



Mississippi Application for Automatic Extension 2018

08 Tax Year Beginning 99999999

Tax Year Ending 99999999

10 FEIN 999999999

Mississippi Secretary of State ID 9999999999

12 Legal Name and DBA

13 X9X

CHECK ALL THAT APPLY

14 Address

15 X9X

C Corporation Initial Return

17 X9X

S Corporation Final Return

18 City State Zip+4

19 X9X XX 999999999

Partnership / LLC / LLP Composite Return

21 **1 Extension payment amount**

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

9999999999

24 NAME	FEIN	SSN	IDENTIFICATION NUMBER	AMOUNT OF PAYMENT
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25						
26	2	X	X	999999999	2	9999999999
27						
28	3	X	X	999999999	3	9999999999
29						
30	4	X	X	999999999	4	9999999999
31						
32	5	X	X	999999999	5	9999999999
33						
34	6	X	X	999999999	6	9999999999
35						
36	7	X	X	999999999	7	9999999999
37						
38	8	X	X	999999999	8	9999999999
39						
40	9	X	X	999999999	9	9999999999
41						
42	10	X	X	999999999	10	9999999999
43						
44	11	X	X	999999999	11	9999999999
45						
46	12	X	X	999999999	12	9999999999
47						
48	13	X	X	999999999	13	9999999999
49						
50	14	X	X	999999999	14	9999999999

52 15 Total of amounts entered on line 2 through line 14 15 999999999

54 16 Total amounts from all supplemental pages (Form(s) 83-180) 16 999999999

56 17 Total extension payment (add line 15 and line 16; total should equal payment amount on line 1) 17 9999999999

59 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.

62 Officer / Agent Signature

Title

Date

