

Tax Year Ending \_\_\_\_\_  
mm dd yyyy

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		
<b>FRANCHISE TAX</b> (ROUND TO THE NEAREST DOLLAR)		

(ROUND TO THE NEAREST DOLLAR)

- |   |   |             |   |       |     |
|---|---|-------------|---|-------|-----|
| 1 | Taxable capital (from Form 83-110, line 18)     |             | 1 | _____ | .00 |
| 2 | Franchise tax ( <b>minimum tax \$25</b> )       | 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

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 | _____ | .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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FEIN

**See instructions for electronic payment options or attach payment voucher, Form 83-300, with check or money order for balance due.**

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 FEIN of the new existing corporation:			
				FEIN _____
4	If amended return, check reason.	Mississippi Correction	Federal Correction	Other
5	Check if the company has been audited by the IRS.	If the company has been audited, 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 and Phone number		

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

[illegible]

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**PART III: CORPORATE AFFILIATION SCHEDULE**

[illegible]

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	
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