Form 83-180-16-3-1-000 (Rev. 05/16)

831801631000

Mississippi
Application for Automatic Six Month Extension
2016

Tax Year Beginning 99999999 Tax Year Ending 99999999

FEIN 999999999 Mississippi Secretary of State ID 9999999999

Legal Name and DBA
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X

Address
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X

X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X

City X9X9X9X9X9X9X9X9X9X9X9X9X9X State XX Zip+4 999999999

CHECK ALL THAT APPLY

X	C Corporation	X	Initial Return
X	S Corporation	X	Final Return
X	Partnership / LLC / LLP	X	Composite Return

1 **Extension payment amount**
Enter the total amount of payment remitted by reporting entity for all members of affiliated group listed below. 9999999999

	NAME	FEIN	SSN	IDENTIFICATION NUMBER		AMOUNT OF PAYMENT
2	X9X9X9X9X9X9X9X9X9X9	X	X	999999999	2	9999999999
3	X9X9X9X9X9X9X9X9X9X9	X	X	999999999	3	9999999999
4	X9X9X9X9X9X9X9X9X9X9	X	X	999999999	4	9999999999
5	X9X9X9X9X9X9X9X9X9X9	X	X	999999999	5	9999999999
6	X9X9X9X9X9X9X9X9X9X9	X	X	999999999	6	9999999999
7	X9X9X9X9X9X9X9X9X9X9	X	X	999999999	7	9999999999
8	X9X9X9X9X9X9X9X9X9X9	X	X	999999999	8	9999999999
9	X9X9X9X9X9X9X9X9X9X9	X	X	999999999	9	9999999999
10	X9X9X9X9X9X9X9X9X9X9	X	X	999999999	10	9999999999
11	X9X9X9X9X9X9X9X9X9X9	X	X	999999999	11	9999999999
12	X9X9X9X9X9X9X9X9X9X9	X	X	999999999	12	9999999999
13	X9X9X9X9X9X9X9X9X9X9	X	X	999999999	13	9999999999
14	X9X9X9X9X9X9X9X9X9X9	X	X	999999999	14	9999999999

15 Total of amounts entered on line 2 through line 14 15 999999999

16 Total amounts from all supplemental pages (Form(s) 83-180) 16 999999999

17 Total extension payment (add line 15 and line 16; total should equal payment amount on line 1) 17 9999999999

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

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

831801632000

Mississippi

Application for Automatic Six-Month Extension

2016

FEIN 999999999

NAME	FEIN	SSN	IDENTIFICATION NUMBER	AMOUNT OF PAYMENT
X9X9X9X9X9X9X9X9X9	X	X	999999999	9999999999
X9X9X9X9X9X9X9X9X9	X	X	999999999	9999999999
X9X9X9X9X9X9X9X9X9	X	X	999999999	9999999999
X9X9X9X9X9X9X9X9X9	X	X	999999999	9999999999
X9X9X9X9X9X9X9X9X9	X	X	999999999	9999999999
X9X9X9X9X9X9X9X9X9	X	X	999999999	9999999999
X9X9X9X9X9X9X9X9X9	X	X	999999999	9999999999
X9X9X9X9X9X9X9X9X9	X	X	999999999	9999999999
X9X9X9X9X9X9X9X9X9	X	X	999999999	9999999999
X9X9X9X9X9X9X9X9X9	X	X	999999999	9999999999
X9X9X9X9X9X9X9X9X9	X	X	999999999	9999999999
X9X9X9X9X9X9X9X9X9	X	X	999999999	9999999999
X9X9X9X9X9X9X9X9X9	X	X	999999999	9999999999
X9X9X9X9X9X9X9X9X9	X	X	999999999	9999999999
X9X9X9X9X9X9X9X9X9	X	X	999999999	9999999999
X9X9X9X9X9X9X9X9X9	X	X	999999999	9999999999
X9X9X9X9X9X9X9X9X9	X	X	999999999	9999999999
X9X9X9X9X9X9X9X9X9	X	X	999999999	9999999999
X9X9X9X9X9X9X9X9X9	X	X	999999999	9999999999
X9X9X9X9X9X9X9X9X9	X	X	999999999	9999999999
X9X9X9X9X9X9X9X9X9	X	X	999999999	9999999999
X9X9X9X9X9X9X9X9X9	X	X	999999999	9999999999
X9X9X9X9X9X9X9X9X9	X	X	999999999	9999999999
X9X9X9X9X9X9X9X9X9	X	X	999999999	9999999999
X9X9X9X9X9X9X9X9X9	X	X	999999999	9999999999
X9X9X9X9X9X9X9X9X9	X	X	999999999	9999999999
Subtotal (add lines and enter total amount on Form 83-180, line 17)				9999999999