



## Mississippi Application for Automatic Extension 2018

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

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

FEIN \_\_\_\_\_

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

Legal Name and DBA _____  Address _____  City _____ State _____ Zip+4 _____	<b>CHECK ALL THAT APPLY</b>
	C Corporation                      Initial Return  S Corporation                         Final Return  Partnership / LLC / LLP            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	_____	_____	_____	2
3	_____	_____	_____	3
4	_____	_____	_____	4
5	_____	_____	_____	5
6	_____	_____	_____	6
7	_____	_____	_____	7
8	_____	_____	_____	8
9	_____	_____	_____	9
10	_____	_____	_____	10
11	_____	_____	_____	11
12	_____	_____	_____	12
13	_____	_____	_____	13
14	_____	_____	_____	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

