



Mississippi Application for Automatic Extension 2023

Tax Year Beginning _____
mm dd yyyy

Tax Year Ending _____
mm dd yyyy

FEIN _____

Mississippi Secretary of State ID _____

Legal Name and DBA Address City _____ State _____ Zip+4 _____	CHECK ALL THAT APPLY		
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership / LLC / LLP </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Initial Return <input type="checkbox"/> Final Return <input type="checkbox"/> Composite Return <input type="checkbox"/> Electing Pass-Through Entity </td> </tr> </table>	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership / LLC / LLP	<input type="checkbox"/> Initial Return <input type="checkbox"/> Final Return <input type="checkbox"/> Composite Return <input type="checkbox"/> Electing Pass-Through Entity
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1 Extension payment amount
Enter the total amount of payment remitted by the reporting entity for all members of affiliated group listed below. _____ .00

NAME	FEIN	SSN	IDENTIFICATION NUMBER	AMOUNT OF PAYMENT
2 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	2 _____ .00
3 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	3 _____ .00
4 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	4 _____ .00
5 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	5 _____ .00
6 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	6 _____ .00
7 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	7 _____ .00
8 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	8 _____ .00
9 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	9 _____ .00
10 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	10 _____ .00
11 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	11 _____ .00
12 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	12 _____ .00
13 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	13 _____ .00
14 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	14 _____ .00
15 Total of amounts entered on line 2 through line 14			15 _____	.00
16 Total amounts from all supplemental pages (Form(s) 83-180)			16 _____	.00
17 Total extension payment (add line 15 and line 16; total should equal payment amount on line 1)			17 _____	.00

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

