Form 83-105-22-8-1-000 (Rev. 05/23)



Mississippi Corporate Income and Franchise Tax Return 2022

Tax Year Beginning	Tax Ye	ar Ending
mm dd yyyy		mm dd yyyy
FEIN	Mississippi Secretary of S	State ID
Legal Name and DBA	CHECK ALL THAT APPLY	CHECK ONE
Address	Amended Return	100% Mississippi
City State Zip +4	Final Return	Multistate Apportioning
County Code NAICS Code	Non Profit	Multistate Direct Accounting
FRANCHISE TAX	(ROUN	D TO THE NEAREST DOLLAR)
1 Taxable capital (from Form 83-110, line 18)	1	.00
2 Franchise tax (minimum tax \$25)	Fee-In-Lieu 2	00
Franchise tax credit (from Form 83-401, line 1)	3	00
Net franchise tax due (line 2 minus line 3)	4	
INCOME TAX		
Combined income tax return (enter FEIN of reporting corporation)		
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 Forr line 7; must attach K-1(s) received from electing pass-through entities)	m 84-161, 7	00
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	3-305, line 19) 15	-00
16 Late payment interest	16	

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FEIN Late payment penalty 17 Late filing penalty (minimum income tax penalty \$100) Total balance due (if line 10 is larger than line 13, add line 14 through line 18) 19 20 Total overpayment (if line 13 is larger than line 10 plus line 15, subtract line 10 and line 15 from line 13 and add amount from Form 84-161, line 8) Overpayment credited to next year (from line 20) Overpayment to be refunded (line 20 minus line 21) PART I: CORPORATE INFORMATION Is this a publicly traded corporation? Yes If yes, under what symbol? 2 If final return, enter reason and date effective: Date If the corporation has been sold, merged, or converted to a Single-Member LLC (SMLLC), complete the following: Name, address and FEIN of the 3 new existing corporation or owner of the SMLLC: FEIN **Federal Correction** Mississippi Correction Other If amended return, check reason. Check if the company has been audited by the IRS.

If the company has been audited, what year(s) are involved? 5 6 Principal business activity in Mississippi 6a County location in Mississippi Principal product or service in Mississippi 7 Contact person for this return 8a Location and phone number PART II: CORPORATE OFFICER INFORMATION

List the owners, officers, directors or partners who have a responsibility in the fiscal management of the organization.

OFFICER NAME AND TITLE	SSN	ADDRESS	OWNERSHIP PERCENTAGE

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FEIN

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PARIIII.	CURPURATE	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
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	Check box i	f return may	be discussed	with preparer
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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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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