



# Mississippi Pass-Through Entity Tax Return 2016

Tax Year Beginning \_\_\_\_\_

Tax Year Ending \_\_\_\_\_

FEIN \_\_\_\_\_

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

NAICS Code \_\_\_\_\_

Legal Name and DBA  Address  City _____ State _____ Zip +4 _____  County Code _____ Total Number of Mississippi K-1's _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/> <b>Partnership / LLC / LLP (Federal 1065)</b></td> <td style="width: 50%; text-align: center;"><input type="checkbox"/> <b>S Corporation (Federal 1120-S)</b></td> </tr> <tr style="background-color: #cccccc;"> <td style="text-align: center;"><b>CHECK ALL THAT APPLY</b></td> <td style="text-align: center;"><b>CHECK ONE</b></td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Composite Return   <input type="checkbox"/> Amended Return   <input type="checkbox"/> Final Return   <input type="checkbox"/> Non Profit                 </td> <td style="vertical-align: top;"> <input type="checkbox"/> 100% Mississippi   <input type="checkbox"/> Multistate Apportioning   <input type="checkbox"/> Multistate Direct Accounting                 </td> </tr> </table>	<input type="checkbox"/> <b>Partnership / LLC / LLP (Federal 1065)</b>	<input type="checkbox"/> <b>S Corporation (Federal 1120-S)</b>	<b>CHECK ALL THAT APPLY</b>	<b>CHECK ONE</b>	<input type="checkbox"/> Composite Return  <input type="checkbox"/> Amended Return  <input type="checkbox"/> Final Return  <input type="checkbox"/> Non Profit	<input type="checkbox"/> 100% Mississippi  <input type="checkbox"/> Multistate Apportioning  <input type="checkbox"/> Multistate Direct Accounting
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<b>CHECK ALL THAT APPLY</b>	<b>CHECK ONE</b>						
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**S CORPORATION FRANCHISE TAX (ROUND TO THE NEAREST DOLLAR)**

1 Taxable capital (from Form 84-110, line 18)	1	_____ .00
2 Franchise tax (minimum tax \$25) <input type="checkbox"/> Fee-In-Lieu	2	_____ .00
3 Franchise tax credit (from Form 84-401, line 1)	3	_____ .00
4 Net franchise tax due (line 2 minus line 3)	4	_____ .00

**COMPOSITE INCOME TAX**

5 Mississippi net taxable income (from Form 84-122, line 32)	5	_____ .00
6 Income tax	6	_____ .00
7 Income tax credits (from Form 84-401, line 3)	7	_____ .00
8 Net income tax due (line 6 minus line 7)	8	_____ .00

**PAYMENTS AND TAX DUE**

9 Total franchise and/or income tax (S corporations use line 4 only; composite S corporations use line 4 plus line 8; composite partnerships use line 8 only)	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/or income tax (line 9 minus line 12)	13	_____ .00
14 Interest and penalty on underestimated income tax payments (composite S corporations from Form 83-305, line 19 and composite partnerships from IIT Form 80-320, line 11)	14	_____ .00
15 Late payment interest	15	_____ .00
16 Late payment penalty	16	_____ .00





# Mississippi Pass-Through Entity Schedule 2016

FEIN \_\_\_\_\_

**PART III Q-SUB/DISREGARDED ENTITY SCHEDULE**

List all qualified subchapter S subsidiaries (Q-Sub) and/or disregarded entities. Attach additional schedule(s), Form 84-105, page 4, if needed.

ENTITY NAME	FEIN	ADDRESS	MISSISSIPPI OPERATIONS (Y/N)

**PART IV ENTITY OFFICER INFORMATION**

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

OFFICER NAME AND TITLE	SSN	ADDRESS	OWNERSHIP PERCENTAGE

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 23191 Jackson, MS 39225-3191**



# Mississippi Supplemental Pass-Through Entity Schedule 2016

FEIN \_\_\_\_\_

### PASS-THROUGH ENTITY SCHEDULE

List all pass-through entities in Mississippi that the S corporation / Partnership invested in during the tax year, continued from page 2, part II.

ENTITY NAME	FEIN	ADDRESS	ENTITY TYPE

### Q-SUB/DISREGARDED ENTITY SCHEDULE

List all qualified subchapter S subsidiaries (Q-Sub) and/or disregarded entities, continued from page 3, part III.

ENTITY NAME	FEIN	ADDRESS	MISSISSIPPI OPERATIONS (Y/N)