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 Mississippi 04 04 **™MS8453-PTE** Pass - Through Entity Declaration for Electronic Filing 05 06 06 2017 07 07 99999999 08 Tax Year Beginning Tax Year Ending 99999999 08 09 DO NOT MAIL THIS DOCUMENT 09 10 FEIN 9999999999 TO THE DEPARTMENT OF REVENUE 10 11 11 12 13 Legal Name and DBA 13 14 X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X X9X9X9X9X9X9X9X9X9X 9999999999 99 XX 14 County Code 15 Address City State Zip +4 15 16 16 PART I: TAX RETURN INFORMATION (ROUND TO THE NEAREST DOLLAR) 17 18 18 Mississippi taxable income (Form 84-105, line 5) 99999999999 1 19 19 Total income tax (Form 84-105, line 6) 99999999999 202 20 <sub>21</sub>3 Total payments & credits (Form 84-105, line 7 and line 12) 3 99999999999 21 Amount you owe (Form 84-105, line 18) 224 4 99999999999 22 Overpayment (Form 84-105, line 19) 5 99999999999 <sub>23</sub>5 23 99999999999 246 Refund (Form 84-105, line 21) 6 24 Amount of payment remitted electronically 99999999999 7 25 25 26 26 If the pass-through entity is filing a balance due return and the Department of Revenue does not receive full and timely payment of its tax liability, 27 27 the pass-through entity will be liable for the tax liability and all applicable interest and penalties. 28 28 29 29 PART II: DECLARATION OF OFFICER 30 31 31 Under the penalties of perjury, I declare that I am an officer of the above pass-through entity and that the information I have given my electronic return originator (ERO), <sup>32</sup>transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the pass-through entity's 32 33Mississippi Pass-Through Entity Tax Return. To the best of my knowledge and belief, the pass-through entity's return is true, correct and complete. I consent to my ERO,33 atransmitter, and/or ISP sending the pass-through entity's return, this declaration, and accompanying schedules and statements to the Department of Revenue (DOR). I also consent to the DOR my ERO, transmitter, and/or ISP an acknowledgement of receipt of transmission and an indication of whether or not the pass-through entity's return is 35 accepted, and, if rejected, the reason(s) for the rejection. This declaration is to be maintained by the ERO and provided to DOR on request. 35 <sup>36</sup> Sign 36 Signature of Officer Date Title 37 Here 37 38 38 PART III: DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER 39 40 40 I declare that I have reviewed the above pass-through entity's return and that the entries on Form MS8453-PTE are complete and correct to the best of my knowledge. If I am 41 only a collector. I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The corporate officer will have signed 42this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the Department of Revenue (DOR), and have followed all other42 <sup>43</sup>Paid Preparer, under penalties of perjury, I declare that I have examined the above pass-through entity's return and accompanying schedules and statements, and to the best<sup>43</sup> 44 of my knowledge and belief, they are true, correct and complete. This Paid Preparer declaration is based on all information of which I have any knowledge 44 45 45 <sub>46</sub> ERO ERO Signature ERO SSN or PTIN Check if Also Check if Self-Date Χ X 46 Paid Prepare Employed Use 9X9X9X9X9 47 Only 48 48 Firm Name (or yours it EIN 49 49 self-employed), address X9X9X9X9X9X9X9X9 X9X9X9X9X9X9X9X XX 99999 9999999999 and ZIP code 50 50 Phone No. ( 51 51 (999)999-999952 52 53 53 Under penalties of periury. I declare that I have examined the above pass-through entity's return and accompanying schedules and statements, and to the best of my 54 54 knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge 55 55 56 56 Х Preparer SSN or PTIN Preparer Signature Date Check if Also Check if Self-Χ 57 Paid 57 Paid Prepare Employed Preparer 9X9X9X9X9 58 Use Only Firm Name (or yours it EIN 59 59 self-employed), address 99999 9999999999 X9X9X9X9X9X9X9X9 X9X9X9X9X9X9X9XX and ZIP code 60 60 Phone No. ( ) 61 61 (999)999-999962 6 6 63

Form 84-115-17-3-1-000 Rev. (05/16)

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