

MS

Mississippi Corporate Income Declaration for Electronic Filing 2012

MS8453-C

For Calendar Year 2011, or Tax Year Beginning \_\_\_\_\_, Ending \_\_\_\_\_, 20

IRS DECLARATION CONTROL NUMBER

Duplex or Photocopies NOT Acceptable

00-

IRS Declaration Control Number box

- 3

Name

FEIN

Mailing Address (P O Box or Street Including Rural Route)

City

State

Zip +4

County Code (See Instructions)

DO NOT MAIL THIS DOCUMENT TO THE DOR ELECTRONIC RETURN ORIGINATOR (ERO) RETAIN THIS FORM IN YOUR FILES

PART I: TAX RETURN INFORMATION (Round to the Nearest Dollar)

Table with 7 rows for tax return information: 1. Mississippi Taxable Income, 2. Total Income Tax, 3. Total Payments & Credits, 4. Amount You Owe, 5. Overpayment, 6. Refund, 7. Amount of Payment Remitted Electronically.

\* If the corporation is filing a balance due return and the Department of Revenue does not receive full and timely payment of its tax liability, the corporation will be liable for the tax liability and all applicable interest and penalties.

PART II: DECLARATION OF OFFICER (See Instructions)

Under the penalties of perjury, I declare that I am an officer of the above corporation and that the information I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the corporation's Mississippi Corporate Income & Franchise Tax Return.

Sign Here

Signature of Officer

Date

Title

PART III: DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER (See Instructions)

I declare that I have reviewed the above corporation's return and that the entries on Form MS8453-C are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return.

Form section for ERO's Use Only, including fields for ERO's Signature, Date, Check if Also Paid Preparer, Check if Self-Employed, ERO's SSN or PTIN, Firm's Name, EIN, and Phone No.

Under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Form section for Paid Preparer's Use Only, including fields for Preparer's Signature, Date, Check if Also Paid Preparer, Check if Self-Employed, Preparer's SSN or PTIN, Firm's Name, EIN, and Phone No.

DO NOT MAIL THIS DOCUMENT TO THE DEPARTMENT OF REVENUE