MS8453-C

Mississippi Corporate Income Declaration for Electronic Filing 2022

Tax Year I	Beginning				Tax Year Ending			
	mm dd yyyy	DO NOT MAIL THIS	DOCUMENT			mm dd yyyy		
FEIN		TO THE DEPARTMENT	Γ OF REVENUE					
Legal Name a	ind DBA							
Logai Hamo a								
Address		City		State	Zip +4	County Code		
PART I:	TAX RETURN INFORMATION			(ROUND	TO THE NEARE	ST DOLLAR)		
1 Mississi	ppi tayahla inaama (Farm 92 105 lina	E)						
	ppi taxable income (Form 83-105, line s come tax (Form 83-105, line 6)	5)	1			.00		
	edits and payments (Form 83-105, line 8	R and line 13)	2			.00		
	you owe (Form 83-105, line 19)	dana iine 10)	3			.00		
	yment (Form 83-105, line 20)		4			.00		
	(Form 83-105, line 22)		5			.00		
	of payment remitted electronically		6			.00		
Amount	or payment remitted electromeany		1			.00		
	poration is filing a balance due return a			timely payr	ment of its tax liak	oility,		
the corpo	ration will be liable for the tax liability a	nd all applicable interest and pe	enalties.					
PART II	DECLARATION OF OFFICER							
and/or inter Income and	enalties of perjury, I declare that I am an off mediate service provider (ISP) and the amo Franchise Tax Return. To the best of my kno corporation's return, this declaration, and a	ounts in Part I above agree with the corporation of	ne amounts on the correspo	nding lines o complete. I co	of the corporation's onsent to my ERO, to	Mississippi Corporate ransmitter, and/or ISP		
transmitter,	and/or ISP an acknowledgement of receipt of tion. This declaration is to be maintained by	of transmission and an indication of	whether or not the corporat					
Sign		·	<u> </u>					
Here	Signature of Officer	Date		Title				
PART II	I: DECLARATION OF ELECTRONIC F	RETURN ORIGINATOR (ERO)	AND PAID PREPARER					
collector, I a before I sub in Pub. 311 under penal	at I have reviewed the above corporation's ram not responsible for reviewing the return armit the return. I will give the officer a copy of 2, IRS e-file Application and Participation an ties of perjury, I declare that I have examine are true, correct and complete. This Paid Pres	nd only declare that this form accur all forms and information to be filed d Pub. 4163, Modernized e-File (M d the above corporation's return ar	ately reflects the data on the d with the Department of Rev leF) Information for Authorized and accompanying schedules	return. The c enue (DOR), ed IRS e-file I and statemer	orporate officer will and have followed a Providers. If I am al	have signed this form all other requirements so the Paid Preparer,		
ERO Use Only	ERO Signature	Date	Check if Also Paid Preparer	Check if Se Employed	elf- ERO S	SN or PTIN		
•	Firm Name (or yours if		<u>.</u>	EIN	ı			
	self-employed), address and ZIP code							
				Pho	one No.			
l Inder nena	Ities of perjury, I declare that I have examine	d the above taxnaver's return and a	ccompanying schedules and	statements	and to the hest of m	v knowledge and		
	are true, correct, and complete. This declarat			statements,	and to the best of m	y knowledge and		
Paid	Preparer Signature	Date	Check if Also Paid Preparer	Check if Self- Employed	. Prep	arer SSN or PTIN		
Preparer Use Only			i aid i iopaici ——					
USE OIIIY	Firm Name (or yours if			EIN	1			
	self-employed), address and ZIP code							
				Pho	one No.			