Form 83-105-13-8-1-000 (Rev. 09/13)



Mississippi Corporate Income and Franchise Tax Return 2013

| ax Year Beginning | | | | Tax Year Ending | | | |
|-------------------|-----|-----|------|-----------------------------------|-----|-----|-----|
| | m m | d d | уууу | | m m | d d | ууу |
| FIN | | | | Mississinni Sacretary of State ID | | | |

| FEIN | Mississippi Secretary of | State ID |
|---|--------------------------|---------------------------------|
| Legal Name and DBA | CHECK ALL THAT APPLY | CHECK ONE |
| Address | Amended Return | 100% Mississippi |
| City State Zip +4 | Final Return | Multistate Apportioning |
| County Code NAICS Code | Non Profit | Multistate Direct Accounting |
| FRANCHISE TAX | (ROUN | ND TO THE NEAREST DOLLAR) |
| 1 Taxable capital (from Form 83-110, line 19) | 1 | .00 |
| 2 Franchise tax (minimum tax \$25) | Fee-In-Lieu 2 | .00 |
| 3 Franchise tax credit (from Form 83-401, line 1) | 3 | -00 |
| 4 Net franchise tax due (line 2 minus line 3) | 4 | .00 |
| INCOME TAX | | |
| | | |
| Combined income tax return (enter FEIN of reporting corporation) | | |
| 5 Mississippi net taxable income (from Form 83-122, line 30 or Form 83-310, line 5, column C) | 5 | •00 |
| 6 Income tax | 6 | 000 |
| 7 Income tax credits (from Form 83-401, line 3 or Form 83-310, line 5, column B | 3) 7 | 00 |
| 8 Net income tax due (line 6 minus line 7) | 8 | 00 |
| PAYMENTS AND TAX DUE | | |
| 9 Total franchise and income tax (line 4 plus line 8) | 9 | .00 |
| 10 Overpayments from prior year | 10 | .00 |
| 11 Estimated tax payments and payment with extension | 11 | .00 |
| 12 Total payments (line 10 plus line 11) | 12 | .00 |
| 13 Net total franchise and income tax (line 9 minus line 12) | 1 3 | -00 |
| 14 Interest and penalty on underestimated income tax payments (from Form 83- | -305, line 17) 14 | .00 |
| 15 Late payment interest | 1 5 ——— | .00 |
| 16 Late payment penalty | 16 | -00 |

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Mississippi Corporate Income and Franchise Tax Return 2013

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| FEI | N | | | | |
|-----|---|----------------------------|---|-------------------------|-------------------------|
| 17 | Late filing penalty (minimum inco | ome tax penalty \$100) | 17 | | 000 |
| 18 | Total balance due (if line 9 is large | ger than line 12, add line | 13 through line 17) | | |
| 19 | Total overpayment (if line 12 is la | rger than line 9, subtract | t line 9 from line 12) | | a00 |
| 20 | Overpayment credited to next ye | ear (from line 19) | 20 | | a00 |
| 21 | 21 Overpayment to be refunded (line 19 minus line 20) | | | | |
| | See instructions for electronic p | ayment options or atta | ch payment voucher, Form 83-300, with | ı check or money oı | rder for balance due. |
| P | ART I: CORPORATE INFORMAT | TION | | | |
| 1 | Is this a publicly traded corporation | n? Yes | If yes, under what symbol? | | No |
| 2 | If final return, enter reason and da | te effective: | | Date | |
| 3 | If the corporation has been sold, n | nerged, complete the foll | lowing: Name, address and FEIN of the n | ew existing corporation | on: |
| | | | | FEIN | |
| 4 | If amended return, check reason. | Mississippi Co | prrection Federal Correction | Other | |
| 5 | Check if the company has been as | udited by the IRS. | If the company has been audited, what | year(s) are involved? | |
| P | ART II: CORPORATE OFFICER I | NFORMATION | | | |
| Li | ist the owners, officers, directors or | partners who have a res | sponsibility in the fiscal management of th | e organization. | |
| | OFFICER NAME AND TITLE | SSN | ADDRESS | | OWNERSHIP PERCENTAGE |
| | | | | | |
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Mississippi Corporate Income and Franchise Tax Return 2013

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| ı | P | Δ | RT | III- | CORPORATE | ΔFFII | IATION | SCHEDULE. |
|---|---|---|----|------|-----------|-------|--------|-----------|
| | | | | | | | | |

List all entities owned by and affiliated with the corporation. See page 4 for additional schedule if needed.

| ENTITY NAME | FEIN | ADDRESS | ENTITY TYPE |
|-------------|------|---------|-------------|
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| | Check box if return may be discussed with p | reparer |
|--|---|---------|
|--|---|---------|

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| Officer Signature and Title | | Date | Business Phone | |
|-----------------------------|---------------------|-----------------------|----------------|----------|
| | | | | |
| Paid Preparer Signature | Date | Paid Preparer Address | _ | _ |
| | | | | |
| Paid Preparer PTIN | Paid Preparer Phone | City | State | Zip Code |

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Mississippi Corporate Income and Franchise Tax Return 2013

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SUPPLEMENTAL CORPORATE AFFILIATION SCHEDULE

List all entities owned by and affiliated with the corporation. Continued from page 3, part III.

| ENTITY NAME | FEIN | ADDRESS | ENTITY TYPE |
|-------------|------|---------|-------------|
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