



Mississippi S-Corporation Franchise Tax Schedule 2014

FEIN 999999999

CAPITAL BASE (ROUND TO THE NEAREST DOLLAR)

1	Capital stock	1	9999999999
2	Paid in capital	2	9999999999
3	Surplus and retained earnings	3	9999999999
4	Loans from shareholders or affiliates	4	9999999999
5	Deferred taxes, contingent liabilities, all true reserves and other elements (attach schedule)	5	9999999999
6	Less treasury stock	6	9999999999
7	Add adjustments to retained earnings for treasury stock purchased with borrowed funds	7	9999999999
8	Holding company exclusion (attach schedule)	8	9999999999
9	Total capital base (add line 1 through line 8)	9	9999999999

APPORTIONMENT RATIO A MISSISSIPPI B EVERYWHERE

10	Real & tangible personal property owned at year end (net book value)	10A	9999999999	10B	9999999999
11	Gross receipts	11A	9999999999	11B	9999999999
12	Total (line 10 plus line 11)	12A	9999999999	12B	9999999999
13	Mississippi ratio (line 12A divided by line 12B)	13			999.9999 %
14	Taxable capital apportioned to Mississippi (line 9 multiplied by line 13. If 100% Mississippi enter amount from line 9)	14			9999999999

ASSESSED VALUE OF MISSISSIPPI PROPERTY

Mississippi County	Mississippi Assessed Value of Real Property	Mississippi Assessed Value of Personal Property
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999	9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999	9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999	9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999	9999999999

TAXABLE CAPITAL

15	Total assessed value of Mississippi property (attach additional schedule if needed)	15	9999999999
16	Taxable capital (enter the larger of line 14 or line 15)	16	9999999999
17	Prorate (except for initial return; if period is less than twelve months, multiply line 16 by the number of months covered by the return and divide by twelve)	17	9999999999
18	Capital exemption (attach schedule)	18	9999999999
19	Final taxable capital (line 16 or line 17 minus line 18; round amount up to the next highest \$1000. Enter amount on Form 84-105 line 1. If negative, enter zero on Form 84-105 line 1)	19	9999999999