



# Mississippi Application for Automatic Six Month Extension 2014

Tax Year Beginning \_\_\_\_\_  
m m d d y y y y

Tax Year Ending \_\_\_\_\_  
m m d d y y y y

FEIN \_\_\_\_\_

Mississippi Secretary of State ID \_\_\_\_\_

Legal Name and DBA  Address  City _____ State _____ Zip+4 _____	<b>CHECK ALL THAT APPLY</b>
	<input type="checkbox"/> C Corporation <input type="checkbox"/> Initial Return <input type="checkbox"/> S Corporation <input type="checkbox"/> Final Return <input type="checkbox"/> Partnership / LLC / LLP <input type="checkbox"/> Composite Return

**1 Extension payment amount**  
Enter the total amount of payment remitted by 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

