Form 83-105-16-8-1-000 (Rev. 05/16)

831051681000

Mississippi Corporate Income and Franchise Tax Return

2016

Tax Year Beginning	Tax Ye	m m d d y y y y
FEIN	Mississippi Secretary of S	
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	(ROUNI	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
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 Income tax credits (from Form 83-401, line 3 or Form 83-310, line 5, column	B) 7	00
8 Net income tax due (line 6 minus line 7)	8	00
PAYMENTS AND TAX DUE		
9 Total franchise and income tax (line 4 plus line 8)	9	00
10 Overpayments from prior year	10	00
11 Estimated tax payments and payment with extension	11	
12 Total payments (line 10 plus line 11)	12	00
13 Net total franchise and income tax (line 9 minus line 12)	13	00
14 Interest and penalty on underestimated income tax payments (from Form 83	3-305, line 19) 14	_=00
15 Late payment interest	15	00
16 Late payment penalty	16	00

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Mississippi Corporate Income and Franchise Tax Return

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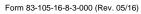
FEIN

17	Late filing penalty (minimum income tax penalty \$100)	17	.00
18	Total balance due (if line 9 is larger than line 12, add line 13 through line 17)	18	.00
19	Total overpayment (if line 12 is larger than line 9, subtract line 9 from line 12)	19	_= 00
20	Overpayment credited to next year (from line 19)	20	.00
21	Overpayment to be refunded (line 19 minus line 20)	21	•00
	See instructions for electronic payment options or attach payment voucher, Form 83-	300, with check or money o	rder for balance due.
P	PART I: CORPORATE INFORMATION		
1	Is this a publicly traded corporation? Yes If yes, under what symbol?		No
2	If final return, enter reason and date effective:	Date _	
3	If the corporation has been sold or merged, complete the following: Name, address and FE	IN of the new existing corpora	ation:
		FEIN	
4	If amended return, check reason. Mississippi Correction Federal Co	rrection Other	
5	Check if the company has been audited by the IRS.	ed, what year(s) are involved?	
6	Principal business activity in Mississippi 6a County	location in Mississippi	
7	Principal product or service in Mississippi		
8	Contact person for this return 8a Location	on 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.

SSN	ADDRESS	OWNERSHIP PERCENTAGE
	SSN	SSN ADDRESS Image: SSN Image: SSN Image: SSN <td< td=""></td<>



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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

Mail Return To: Department of Revenue P.O. Box 23191 Jackson, MS 39225-3191



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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
-			