

Mississippi Corporate Income Declaration for Electronic Filing 2017

Tax Year Beginning _____

Tax Year Ending _____

FEIN _____

**DO NOT MAIL THIS DOCUMENT
TO THE DEPARTMENT OF REVENUE**

Legal Name and DBA _____

Address _____ City _____ State _____ Zip +4 _____ County Code _____

PART I: TAX RETURN INFORMATION (ROUND TO THE NEAREST DOLLAR)

1 Mississippi taxable income (Form 83-105, line 5 or Form 83-391, page 1, line 1)	1		.00
2 Total income tax (Form 83-105, line 6 or Form 83-391, page 1, line 2)	2		.00
3 Total payments & credits (Form 83-105, line 7 and line 12 or Form 83-391, page 1, line 3, 4, and 8)	3		.00
4 Amount you owe (Form 83-105, line 18 or Form 83-391, page 1, line 14)	4		.00
5 Overpayment (Form 83-105, line 19 or Form 83-391, page 1, line 15)	5		.00
6 Refund (Form 83-105, line 21 or Form 83-391, page 1, line 17)	6		.00
7 Amount of payment remitted electronically	7		.00

* If the corporation is filing a balance due return and the Department of Revenue does not receive full and timely payment of its tax liability, the corporation will be liable for the tax liability and all applicable interest and penalties.

PART II: DECLARATION OF OFFICER

Under the penalties of perjury, I declare that I am an officer of the above corporation and that the information I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the corporation's Mississippi Corporate Income & Franchise Tax Return. To the best of my knowledge and belief, the corporation's return is true, correct and complete. I consent to my ERO, transmitter, and/or ISP sending the corporation's return, this declaration, and accompanying schedules and statements to the Department of Revenue (DOR). I also consent to the DOR my ERO, transmitter, and/or ISP an acknowledgement of receipt of transmission and an indication of whether or not the corporation's return is accepted, and, if rejected, the reason(s) for the rejection. This declaration is to be maintained by the ERO and provided to DOR on request.

Sign Here _____
 Signature of Officer _____ Date _____ Title _____

PART III: DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above corporation's return and that the entries on Form MS8453-C are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The corporate officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the Department of Revenue (DOR), and have followed all other requirements in Pub. 3112, IRS e-file Application and Participation and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO Use Only	ERO Signature _____	Date _____	Check if Also Paid Preparer <input type="checkbox"/>	Check if Self-Employed <input type="checkbox"/>	ERO SSN or PTIN _____
	Firm Name (or yours if self-employed), address and ZIP code _____				EIN _____
					Phone No. () _____

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer Use Only	Preparer Signature _____	Date _____	Check if Also Paid Preparer <input type="checkbox"/>	Check if Self-Employed <input type="checkbox"/>	Preparer SSN or PTIN _____
	Firm Name (or yours if self-employed), address and ZIP code _____				EIN _____
					Phone No. () _____