Form 83-105-22-8-1-000 (Rev. 07/22)

831052281000

Mississippi Corporate Income and Franchise Tax Return

2022

Tax Year Beginning	Tax Ye	ear Ending
FEIN	Mississippi Secretary of	mm dd yyyy 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
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	
7 Credit for tax paid on an electing Pass-Through Entity Tax Return (must atta	ach K-1s) 7	00
8 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)		.00
PAYMENTS AND TAX DUE		
10 Total franchise and income tax (line 4 plus line 9)	10	.00
11 Overpayments from prior year	11	
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	
16 Late payment interest	16	

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Mississippi Corporate Income and Franchise Tax Return

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20	22
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17	Late payment penalty	17	00
18	Late filing penalty (minimum income tax penalty \$100)	18	.00
19	Total balance due (if line 10 is larger than line 13, add line 14 through line 18)	19	00
20	Total overpayment (if line 13 is larger than line 10 plus line 15, subtract line 10 and line 15 from line 13)	20	00
21	Overpayment credited to next year (from line 20)	21	00
22	Overpayment to be refunded (line 20 minus line 21)	22	00
F	PART I: CORPORATE INFORMATION		
1	Is this a publicly traded corporation? Yes If yes, under what sy	mbol?	No
2	If final return, enter reason and date effective:		Date
3	If the corporation has been sold, merged, or converted to a Single-Member LLC new existing corporation or owner of the SMLLC:	(SMLLC), complete the fol	lowing: Name, address and FEIN of the
4	If amended return, check reason. Mississippi Correction	ederal Correction	Other
5	Check if the company has been audited by the IRS.	been audited, what year(s) are involved?
6	Principal business activity in Mississippi6	a County location in Mis	sissippi
7	Principal product or service in Mississippi		
8	Contact person for this return 8	a Location and phone n	umber

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



Mississippi Corporate Income and Franchise Tax Return 2022

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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	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

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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