



Mississippi

Summary of Net Income Schedule

2019

FEIN _____

(ROUND TO THE NEAREST DOLLAR)

| Column A | Column B | | Column C |
|--|----------------|---------------|---------------------------|
| Name of Company FEIN | Credit Code | Credit Amount | Net Taxable Income (Loss) |
| 1 Reporting company | | | |
| NAME _____ | _____ | _____ .00 | |
| FEIN _____ | _____ | _____ .00 | |
| | _____ | _____ .00 | _____ .00 |
| 2 Subsidiary companies | | | |
| NAME _____ | _____ | _____ .00 | |
| FEIN _____ | _____ | _____ .00 | |
| | _____ | _____ .00 | _____ .00 |
| NAME _____ | _____ | _____ .00 | |
| FEIN _____ | _____ | _____ .00 | |
| | _____ | _____ .00 | _____ .00 |
| NAME _____ | _____ | _____ .00 | |
| FEIN _____ | _____ | _____ .00 | |
| | _____ | _____ .00 | _____ .00 |
| 3 Total column B and column C (total of credit amounts line 1 and line 2, column B and total net taxable income (loss) from column C) | | _____ .00 | _____ .00 |
| 4 Totals from page 2 (total of column B and column C from additional page(s) Form 83-310) | | _____ .00 | _____ .00 |
| 5 Total income tax credits and net taxable income (loss) (sum of line 3 and line 4. Enter the total from column B on Form 83-105, page 1, line 7 or Form 83-391, line 4, page 1. Enter the total from column C on Form 83-105, page 1, line 5 or Form 83-391, page 1, line 1. If the total in column C is negative, enter zero on Form 83-105, page 1, line 5 or Form 83-391, page 1, line 1) | | _____ .00 | _____ .00 |



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(ROUND TO THE NEAREST DOLLAR)

| Column A | Column B | | Column C |
|---|----------------------------------|--|---------------------------|
| Name of Company FEIN | Credit Code | Credit Amount | Net Taxable Income (Loss) |
| NAME: _____ FEIN _____ | _____ _____ _____ _____ | _____.00 _____.00 _____.00 _____.00 | _____.00 |
| NAME: _____ FEIN _____ | _____ _____ _____ _____ | _____.00 _____.00 _____.00 _____.00 | _____.00 |
| NAME: _____ FEIN _____ | _____ _____ _____ _____ | _____.00 _____.00 _____.00 _____.00 | _____.00 |
| NAME: _____ FEIN _____ | _____ _____ _____ _____ | _____.00 _____.00 _____.00 _____.00 | _____.00 |
| NAME: _____ FEIN _____ | _____ _____ _____ _____ | _____.00 _____.00 _____.00 _____.00 | _____.00 |
| Totals (total of column B and column C; enter on Form 83-310, page 1, line 4) | | _____.00 | _____.00 |