## MS8453-C

## Mississippi Corporate Income Declaration for Electronic Filing 2021

Tax Year B	Beginning					Tax Year Ending			
	mm dd yyyy	DO NOT M	AIL THIS DO	CUMENT				mm dd yyyy	
FEIN		TO THE DEP	ARTMENT O	F REVENUE					
Legal Name ar	nd DBA								
9									
Address		City				State	Zip +4	County Code	
PART I:	TAX RETURN INFORMATION					(ROUND	O THE N	EAREST DOLLAR)	
	opi taxable income (Form 83-105, li	•	,		1			.00.	
	ome tax (Form 83-105, line 6 or Form		,	1 line 2 4 and	2			.00	
	yments and credits (Form 83-105, lir you owe (Form 83-105, line 18 or F			ri, iirie 3, 4, and	8) 3			.00	
	ment (Form 83-105, line 19 or Form	., 0	,		4			.00.	
	Form 83-105, line 21 or Form 83-39	· -	,,		5			00	
7 Amount of payment remitted electronically								.00.	
7 Amount	or payment remitted electromedily				1			00	
	poration is filing a balance due retur				ull and t	imely payn	nent of its t	ax liability,	
the corpor	ration will be liable for the tax liabilit	y and all applicable inter	est and pena	Ities.					
PART II:	DECLARATION OF OFFICER								
transmitter, a for the reject	corporation's return, this declaration, an and/or ISP an acknowledgement of rece ion. This declaration is to be maintained signature of Officer	ipt of transmission and an i	ndication of wh	ether or not the c	orporatio				
PART III	DECLARATION OF ELECTRONI	C RETURN ORIGINATO	OR (ERO) AN	D PAID PREPA	ARER				
collector, I an before I subr in Pub. 3112 under penalt	It I have reviewed the above corporation more responsible for reviewing the returnit the return. I will give the officer a copy to the series of perjury, I declare that I have examine true, correct and complete. This Paid	n and only declare that this y of all forms and information and Pub. 4163, Modernized nined the above corporation	form accurately on to be filed wit ed e-File (MeF) o's return and a	reflects the data h the Department Information for A ccompanying sch	on the re of Rever uthorized edules ar	eturn. The co nue (DOR), a IRS e-file F nd statemen	orporate office and have fol Providers. If	per will have signed this forn lowed all other requirements I am also the Paid Preparer	
Use	ERO Signature	Di	ate	Check if Also Paid Preparer		Check if Sel Employed	f-	ERO SSN or PTIN	
	Firm Name (or yours if	•				EIN			
	self-employed), address and ZIP code								
						Pho	ne No.		
	ties of perjury, I declare that I have exam are true, correct, and complete. This decl					tatements, a	ınd to the be	est of my knowledge and	
Doid	Preparer Signature	اما	ate	Check if Also		Check if Self-		Preparer SSN or PTIN	
Paid Preparer			=	Paid Preparer		Employed			
Use Only	Firm Name (or yours if self-employed), address	<b>I</b>		ı	1	EIN		•	
	and ZIP code					Dha	ne No.		
						Pho	ie No.		