Form 83-115-12-3-1-000 Rev. (05/12)

MS

Mississippi
Corporate Income
Declaration for Electronic Filing
2012

MS8453-C

For Calendar Year 2012, or Tax Year Beginning _____ **, Ending** _____ **, 20** ____

Duplex or Photocopies NOT Acceptable

IRS DECLARATION CONTROL NUMBER

00- [_____] - 3

Name	FEIN

Mailing Address (P O Box or Street Including Rural Route)

City	State	Zip +4	County Code (See Instructions)

DO NOT MAIL THIS DOCUMENT TO THE DOR
ELECTRONIC RETURN ORIGINATOR (ERO) RETAIN THIS FORM IN YOUR FILES

PART I:	**TAX RETURN INFORMATION (Round to the Nearest Dollar)**

1. Mississippi Taxable Income (Form 83-105, Line 5)   1. ___,___,___
2. Total Income Tax (Form 83-105, Line 6)   2. ___,___,___
3. Total Payments & Credits (Form 83-105, Line 7 and Line 12)   3. ___,___,___
4. Amount You Owe (Form 83-105, Line 18)   4. ___,___,___
5. Overpayment (Form 83-105, Line 19)   5. ___,___,___
6. Refund (Form 83-105, Line 21)   6. ___,___,___
7. Amount of Payment Remitted Electronically   7. ___,___,___

* If the corporation is filing a balance due return and the Department of Revenue does not receive full and timely payment of its tax liability, the corporation will be liable for the tax liability and all applicable interest and penalties.

PART II:	**DECLARATION OF OFFICER (See Instructions)**

Under the penalties of perjury, I declare that I am an officer of the above corporation and that the information I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the corporation's Mississippi Corporate Income & Franchise Tax Return. To the best of my knowledge and belief, the corporation's return is true, correct and complete. I consent to my ERO, transmitter, and/or ISP sending the corporation's return, this declaration, and accompanying schedules and statements to the Department of Revenue (DOR). I also consent to the DOR my ERO, transmitter, and/or ISP an acknowledgement of receipt of transmission and an indication of whether or not the corporation's return is accepted, and, if rejected, the reason(s) for the rejection. This declaration is to be maintained by the ERO and provided to DOR on request.

Sign Here

Signature of Officer	Date	Title

PART III:	**DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER (See Instructions)**

I declare that I have reviewed the above corporation's return and that the entries on Form MS8453-C are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The corporate officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the Department of Revenue (DOR), and have followed all other requirements in Pub. 3112, IRS e-file Application and Participation and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO'S Use Only

ERO's Signature	Date	Check if Also Paid Preparer ☐	Check if Self-Employed ☐	ERO's SSN or PTIN
Firm's Name (or your's if Self-employed), address and ZIP code			EIN	
			Phone No. ( )	

Under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only

Preparer's Signature	Date	Check if Also Paid Preparer ☐	Check if Self-Employed ☐	Preparer's SSN or PTIN
Firm's Name (or your's if Self-employed), address and ZIP code			EIN	
			Phone No. ( )	

DO NOT MAIL THIS DOCUMENT TO THE DEPARTMENT OF REVENUE