

Mississippi

Corporate Income and Franchise Tax Return

2011

FEIN _____

PART I CORPORATE INFORMATION

1. Is this a publicly traded corporation? Yes If Yes, under what symbol? _____ No
2. If final return, enter reason and date effective: _____ Date _____
3. If the corporation has been sold or merged, complete the following: Name, address and FEIN of the new existing corporation:
 _____ FEIN _____

PART II CORPORATE OFFICER INFORMATION

List the owners, officers, directors or partners who have a responsibility in the fiscal management of the organization. Attach schedule if needed.

Officer Name and Title	Address	SSN	Ownership Percentage

PART III CORPORATE AFFILIATION SCHEDULE

List all entities owned by and affiliated with the corporation. See page 2 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 Firm Identification Number	Paid Preparer PTIN	Preparer Phone

Mail Return To: DEPARTMENT OF REVENUE P.O. BOX 23050 JACKSON, MS 39225-3050

