Mississippi

Corporate Income and Franchise Tax Return 2011

Tax Year Beginning		Tax Year Ending	m m d d y y y y
m m d d y y y y FEIN		MS Secretary of State ID	
Legal Name and DBA		Ch	eck All That Apply
Addre	ss	Amended Return	100% Mississippi
		☐ Final Return	
City	State Zip +4		Multistate Direct Accounting
		County Code	NAICS Code
	FRANCHISE TA	AX	(ROUND TO NEAREST DOLLAR)
1. 2.	Taxable Capital (From Form 83-110, Line 19) Franchise Tax	1.	
3.	Fee-In-Lieu Franchise Tax Credit	2.	
	(From Form 83-401, Line 1)	3.	
4.	Net Franchise Tax Due (Line 2 Minus Line 3) Minimum Tax \$25	4.	
	INCOME TA	Х	
	Combined Income Tax Return		
5.	(Enter FEIN of Reporting Corporation) Mississippi Net Taxable Income	5.	
6.	(From Form 83-122, Line 30 or Form 83-310, Line 5, Column C) Income Tax	6.	
7.	Income Tax Credits	7.	
8.	(From Form 83-401, Line 3 or Form 83-310, Line 5, Column B) Net Income Tax Due	7. 8.	
	(Line 6 Minus Line 7)	_	
	PAYMENTS AND TA	AX DUE	
9.	Total Franchise and Income Tax (Line 4 Plus Line 8)	9.	
10.	Overpayments From Prior Year	10.	
11.	,	11.	,,,,,,
12.	Total Payments (Line 10 Plus Line 11)	12.	
13.	Net Total Franchise and Income Tax (Line 9 Minus Line 12)	13.	,,,,,,,,
14.	Interest and Penalty on Underestimated Income Tax Payments (From Form 83-305, Line 19)	14.	
15.	Late Payment Interest	15.	
16.	Late Payment Penalty	16.	_, , , ,
17.	Late Filing Penalty	17.	
18.	Minimum Income Tax Penalty \$100 TOTAL BALANCE DUE (Tax, Penalty and Interest) (If Line 9 is Larger Line 12, Add Line 13 Through Line 17.)		
	Attach Payment Voucher, Form 83-300, with Check or Money Order for Balance Due, or See Instructions for Electronic Payment Options.	18.	
19.	Total OVERPAYMENT of Income and Franchise Tax (If Line 12 is Larger Than Line 9; Line 9 Minus Line 12)	19.	
20.	Overpayment CREDITED to Next Year	20.	
21.	(From Line 19) Overpayment to Be REFUNDED (Line 19 Minus Line 20)	21.	

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FEIN PART I **CORPORATE INFORMATION** Yes If Yes, under what symbol? _ ☐ No 1. Is this a publicly traded corporation? 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: CORPORATE OFFICER INFORMATION PART II List the owners, officers, directors or partners who have a responsibility in the fiscal management of the organization. Attach schedule if needed. **Ownership** Officer Name and Title **Address** SSN 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 Entity Type Address**

☐ 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

FEIN

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CURRY EMENTAL CORRORATE ASSULATION COURSELLS				
SUPPLEMENTAL CORPORATE AFFILIATION SCHEDULE List all entities owned by and affiliated with the corporation. Continued from page 2, part III.				
Entity Name	FEIN	Address	Entity Type	
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FEIN						
SUPI	PLEMENTAL CORPORA	TE AFFILIATION SCHEDULE				
	SUPPLEMENTAL CORPORATE AFFILIATION SCHEDULE List all entities owned by and affiliated with the corporation. Continued from page 2, part III.					
Entity Name	FEIN	Address	Entity Type			
	1					