



Mississippi Corporate Income and Franchise Tax Return 2013

Tax Year Beginning _____
m m d d y y y y

Tax Year Ending _____
m m d d y y y y

FEIN _____

Mississippi Secretary of State ID _____

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

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

1 Taxable capital (from Form 83-110, line 19)	1	_____ .00
2 Franchise tax (minimum tax \$25) <input type="checkbox"/> Fee-In-Lieu	2	_____ .00
3 Franchise tax credit (from Form 83-401, line 1)	3	_____ .00
4 Net franchise tax due (line 2 minus line 3)	4	_____ .00

INCOME TAX

Combined income tax return (enter FEIN of reporting corporation) _____

5 Mississippi net taxable income (from Form 83-122, line 30 or Form 83-310, line 5, column C)	5	_____ .00
6 Income tax	6	_____ .00
7 Income tax credits (from Form 83-401, line 3 or Form 83-310, line 5, column B)	7	_____ .00
8 Net income tax due (line 6 minus line 7)	8	_____ .00

PAYMENTS AND TAX DUE

9 Total franchise and income tax (line 4 plus line 8)	9	_____ .00
10 Overpayments from prior year	10	_____ .00
11 Estimated tax payments and payment with extension	11	_____ .00
12 Total payments (line 10 plus line 11)	12	_____ .00
13 Net total franchise and income tax (line 9 minus line 12)	13	_____ .00
14 Interest and penalty on underestimated income tax payments (from Form 83-305, line 17)	14	_____ .00
15 Late payment interest	15	_____ .00
16 Late payment penalty	16	_____ .00



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FEIN _____

PART III: CORPORATE AFFILIATION SCHEDULE

List all entities owned by and affiliated with the corporation. See page 4 for additional schedule if needed.

ENTITY NAME	FEIN	ADDRESS	ENTITY TYPE

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		
Paid Preparer PTIN	Paid Preparer Phone	City	State	Zip Code

Mississippi Corporate Income and Franchise Tax Return 2013

Tax Year Beginning 01 01 2013

Tax Year Ending 12 31 2013

FEIN 999999999

Mississippi Secretary of State ID 999999999

Table with 3 columns: Description, CHECK ALL THAT APPLY, CHECK ONE. Includes fields for Legal Name and DBA, Address, City, State, Zip +4, County Code, NAICS Code, and checkboxes for Amended Return, Final Return, Non Profit, 100% Mississippi, Multistate Apportioning, and Multistate Direct Accounting.

FRANCHISE TAX (ROUND TO THE NEAREST DOLLAR)

Table with 3 columns: Line number, Description, Amount. Includes lines 1 (Taxable capital), 2 (Franchise tax), 3 (Franchise tax credit), and 4 (Net franchise tax due).

INCOME TAX

Table with 3 columns: Line number, Description, Amount. Includes lines 5 (Combined income tax return), 6 (Mississippi net taxable income), 7 (Income tax), 8 (Income tax credits), and 8 (Net income tax due).

PAYMENTS AND TAX DUE

Table with 3 columns: Line number, Description, Amount. Includes lines 9 (Total franchise and income tax), 10 (Overpayments from prior year), 11 (Estimated tax payments), 12 (Total payments), 13 (Net total franchise and income tax), 14 (Interest and penalty on underestimated income tax payments), 15 (Late payment interest), and 16 (Late payment penalty).



Mississippi Corporate Income and Franchise Tax Return 2013

FEIN 999999999

PART III: CORPORATE AFFILIATION SCHEDULE

List all entities owned by and affiliated with the corporation. See page 4 for additional schedule if needed.

Table with 4 columns: ENTITY NAME, FEIN, ADDRESS, ENTITY TYPE. Rows contain placeholder text 'XXXXXXXXXXXXXXXXXXXX' and '999999999'.

X 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.

Signature and Title, Date, Business Phone, Paid Preparer Signature, Date, Paid Preparer Address, Paid Preparer PTIN, Paid Preparer Phone, City, State, Zip Code.

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



Mississippi Corporate Income and Franchise Tax Return 2013

FEIN 999999999

SUPPLEMENTAL CORPORATE AFFILIATION SCHEDULE

List all entities owned by and affiliated with the corporation. Continued from page 3, part III.

Table with 4 columns: ENTITY NAME, FEIN, ADDRESS, ENTITY TYPE. Rows contain placeholder text 'XXXXXXXXXXXXXXXXXXXX'.