



# Mississippi Pass-Through Entity Tax Return 2020

Tax Year Beginning \_\_\_\_\_  
mm dd yyyy

Tax Year Ending \_\_\_\_\_  
mm dd yyyy

FEIN \_\_\_\_\_

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

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

Legal Name and DBA _____  Address _____  City _____ State _____ Zip +4 _____  County Code _____ Total Number of Mississippi K-1s _____	<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>						
<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						

**If issuing 100 or more K-1s, this return must be filed electronically.  
See [www.dor.ms.gov](http://www.dor.ms.gov) for information.**

**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



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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 plus line 14, subtract line 9 and line 14 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 84-300, with check or money order for balance due.**

**PART I: ENTITY INFORMATION**

- 1 If final return, enter reason and date effective: \_\_\_\_\_ Date \_\_\_\_\_
- 2 If the entity has been sold, merged, incorporated, or elected to become a Qualified Sub-Chapter S Subsidiary (QSSS), or converted to a Single-Member LLC (SMLLC), complete the following: Name, address and FEIN of the new existing corporation, parent of QSSS or owner of the SMLLC:  
 \_\_\_\_\_ FEIN \_\_\_\_\_
- 3 If amended return, check reason.  Mississippi Correction  Federal Correction  Other \_\_\_\_\_
- 4 If a partnership or LLC, has a federal election been made to file as a corporation?  Yes  No
- 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: PASS-THROUGH ENTITY SCHEDULE**

List all pass-through entities in Mississippi that the S corporation / Partnership invested in during the tax year. Attach additional schedule(s), Form 84-105, page 4, if needed.

ENTITY NAME	FEIN	ADDRESS	ENTITY TYPE



# Mississippi Pass-Through Entity Schedule 2020

FEIN \_\_\_\_\_

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

List all qualified subchapter S subsidiaries (Q-Subs) 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 2020

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-SUBS/DISREGARDED ENTITY SCHEDULE**

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

ENTITY NAME	FEIN	ADDRESS	MISSISSIPPI OPERATIONS (Y/N)