



# Mississippi

## Summary of Net Income Schedule

### 2014

FEIN \_\_\_\_\_

(ROUND TO THE NEAREST DOLLAR)

Column A	Column B		Column C
Name of Company FEIN	Credit Code	Credit Amount	Net Taxable Income (Loss)
<b>1 Reporting company</b>			
NAME _____	_____	_____00	
FEIN _____	_____	_____00	
	_____	_____00	_____00
	_____	_____00	
<b>2 Subsidiary companies</b>			
NAME _____	_____	_____00	
FEIN _____	_____	_____00	
	_____	_____00	_____00
	_____	_____00	
NAME _____	_____	_____00	
FEIN _____	_____	_____00	
	_____	_____00	_____00
	_____	_____00	
NAME _____	_____	_____00	
FEIN _____	_____	_____00	
	_____	_____00	_____00
	_____	_____00	
NAME _____	_____	_____00	
FEIN _____	_____	_____00	
	_____	_____00	_____00
	_____	_____00	
<b>3 Total column B and column C (total of credit amounts line 1 and line 2, column B and total net taxable income (loss) from column C)</b>			_____00
<b>4 Totals from page 2 (total of column B and column C from additional page(s) Form 83-310)</b>			_____00
<b>5 Total income tax credits and net taxable income (loss) (sum of line 3 and line 4. Enter the total from column B on Form 83-105, page 1, line 7 or Form 83-391, line 4, page 1. Enter the total from column C on Form 83-105, page 1, line 5 or Form 83-391, page 1, line 1. If the total in column C is negative, enter zero on Form 83-105, page 1, line 5 or Form 83-391, page 1, line 1)</b>			_____00



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(ROUND TO THE NEAREST DOLLAR)

Column A	Column B		Column C
Name of Company FEIN	Credit Code	Credit Amount	Net Taxable Income (Loss)
NAME: _____  FEIN _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
NAME: _____  FEIN _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
NAME: _____  FEIN _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
NAME: _____  FEIN _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
NAME: _____  FEIN _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Totals (total of column B and column C; enter on Form 83-310, page 1, line 4)	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____