____ .00
12 Estimated tax payments and payment with extension	12	_____ .00
13 Total payments (line 11 plus line 12)	13	_____ .00
14 Net total franchise and income tax (line 10 minus line 13)	14	_____ .00
15 Interest and penalty on underestimated income tax payments (from Form 83-305, line 19)	15	_____ .00
16 Late payment interest	16	_____ .00



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PART III: CORPORATE AFFILIATION SCHEDULE

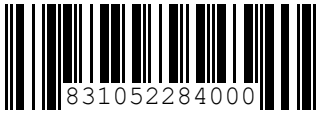
List all entities owned by and affiliated with the corporation. See page 4 for supplemental schedule if needed.

ENTITY NAME	FEIN	ADDRESS	ENTITY TYPE

Check box if return may be discussed with preparer

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Officer Signature and Title	Date	Business Phone
Paid Preparer Signature	Date	Paid Preparer Address
Paid Preparer PTIN	Paid Preparer Phone	City State Zip Code



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FEIN _____

SUPPLEMENTAL CORPORATE AFFILIATION SCHEDULE

List all entities owned by and affiliated with the corporation. Continued from page 3, part III.

ENTITY NAME	FEIN	ADDRESS	ENTITY TYPE