Form 83-105-17-8 -1-000 (Rev. 10/17)

Mississippi Corporate Income and Franchise Tax Return

2017

Tax Year Beginning Tax Year Ending mm dd yyyy mm dd yyyy FEIN Mississippi Secretary of State ID Legal Name and DBA CHECK ALL THAT APPLY CHECK ONE Address Amended Return 100% Mississippi State City Zip +4 **Final Return** Multistate Apportioning Multistate Direct County Code NAICS Code Non Profit Accounting FRANCHISE TAX (ROUND TO THE NEAREST DOLLAR) Taxable capital (from Form 83-110, line 18) 1 .00 2 Franchise tax (minimum tax \$25) Fee-In-Lieu - 00 3 Franchise tax credit (from Form 83-401, line 1) ____00 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 Income tax 6 6 _____00 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) .00 PAYMENTS AND TAX DUE 9 Total franchise and income tax (line 4 plus line 8) 9 .00 10 Overpayments from prior year .00 Estimated tax payments and payment with extension 11 ______00 11 Total payments (line 10 plus line 11) 12 .00 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 _____00 15 Late payment interest _____.00 16 Late payment penalty 16

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17 Late filing penalty (minimum income tax penalty \$100) 17 18 Total balance due (if line 9 is larger than line 12, add line 13 through line 17) 18 19 Total overpayment (if line 12 is larger than line 9, subtract line 9 from line 12) 19	
19 Total overnavment (if line 12 is larger than line 9 subtract line 9 from line 12)	00
19 Total overpayment (if line 12 is larger than line 9, subtract line 9 from line 12) 19	
	<u> 00 </u>
20 Overpayment credited to next year (from line 19) 20	<u> 00 </u>
21 Overpayment to be refunded (line 19 minus line 20)	<u> 00 </u>
See instructions for electronic payment options or attach payment voucher, Form 83-300, with check or money order for ba	lance due.
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 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?	
 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 	
6 Principal business activity in Mississippi 6a County location in Mississippi	

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

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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 Signature	Date	Paid Preparer Address			

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



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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
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