MS8453-PTE

Mississippi Pass - Through Entity Declaration for Electronic Filing 2017

Tax Year Be	ginning					Tax Year Endir	ıg	
			MAIL THIS DO					
FEIN		TO THE DE	PARTMENT OF	REVENUE				
Legal Name and	d DBA							
Address		City			State	Zip +4		County Code
PART I: T	AX RETURN INFORMATION				(POI	JND TO THE N	EADEST DOI	I AP\
I AIXI I. II	AKINETOKI INI OKIMATION				(IXOC	NO TO THE N	LANCOT DOL	.LAIN)
1 Mississipp	oi taxable income (Form 84-105,	line 5)		1				
2 Total inco	me tax (Form 84-105, line 6)			2				
3 Total payr	ments & credits (Form 84-105, li	ne 7 and line 12)		3				
•	ou owe (Form 84-105, line 18)			4				
. ,	nent (Form 84-105, line 19)			5				
6 Refund (F	orm 84-105, line 21)			6				
7 Amount of	f payment remitted electronically	1		7				
	-through entity is filing a balance brough entity will be liable for the		•		full an	d timely payme	nt of its tax lia	bility,
•				· 				
PART II: D	DECLARATION OF OFFICER							
transmitter, ar Mississippi Pa transmitter, an consent to the	nalties of perjury, I declare that I an nd/or intermediate service provider ses-Through Entity Tax Return. To t nd/or ISP sending the pass-through DOR my ERO, transmitter, and/or , if rejected, the reason(s) for the reje	(ISP) and the amounts in he best of my knowledge entity's return, this declara ISP an acknowledgement	n Part I above agri and belief, the past ation, and accompa of receipt of trans	ee with the amounts on s-through entity's return nying schedules and stat mission and an indication	the cor is true, tements n of whe	responding lines correct and come to the Department other or not the p	of the pass-thr plete. I consent ent of Revenue (ough entity's to my ERO (DOR). I also
Sign Sign	gnature of Officer		Date		Title			
11010								
PART III: I	DECLARATION OF ELECTROI	NIC RETURN ORIGINA	ATOR (ERO) AN	D PAID PREPARER				
only a collecto this form befor requirements i Paid Preparer,	I have reviewed the above pass-thro or, I am not responsible for reviewing re I submit the return. I will give the in Pub. 3112, IRS e-file Application , under penalties of perjury, I declare tge and belief, they are true, correct	g the return and only declar officer a copy of all forms and Participation and Pube that I have examined the	are that this form a s and information to o. 4163, Modernize above pass-throug	curately reflects the data be filed with the Depart de-File (MeF) Information h entity's return and acco	on the ment of n for Au mpany	return. The corp Revenue (DOR) uthorized IRS e-fi ing schedules an	orate officer will , and have follo le Providers. If l d statements, ar	have signed wed all othe am also the
ERO ER Use Only —	RO Signature		Date	Check if Also Paid Preparer	Chec Empl	k if Self- oyed	ERO SSN or PTI	N
sel	rm Name (or yours if lf-employed), address d ZIP code					EIN		
						Phone No. ()		
	es of perjury, I declare that I have exe d belief, they are true, correct, and c						nd to the best of	my
Paid Preparer Use Only	Preparer Signature		Date	Check if Also Paid Preparer	Check Employ		Preparer SSN	or PTIN
	Firm Name (or yours if self-employed), address and ZIP code		•			EIN	•	
I	-					Phone No. ()		