

T

Tax Year Ending m m d d y y y y

Mississippi Secretary of State ID

Legal Name and DBA	CHECK ALL THAT APPLY	CHECK ONE
Address	☐ Amended Return ☐ Final Return ☐ Non Profit	☐ 100% Mississippi ☐ Multistate Apportioning ☐ Multistate Direct Accounting
City State Zip +4		
County Code NAICS Code		
FRANCHISE TAX (ROUND TO THE NEAREST DOLLAR)		

FRANCHISE TAX

(ROUND 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 | _____.00 |
| 7 | Income tax credits (from Form 83-401, line 3 or Form 83-310, line 5, column B) | 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) | 13 | _____ | .00 |
| 14 | Interest and penalty on underestimated income tax payments (from Form 83-305, line 17) | 14 | _____ | .00 |
| 15 | Late payment interest | 15 | _____ | .00 |
| 16 | Late payment penalty | 16 | _____ | .00 |

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FEIN _____

17	Late filing penalty (minimum income tax penalty \$100)	17	_____	00
18	Total balance due (if line 9 is larger than line 12, add line 13 through line 17)	18	_____	00
19	Total overpayment (if line 12 is larger than line 9, subtract line 9 from line 12)	19	_____	.00
20	Overpayment credited to next year (from line 19)	20	_____	.00
21	Overpayment to be refunded (line 19 minus line 20)	21	_____	.00

See instructions for electronic payment options or attach payment voucher, Form 83-300, with check or money order for balance due.

PART I: CORPORATE INFORMATION

1	Is this a publicly traded corporation?	☐	Yes	If yes, under what symbol? _____	☐	No	
2	If final return, enter reason and date effective: _____	Date _____					
3	If the corporation has been sold or merged, complete the following: Name, address and FEIN of the new existing corporation:						
	_____	FEIN _____					
4	If amended return, check reason.	☐	Mississippi Correction	☐	Federal Correction	☐	Other _____
5	Check if the company has been audited by the IRS. ☐ If the company has been audited, what year(s) are involved? _____						
6	Principal business activity in Mississippi _____			6a	County location in Mississippi _____		
7	Principal product or service in Mississippi _____						
8	Contact person for this return _____			8a	Location and Phone number _____		

PART II: CORPORATE OFFICER INFORMATION

List the owners, officers, directors or partners who have a responsibility in the fiscal management of the organization.

[illegible]

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FEIN _____

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

[illegible]

Check box if return may be discussed with preparer

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

Mail Return To: Department of Revenue P.O. Box 23050 Jackson, MS 39225-3050

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SUPPLEMENTAL CORPORATE AFFILIATION SCHEDULE

[illegible]