

**Mississippi**  
**Corporate Income and Franchise Tax Return**  
**2025**

Tax Year Beginning

mm dd yyyy

Tax Year Ending

mm dd yyyy

FEIN

Mississippi Secretary of State ID

Legal Name and DBA

**CHECK ALL THAT APPLY****CHECK ONE**

Address

 Amended Return 100% Mississippi

City

State Zip +4

 Final Return Multistate Apportioning

County Code

NAICS Code

 Non Profit Multistate Direct Accounting**FRANCHISE TAX****(ROUND TO THE NEAREST DOLLAR)**

1 Taxable capital (from Form 83-110, line 18)	1	_____00
2 Franchise tax ( <b>minimum tax \$25</b> )	2	_____00
3 Franchise tax credit (from Form 83-401, line 1)	3	_____00
4 Net franchise tax due (line 2 minus line 3)	4	_____00

**INCOME TAX**

<input type="checkbox"/> Combined income tax return (enter FEIN of reporting corporation)	_____	
5 Mississippi net taxable income (from Form 83-122, line 30 or Form 83-310, line 5, column C)	5	_____00
6 Income tax	6	_____00
7 Income tax credits (from Form 83-401, line 3 or Form 83-310, line 5, column B)	7	_____00
8 Net income tax due (line 6 minus line 7)	8	_____00

**PAYMENTS AND TAX DUE**

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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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

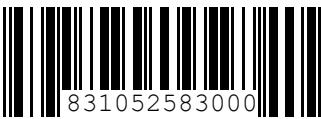
## PART I: CORPORATE INFORMATION

1	Is this a publicly traded corporation?	<input type="checkbox"/>	Yes	If yes, under what symbol?	<hr/>	<input type="checkbox"/>	No		
2	If final return, enter reason and date effective:				<hr/>	Date	<hr/>		
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:								
	<hr/>						FEIN	<hr/>	
4	If amended return, check reason.		<input type="checkbox"/>	Mississippi Correction	<input type="checkbox"/>	Federal Correction	<input type="checkbox"/>	Other	<hr/>
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?					<hr/>
6	Principal business activity in Mississippi			<hr/>	6a	County location in Mississippi			<hr/>
7	Principal product or service in Mississippi			<hr/>					
8	Contact person for this return			<hr/>	8a	Location and phone number			<hr/>

## PART II: CORPORATE 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



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### **PART III: CORPORATE AFFILIATION SCHEDULE**

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

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



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**SUPPLEMENTAL CORPORATE AFFILIATION SCHEDULE**

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List all entities owned by and affiliated with the corporation. Continued from page 3, part III.