4	10 19 20 21 22 23 24 23 20 21 20 29 30 31 32	Mi	ississipp)i	54 55 56 57 58 58	00 01 02 03 04 05 00 01	00 09 10 11 12 13 14	0
◎MS8453-C	Corporate In	ncome D	eclaration	for Elec	tronic I	iling		0
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Legal Name and DBA	<u> </u>	<u></u>	<u>, </u>	<u></u>	11/11/11/	,,	<u>/////////////////////////////////////</u>	1
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Address 5		City			S	tate Zip +4		County Code 1
6								1
7 PART I: TAX RETURN	I INFORMATION				(R	OUND TO THE	NEAREST DO	LLAR)
8								1
₉ 1 Mississippi taxable income (Form 83-105, line 5 or Form 83-391, page 1, line 1)					1		999999	
₂₀ 2 Total income tax (Form 83-105, line 6 or Form 83-391, page 1,line 2) ₂₁ 3 Total payments and credits (Form 83-105, line 7 and line 12 or Form 83-391, page1, line 3, 4, and					2		999999	
				1, line 3, 4, an	a 8) 3		999999	
	n 83-105, line 18 or Form 83-3				4		999999	
	3-105, line 19 or Form 83-391,		10)		5		999999	
	line 21 or Form 83-391, page	i, iine 17)			6		999999	
²⁵ 7 Amount of payment re					7		999999	
²⁶ * If the corporation is filin	g a balance due return and the	Department	of Revenue doe	es not receive	full and time	elv navment of it	s tax liability	2
the corporation will be li	able for the tax liability and all	applicable internet	erest and penal	ties.		ery payment of h	s tax habiiity,	2
28								2
								2
10 PARTII: DECLARATI								3
⁶ Sign	ation is to be maintained by the ER		Date		Title			3
								3
								3
	ION OF ELECTRONIC RETUR		IOR (ERO) AN		ARER			3
collector, I am not responsib ¹² before I submit the return. I v ₁₃ in Pub. 3112, IRS e-file App under penalties of perjury, I ¹⁴ belief, they are true, correct ¹⁵	ed the above corporation's return a le for reviewing the return and only vill give the officer a copy of all forr lication and Participation and Pub, declare that I have examined the a and complete. This Paid Preparer of	declare that th ns and informat 4163, Moderni bove corporation declaration is ba	is form accurately tion to be filed witi zed e-File (MeF) on's return and ac ased on all inform	reflects the data n the Departmer Information for <i>I</i> ecompanying scl ation of which I h	a on the retur at of Revenue Authorized IR nedules and nave any kno	n. The corporate c (DOR), and have S e-file Providers. statements, and to wledge.	officer will have signal followed all other If I am also the F the best of my k	gned this form r requirements ⁴ Paid Preparer, nowledge and
H6 ERO Signature			Date	Check if Also Paid Preparer		heck if Self- mployed	ERO SSN or PT	4
⁷ Only							9X9	<u>x9x9x94</u>
Firm Name (or you self-employed), add	tress			0		EIN		4
9 and ZIP code	<u>x9x9x9x9x9x9</u>	X9X9 X9	<u>x9x9x9x</u>	9X9X9 X	X 9999		9999	4
50						Phone No.		5
51						(999)9	99-9999	
52								5
²⁴ belief, they are true, correct, 55	declare that I have examined the a and complete. This declaration is t					ements, and to the	best of my know	ledge and 5
56 Paid Preparer Sign	ature		Date	Check if Also	TZ Ch	eck if Self- 👽	Preparer SSN	5 N or PTIN
Preparer				Paid Preparer		ployed	· · ·	5
^{°°} Use Only						EIN	989	<u>x9x9x9</u>
59 Firm Name (o self-employed		vava vo	VOVOVOV	07070 17	x 9999		2000	5
and ZIP code	<u>x9x9x9x9x9x9x9</u>	AJAJ AS	<u>x9x9x9x</u>	<u>9X9X9 X</u>	^ >>>>	Phone No.	<u>'))) (</u>	6
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Form 83-115-18-3-1-000 (Rev. 07/18)

³ 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 DO NOT Mail this Document to the Mississippi Department of Revenue