



Mississippi Application for Automatic Six Month Extension 2014

08 Tax Year Beginning 01012013

Tax Year Ending 12312013

10 FEIN 999999999

Mississippi Secretary of State ID 999999999

12 Legal Name and DBA
13 X9X

CHECK ALL THAT APPLY

14 Address
15 X9X

X C Corporation X Initial Return

16 X9X

X S Corporation X Final Return

18 City State Zip+4
19 X9X XX 999999999

X Partnership / LLC / LLP X Composite Return

21 1 Extension payment amount 999999999
22 Enter the total amount of payment remitted by reporting entity for all members of affiliated group listed below.

24	NAME	FEIN	SSN	IDENTIFICATION NUMBER	AMOUNT OF PAYMENT
25					
26	2 X9X	X	X	999999999 2	999999999
27					
28	3 X9X	X	X	999999999 3	999999999
29					
30	4 X9X	X	X	999999999 4	999999999
31					
32	5 X9X	X	X	999999999 5	999999999
33					
34	6 X9X	X	X	999999999 6	999999999
35					
36	7 X9X	X	X	999999999 7	999999999
37					
38	8 X9X	X	X	999999999 8	999999999
39					
40	9 X9X	X	X	999999999 9	999999999
41					
42	10 X9X	X	X	999999999 10	999999999
43					
44	11 X9X	X	X	999999999 11	999999999
45					
46	12 X9X	X	X	999999999 12	999999999
47					
48	13 X9X	X	X	999999999 13	999999999
49					
50	14 X9X	X	X	999999999 14	999999999
51					
52	15 Total of amounts entered on line 2 through line 14		15	999999999	
53					
54	16 Total amounts from all supplemental pages (Form(s) 83-180)		16	999999999	
55					
56	17 Total extension payment (add line 15 and line 16; total should equal payment amount on line 1)			17	999999999
57					

59 I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my
60 knowledge and belief, this is a true, correct and complete return.

62 Officer / Agent Signature Title Date

