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Mississippi Secretary of State ID

|               |                               |
|---------------|-------------------------------|
| FRANCHISE TAX | (ROUND TO THE NEAREST DOLLAR) |
|---------------|-------------------------------|

|            |  |
|------------|--|
| INCOME TAX |  |
|------------|--|

|                      |  |
|----------------------|--|
| 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 | _____ | .00 |
| 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 83-305, line 19) | 14 | _____ | .00 |
| 15 | Late payment interest                                                                  | 15 | _____ | .00 |
| 16 | Late payment penalty                                                                   | 16 | _____ | .00 |

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|    |                                                                                           |    |       |     |
|----|-------------------------------------------------------------------------------------------|----|-------|-----|
| 17 | Late filing penalty ( <b>minimum income tax penalty \$100</b> )                           | 17 | _____ | .00 |
| 18 | <b>Total balance due</b> (if line 9 is larger than line 12, add line 13 through line 17)  | 18 | _____ | .00 |
| 19 | <b>Total overpayment</b> (if line 12 is larger than line 9, subtract line 9 from line 12) | 19 | _____ | .00 |
| 20 | <b>Overpayment credited to next year</b> (from line 19)                                   | 20 | _____ | .00 |
| 21 | <b>Overpayment to be refunded</b> (line 19 minus line 20)                                 | 21 | _____ | .00 |

[illegible]

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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.

[illegible]

1

**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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| SUPPLEMENTAL CORPORATE AFFILIATION SCHEDULE |  |
|---------------------------------------------|--|
|---------------------------------------------|--|

[illegible]