MS8453-PTE

Mississippi Pass - Through Entity Declaration for Electronic Filing 2013

Tax Year	Beginning					Tax Ye	ear Endi	ng				
FEIN _	m m d d y y y y	DO NOT MAIL THIS DOCUMENT TO THE DEPARTMENT OF REVENUE						mm dd yyyy				
Legal Name	and DBA											
Address		City	State	Zip +	+4		County	Code				
PART I:	TAX RETURN INFORMATION					(ROUND T	O THE I	NEAREST DOLLAR)				
1 Mississ	ippi taxable income (Form 84-105	, line 5)			1							
2 Total in	come tax (Form 84-105, line 6)				2							
3 Total pa	ayments & credits (Form 84-105,	ine 7 and line 12)			3							
4 Amoun	t you owe (Form 84-105, line 18)				4			,00				
5 Overpa	yment (Form 84-105, line 19)				5			.00				
6 Refund	(Form 84-105, line 21)				6			00				
7 Amoun	t of payment remitted electronical	у			7			00				
	ss-through entity is filing a baland -through entity will be liable for th				receive	full and time	ly paym	ent of its tax liability,				
PART II	: DECLARATION OF OFFICER											
transmitter, Mississippi transmitter, consent to	penalties of perjury, I declare that I a and/or intermediate service provider Pass-Through Entity Tax Return. To and/or ISP sending the pass-through the DOR my ERO, transmitter, and/o and, if rejected, the reason(s) for the resignature of Officer	(ISP) and the amounts the best of my knowledge entity's return, this declar ISP an acknowledgement	in Part I above ago e and belief, the paration, and accompa at of receipt of trans	ee with the amou ss-through entity! anying schedules mission and an in	unts on t s return i and state ndication ovided to	the corresponts true, correct ements to the of whether of	ding line t and cor Departm not the	s of the pass-through entity's implete. I consent to my ERO, ent of Revenue (DOR). I also				
DADTII	I: DECLARATION OF ELECTRO	NIC PETUPN OPIGIN	ATOR (ERO) AN	IN DAIN DREDA	ADED							
I declare th only a colle this form be requiremen Paid Prepa	at I have reviewed the above pass-thr actor, I am not responsible for reviewire fore I submit the return. I will give that in Pub. 3112, IRS e-file Application rer, under penalties of perjury, I declar reledge and belief, they are true, correct	ough entity's return and th g the return and only dec e officer a copy of all form and Participation and Pu e that I have examined th	at the entries on Fo lare that this form a is and information t b. 4163, Modernize e above pass-throu	rm MS8453-PTE ccurately reflects o be filed with the d e-File (MeF) In gh entity's return a	are comp the data Departn formation and accor	on the return nent of Rever for Authorize mpanying sch	The cornue (DORed IRS e- ed IRS e- edules ar	porate officer will have signed), and have followed all other file Providers. If I am also the nd statements, and to the best				
Use Only	ERO's Signature		Date	Check if Also Paid Preparer		Check if Self- Employed		ERO's SSN or PTIN				
	Firm's Name (or yours if self-employed), address and ZIP code				•	EIN						
Underse	.	Photo perjury, I declare that I have examined the above pass-through entity's return and accompanying schedules and										
	alties of perjury, I declare that I have example and belief, they are true, correct, and						ements, a	and to the dest of my				
Paid Preparer's Use Only			Date	Check if Also Paid Preparer		Check if Self- Employed		Preparer's SSN or PTIN				
USE UIIIY	Firm's Name (or yours if self-employed), address and ZIP code							EIN				
					Phone No. ()							

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	income tax (Form 84-105, line 6)				2			99	9999	999	99	2
21												2
	payments & credits (Form 84-105, li	ne 7 and line 12)			3			99	9999	999	99	2
3												
	nt you owe (Form 84-105, line 18)				4			99	999	999	99	2
25					4							2
	payment (Form 84-105, line 19)				5			99	9999	9999	99	2
27												2
	nd (Form 84-105, line 21)				6			99	9999	999	99	2
29												2
	nt of payment remitted electronically	/			7			99	9999	999	99	3
11												3
	pass-through entity is filing a balance	e due return and the D	epartment of Rever	nue does no	ot receive	full and	timely pa	vment o	f its ta	x liabili	tv.	3
	ss-through entity will be liable for the				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,			.,,	3
14												3
	II: DECLARATION OF OFFICER											
transmitte Mississip _e transmitte consent t	e penalties of perjury, I declare that I arer, and/or intermediate service provider pi Pass-Through Entity Tax Return. To ter, and/or ISP sending the pass-through the DOR my ERO, transmitter, and/or, and, if rejected, the reason(s) for the rejected.	(ISP) and the amounts in the best of my knowledge entity's return, this declar ISP an acknowledgemer	in Part I above agree e and belief, the pass ration, and accompan nt of receipt of transm	e with the am -through enti ying schedule ission and ar	nounts on ty's return es and sta n indication	the corre is true, co tements to n of wheth	sponding orrect and o the Depa er or not	lines of to complete artment of the pass-	he pas e. I con f Rever	s-throug sent to nue (DC	gh enti my EF OR). I a	ty's RO,3 Iso,
¹¹ Sign												4
² Here	Signature of Officer		Date			Title						4
3												4
4 PART	III: DECLARATION OF ELECTROI	NIC RETURN ORIGIN	IATOR (ERO) AND	PAID PRE	PARER							
only a co to this form requirement Paid Prep	that I have reviewed the above pass-thro llector, I am not responsible for reviewing before I submit the return. I will give the ents in Pub. 3112, IRS e-file Application parer, under penalties of perjury, I declare by by ledge and belief, they are true, correct	g the return and only dec officer a copy of all form and Participation and Pu that I have examined the	lare that this form acc ns and information to lb. 4163, Modernized e above pass-through	curately reflect be filed with the e-File (MeF) entity's return	tts the data the Depart Information n and acc	a on the remain of Remains and the remains and	eturn. The evenue (I orized IRS schedule	corporate OOR), and S e-file Pi s and sta	e office d have roviders tement	r will ha followed s. If I an	ve sigr d all ot n also	ned her4 the
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ERO'S Use	ERO's Signature			Check if Also Paid Preparer		Check if Employe		ERC	D's SSN	or PTIN		Ę
⁵² Only	Firm's Name (or yours if						,			+++		
i3	Firm's Name (or yours if self-employed), address and					EI	'					
i4	ZIP code											
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Prepare Use On	1											!
030 011	self-employed),						EIN					6
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