

Mississippi

Corporate Income and Franchise Tax Return

2016

08 Tax Year Beginning 99999999

Tax Year Ending 99999999

10 FEIN 999999999

Mississippi Secretary of State ID 999999999

Legal Name and DBA	CHECK ALL THAT APPLY	CHECK ONE
X9X		
Address	X Amended Return	X 100% Mississippi
X9X		
X9X	X Final Return	X Multistate Apportioning
City State Zip +4		
X9X9X9X9X9X9X9X9X9X9 XX 999999999		
County Code 99 NAICS Code 999999	X Non Profit	X Multistate Direct Accounting

FRANCHISE TAX (ROUND TO THE NEAREST DOLLAR)

1 Taxable capital (from Form 83-110, line 18)	1	9999999999
2 Franchise tax (minimum tax \$25)	X Fee-In-Lieu 2	9999999999
3 Franchise tax credit (from Form 83-401, line 1)	3	9999999999
4 Net franchise tax due (line 2 minus line 3)	4	9999999999

INCOME TAX

X Combined income tax return (enter FEIN of reporting corporation) 999999999		
5 Mississippi net taxable income (from Form 83-122, line 30 or Form 83-310, line 5, column C)	5	9999999999
6 Income tax	6	9999999999
7 Income tax credits (from Form 83-401, line 3 or Form 83-310, line 5, column B)	7	9999999999
8 Net income tax due (line 6 minus line 7)	8	9999999999

PAYMENTS AND TAX DUE

9 Total franchise and income tax (line 4 plus line 8)	9	9999999999
10 Overpayments from prior year	10	9999999999
11 Estimated tax payments and payment with extension	11	9999999999
12 Total payments (line 10 plus line 11)	12	9999999999
13 Net total franchise and income tax (line 9 minus line 12)	13	9999999999
14 Interest and penalty on underestimated income tax payments (from Form 83-305, line 19)	14	9999999999
15 Late payment interest	15	9999999999
16 Late payment penalty	16	9999999999



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17 Late filing penalty (minimum income tax penalty \$100) 17 999999999

18 Total balance due (if line 9 is larger than line 12, add line 13 through line 17) 18 999999999

19 Total overpayment (if line 12 is larger than line 9, subtract line 9 from line 12) 19 999999999

20 Overpayment credited to next year (from line 19) 20 999999999

21 Overpayment to be refunded (line 19 minus line 20) 21 999999999

See instructions for electronic payment options or attach payment voucher, Form 83-300, with check or money order for balance due.

PART I: CORPORATE INFORMATION

1 Is this a publicly traded corporation? Yes If yes, under what symbol? 9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X No

2 If final return, enter reason and date effective: 9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X Date 99999999

3 If the corporation has been sold or merged, complete the following: Name, address and FEIN of the new existing corporation:
 9X FEIN 999999999

4 If amended return, check reason. Mississippi Correction Federal Correction Other 9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X

5 Check if the company has been audited by the IRS. If the company has been audited, what year(s) are involved? 9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X

6 Principal business activity in Mississippi 9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X 6a County location in Mississippi XXXXXXXXXXXXXXXXXXXX

7 Principal product or service in Mississippi 9X

8 Contact person for this return 9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X 8a Location and Phone number 9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X

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
XXXXXXXXXXXXXXXXXXXXXX	999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9	999.9999
XXXXXXXXXXXXXXXXXXXXXX	999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9	999.9999
XXXXXXXXXXXXXXXXXXXXXX	999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9	999.9999
XXXXXXXXXXXXXXXXXXXXXX	999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9	999.9999
XXXXXXXXXXXXXXXXXXXXXX	999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9	999.9999
XXXXXXXXXXXXXXXXXXXXXX	999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9	999.9999



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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.

Table with 4 columns: ENTITY NAME, FEIN, ADDRESS, ENTITY TYPE. Contains multiple rows of placeholder data (X's).

X 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.

Form fields for Officer Signature and Title, Date, Business Phone, Paid Preparer Signature, Date, Paid Preparer Address, Paid Preparer PTIN, Paid Preparer Phone, City, State, Zip Code.

Mail Return To: Department of Revenue P.O. Box 23191 Jackson, MS 39225-3191

