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|----|--|----|-------|-----|
| 9  | Total franchise and income tax (line 4 plus line 8)  | 9  | _____ | .00 |
| 10 | Overpayments from prior year   | 10 | _____ | .00 |
| 11 | Estimated tax payments and payment with extension  | 11 | _____ | .00 |
| 12 | Credit for tax paid on an electing Pass-Through Entity Tax Return (from Form 84-161, line 3D; must attach K-1(s) received from electing pass-through entities) | 12 | _____ | .00 |
| 13 | Total payments (line 10 plus line 11 and line 12)  | 13 | _____ | .00 |
| 14 | Net total franchise tax and/or income tax (line 9 minus line 13)   | 14 | _____ | .00 |
| 15 | Interest and penalty on underestimated income tax payments (from Form 83-305, line 19)   | 15 | _____ | .00 |
| 16 | Late payment interest  | 16 | _____ | .00 |

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FEIN

17	Late payment penalty	17	_____	.00
18	Late filing penalty (minimum income tax penalty \$100)	18	_____	.00
19	<b>Total balance due</b> (if line 9 is larger than line 13, add line 14 through line 18)	19	_____	.00
20	<b>Total overpayment</b> (if line 13 is larger than line 9 plus line 15, subtract line 9 and line 15 from line 13)	20	_____	.00
21	<b>Overpayment credited to next year</b> (from line 20)	21	_____	.00
22	<b>Overpayment to be refunded</b> (line 20 minus line 21)	22	_____	.00

1	Is this a publicly traded corporation?	<input type="checkbox"/>	Yes	If yes, under what symbol? _____	<input type="checkbox"/>	No	
2	If final return, enter reason and date effective: _____	Date _____					
3	If the corporation has been sold, merged, or converted to a Single-Member LLC (SMLLC), complete the following: Name, address and FEIN of the new existing corporation or owner of the SMLLC:  _____ FEIN _____						
4	If amended return, check reason.	<input type="checkbox"/>	Mississippi Correction	<input type="checkbox"/>	Federal Correction	<input type="checkbox"/>	Other _____
5	Check if the company has been audited by the IRS. <input type="checkbox"/> 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			

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

[illegible]



Mississippi  
Corporate Income and Franchise Tax Return  
2025

FEIN \_\_\_\_\_

PART III: CORPORATE AFFILIATION SCHEDULE

List all entities owned by and affiliated with the corporation. See page 4 for supplemental schedule if needed.

ENTITY NAME	FEIN	ADDRESS	ENTITY TYPE

☐ 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

