



## Mississippi Application for Automatic Extension 2017

Tax Year Beginning \_\_\_\_\_

Tax Year Ending \_\_\_\_\_

FEIN \_\_\_\_\_

Mississippi Secretary of State ID \_\_\_\_\_

Legal Name and DBA \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

**CHECK ALL THAT APPLY**

- |                                                  |                                           |
|--------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> C Corporation           | <input type="checkbox"/> Initial Return   |
| <input type="checkbox"/> S Corporation           | <input type="checkbox"/> Final Return     |
| <input type="checkbox"/> Partnership / LLC / LLP | <input type="checkbox"/> Composite Return |

**1 Extension payment amount**

Enter the total amount of payment remitted by reporting entity for all members of affiliated group listed below. \_\_\_\_\_

NAME	FEIN	SSN	IDENTIFICATION NUMBER	AMOUNT OF PAYMENT
2 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ 2	_____
3 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ 3	_____
4 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ 4	_____
5 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ 5	_____
6 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ 6	_____
7 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ 7	_____
8 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ 8	_____
9 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ 9	_____
10 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ 10	_____
11 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ 11	_____
12 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ 12	_____
13 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ 13	_____
14 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ 14	_____
15 Total of amounts entered on line 2 through line 14		15	_____	
16 Total amounts from all supplemental pages (Form(s) 83-180)		16	_____	
17 Total extension payment (add line 15 and line 16; total should equal payment amount on line 1)		17	_____	_____

**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.**

\_\_\_\_\_  
Officer / Agent Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



# Mississippi Application for Automatic Extension 2017



FEIN \_\_\_\_\_

NAME	FEIN	SSN	IDENTIFICATION NUMBER	AMOUNT OF PAYMENT
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Subtotal (add lines and enter total amount on Form 83-180, line 16) \_\_\_\_\_

