## MS8453-C

## Mississippi Corporate Income Declaration for Electronic Filing 2023

Tax Year Beginning						Tax Year Ending					
		mm dd yyyy	DO NO	T MAIL THIS DO	CUMENT				mm dd yy	/уу	
FEIN			TO THE D	EPARTMENT O	F REVENUE						
Legal Nam	ie and [	)BA									
Addess			Oit.				01-1-	7:4			
Address			City				State	Zip +4	(	County Code	
PART	I: TA	X RETURN INFORMATION					(ROUN	ND TO THE N	EAREST DOLL	.AR)	
							,	-		,	
1 Missis	ssippi	taxable income (Form 83-105, line	e 5)			1				.00	
2 Total	incon	ne tax (Form 83-105, line 6)				2					
3 Total	credit	s and payments (Form 83-105, line	e 7 and line 13)			3					
4 Amou	ınt yo	u owe (Form 83-105, line 19)				4					
5 Overp	oayme	ent (Form 83-105, line 20)				5					
6 Refur	nd (Fo	orm 83-105, line 22)				6					
7 Amou	ınt of	payment remitted electronically				7					
* 16.0			5								
		ation is filing a balance due return on will be liable for the tax liability				tuli and t	imely p	ayment of its	tax liability,		
		·		·							
PART	II: DI	ECLARATION OF OFFICER									
Income a sending transmitte	ind Fra the coi er, and	diate service provider (ISP) and the au inchise Tax Return. To the best of my li- poration's return, this declaration, and l/or ISP an acknowledgement of receip . This declaration is to be maintained b	knowledge and belief, accompanying sched t of transmission and	the corporation's re lules and statemer an indication of wh	eturn is true, corre tts to the Departn tether or not the o	ect and co	mplete. I	I consent to my (DOR). I also c	ERO, transmitter, onsent to the DOF	and/or ISF R my ERO	
Sign Here	Sign	ature of Officer		Date			itle				
PART	'III: D	ECLARATION OF ELECTRONIC	RETURN ORIGINA	ATOR (ERO) AN	ID PAID PREP	ARER					
collector, before I s in Pub. 3 under pe	I am r submit 112, If nalties	have reviewed the above corporation's not responsible for reviewing the return the return. I will give the officer a copy RS e-file Application and Participation of perjury, I declare that I have examitrue, correct and complete. This Paid P	and only declare that of all forms and inform and Pub. 4163, Moder ned the above corpora	this form accuratel nation to be filed wi rnized e-File (MeF) ation's return and a	y reflects the data th the Departmen Information for A ccompanying sch	on the real of Rever tof Rever Authorized nedules ar	eturn. Th nue (DO IRS e-fi nd stater	e corporate offi R), and have fo ile Providers. If ments, and to th	cer will have signe llowed all other red I am also the Paid	ed this form quirements d Preparer	
ERO Use	ERG	) Signature		Date	Check if Also Paid Preparer		Check i Employ		ERO SSN or PTIN		
Only	self-	n Name (or yours if employed), address ZIP code		1				EIN			
	and							Phone No.			
		of perjury, I declare that I have examir true, correct, and complete. This declar					tatemen	ts, and to the b	est of my knowledo	ge and	
Paid Prepare Use On		Preparer Signature		Date	Check if Also Paid Preparer		Check if S Employed		Preparer SSN or	PTIN	
	ııy	Firm Name (or yours if self-employed), address and ZIP code				'		EIN			
		and AIT COUR						Phone No.			