



# Mississippi Corporate Income and Franchise Tax Return 2014

08 Tax Year Beginning 01012014

Tax Year Ending 12312014

10 FEIN 999999999

Mississippi Secretary of State ID 999999999

Legal Name and DBA	CHECK ALL THAT APPLY	CHECK ONE
X9X		
Address	<input checked="" type="checkbox"/> Amended Return	<input checked="" type="checkbox"/> 100% Mississippi
X9X		
X9X	<input checked="" type="checkbox"/> Final Return	<input checked="" type="checkbox"/> Multistate Apportioning
City State Zip +4		
X9X9X9X9X9X9X9X9X9X9 XX 999999999		
County Code 99 NAICS Code 999999	<input checked="" type="checkbox"/> Non Profit	<input checked="" type="checkbox"/> Multistate Direct Accounting

**FRANCHISE TAX (ROUND TO THE NEAREST DOLLAR)**

1 Taxable capital (from Form 83-110, line 19)	1	9999999999
2 Franchise tax (minimum tax \$25)	2	9999999999
X Fee-In-Lieu		
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 17)	14	9999999999
15 Late payment interest	15	9999999999
16 Late payment penalty	16	9999999999

# Mississippi

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17	Late filing penalty (minimum income tax penalty \$100)	17	9999999999
18	Total balance due (if line 9 is larger than line 12, add line 13 through line 17)	18	9999999999
19	Total overpayment (if line 12 is larger than line 9, subtract line 9 from line 12)	19	9999999999
20	Overpayment credited to next year (from line 19)	20	9999999999
21	Overpayment to be refunded (line 19 minus line 20)	21	9999999999

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?	<input checked="" type="checkbox"/>	Yes	If yes, under what symbol?	9X9X9X9X9X9X9X9X9X9X	<input checked="" type="checkbox"/>	No
2	If final return, enter reason and date effective:	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	Date	12312013			
3	If the corporation has been sold or merged, complete the following: Name, address and FEIN of the new existing corporation:						
	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	FEIN	999999999				
4	If amended return, check reason.	<input checked="" type="checkbox"/>	Mississippi Correction	<input checked="" type="checkbox"/>	Federal Correction	<input checked="" type="checkbox"/>	Other
5	Check if the company has been audited by the IRS.	<input checked="" type="checkbox"/>	If the company has been audited, what year(s) are involved?	9X9X9X9X9X9X9X9X			
6	Principal business activity in Mississippi	9X9X9X9X9X9X9X9X	6a	County location in Mississippi	X9X9X9X9X9X9X9X		
7	Principal product or service in Mississippi	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X					
8	Contact person for this return	9X9X9X9X9X9X9X9X9X9X9X9X	8a	Location and Phone number	9X9X9X9X9X9X9X9X		

### 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.

ENTITY NAME	FEIN	ADDRESS	ENTITY TYPE
X9X9X9X9X9X9X9X9X9X	999999999	X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXXXXXXX

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.

Officer Signature and Title		Date	Business Phone	
Paid Preparer Signature		Date	Paid Preparer Address	
9X9X9X9				
Paid Preparer PTIN	Paid Preparer Phone	City	State	Zip Code

Mail Return To: Department of Revenue P.O. Box 23050 Jackson, MS 39225-3050

