



# Mississippi Application for Automatic Extension 2024



Tax Year Beginning \_\_\_\_\_  
mm dd yyyy

Tax Year Ending \_\_\_\_\_  
mm dd yyyy

FEIN \_\_\_\_\_

Mississippi Secretary of State ID \_\_\_\_\_

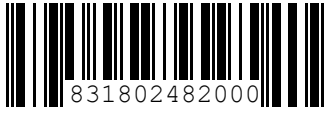
Legal Name and DBA _____  Address _____  City _____ State _____ Zip+4 _____	CHECK ALL THAT APPLY		
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> C Corporation   <input type="checkbox"/> S Corporation   <input type="checkbox"/> Partnership / LLC / LLP                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Initial Return   <input type="checkbox"/> Final Return   <input type="checkbox"/> Composite Return   <input type="checkbox"/> Electing Pass-Through Entity                 </td> </tr> </table>	<input type="checkbox"/> C Corporation  <input type="checkbox"/> S Corporation  <input type="checkbox"/> Partnership / LLC / LLP	<input type="checkbox"/> Initial Return  <input type="checkbox"/> Final Return  <input type="checkbox"/> Composite Return  <input type="checkbox"/> Electing Pass-Through Entity
<input type="checkbox"/> C Corporation  <input type="checkbox"/> S Corporation  <input type="checkbox"/> Partnership / LLC / LLP	<input type="checkbox"/> Initial Return  <input type="checkbox"/> Final Return  <input type="checkbox"/> Composite Return  <input type="checkbox"/> Electing Pass-Through Entity		

**1 Extension payment amount**  
Enter the total amount of payment remitted by the reporting entity for all members of affiliated group listed below. \_\_\_\_\_ .00

NAME	FEIN	SSN	IDENTIFICATION NUMBER	AMOUNT OF PAYMENT
2 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	2 _____ .00
3 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	3 _____ .00
4 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	4 _____ .00
5 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	5 _____ .00
6 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	6 _____ .00
7 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	7 _____ .00
8 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	8 _____ .00
9 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	9 _____ .00
10 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	10 _____ .00
11 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	11 _____ .00
12 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	12 _____ .00
13 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	13 _____ .00
14 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	14 _____ .00
15 Total of amounts entered on line 2 through line 14			15 _____ .00	
16 Total amounts from all supplemental pages (Form(s) 83-180)			16 _____ .00	
17 Total extension payment (add line 15 and line 16; total should equal payment amount on line 1)			17 _____ .00	

**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.**

\_\_\_\_\_  
Officer / Agent Signature Title Date



# Mississippi Application for Automatic Extension 2024

FEIN \_\_\_\_\_

NAME	FEIN	SSN	IDENTIFICATION NUMBER	AMOUNT OF PAYMENT
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ .00

Subtotal (add lines and enter total amount on Form 83-180, page 1, line 16) \_\_\_\_\_ .00