



Mississippi
MS Pass-Through Entity Tax Return
2012

Tax Year Beginning
m m d d y y y y

Tax Year Ending
m m d d y y y y

FEIN - MS Secretary of State ID NAICS Code

Business Name and DBA Address City <u> </u> State <u> </u> Zip+4 <u> </u>	<input type="checkbox"/> Partnership / LLC / LLP (Federal 1065) Check All That Apply <input type="checkbox"/> Composite Return <input type="checkbox"/> Amended Return <input type="checkbox"/> Final Return <input type="checkbox"/> Non Profit	<input type="checkbox"/> S-Corporation (Federal 1120-S) Check One <input type="checkbox"/> 100% Mississippi <input type="checkbox"/> Multistate Apportioning <input type="checkbox"/> Multistate Direct Accounting
--	---	--

County Code Total Number of Mississippi K-1's **If issuing 100 or more K-1's this return must be filed electronically. See www.dor.ms.gov for information.**

S-CORPORATION FRANCHISE TAX (ROUND TO NEAREST DOLLAR)

1. Taxable Capital <small>(From Form 84-110, Line 19)</small>		_ / _ / _
2. Franchise Tax <small>Minimum Tax \$25</small>	Fee-In-Lieu <input type="checkbox"/>	_ / _ / _
3. Franchise Tax Credit <small>(From Form 84-401, Line 1)</small>		_ / _ / _
4. Net Franchise Tax Due <small>(Line 2 Minus Line 3)</small>		_ / _ / _

COMPOSITE INCOME TAX

5. Mississippi Net Taxable Income <small>(From Form 84-122, Line 32)</small>	_ / _ / _
6. Income Tax	_ / _ / _
7. Income Tax Credits <small>(From Form 84-401, Line 3)</small>	_ / _ / _
8. Net Income Tax Due <small>(Line 6 Minus Line 7)</small>	_ / _ / _

PAYMENTS AND TAX DUE

9. Total Franchise and/or Income Tax <small>(For S-Corporations, Line 4; S-Corporation Composite, Line 4 Plus Line 8. (For Composite Partnerships, Line 8 Only))</small>	_ / _ / _
10. Overpayments From Prior Year	_ / _ / _
11. Estimated Tax Payments and Payment with Extension	_ / _ / _
12. Total Payments <small>(Line 10 Plus Line 11)</small>	_ / _ / _
13. Net Total Franchise and/or Income Tax <small>(Line 9 Minus Line 12)</small>	_ / _ / _
14. Interest and Penalty on Underestimated Income Tax Payments <small>(Composite S-Corporations and Composite Partnerships Only)</small>	_ / _ / _
15. Late Payment Interest	_ / _ / _
16. Late Payment Penalty	_ / _ / _
17. Late Filing Penalty	_ / _ / _
18. TOTAL BALANCE DUE (Tax, Penalty and Interest) <small>(If Line 9 is Larger than Line 12, Add Line 13 Through Line 17.)</small>	_ / _ / _
19. TOTAL OVERPAYMENT of Income and /or Franchise Tax <small>(If Line 12 is Larger Than Line 9; Line 12 Minus Line 9)</small>	_ / _ / _
20. Overpayment CREDITED to Next Year <small>(From Line 19)</small>	_ / _ / _
21. Overpayment to Be REFUNDED <small>(Line 19 Minus Line 20)</small>	_ / _ / _

See instructions for electronic payment options or attach Check or Money Order for balance due.



MS

Mississippi Pass-Through Entity Tax Return 2012

FEIN _____

PART I ENTITY INFORMATION

1. If final return, indicate if the company has been: Dissolved Sold/Merged Incorporated
 - Name, FEIN/SSN and address of new company, corporation or owner(s). Attach schedule if needed.

_____ FEIN / SSN _____

2. If amended return, check reason. Mississippi Correction Federal Correction Other _____
Amended Federal 1065 / 1120S, Federal Audit (RAR)

3. If a partnership or LLC, has a federal election been made to file as a corporation? Yes No

4. Check if the company has been audited by the IRS. If the company has been audited, what year(s) are involved? _____

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, Form 84-105, page 3, if needed.

Entity Name	FEIN	Address	Entity Type <small>(Corporation, LLC, Etc...)</small>

PART III Q-SUB / DISREGARDED ENTITY SCHEDULE

List All Qualified Subchapter Subsidiaries (Q-Sub) and/or Disregarded Entities. Attach additional schedule, Form 84-105, page 3, if needed.

Entity Name	FEIN	Address	Mississippi Operations <small>(Y / N)</small>

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	Address	SSN	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 23050 JACKSON, MS 39225-3050

PTE 2012
Internet Forms
Final Forms for PTE
July 10, 2012