



# Mississippi Application for Automatic Six Month Extension 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  Address  City State Zip+4	<b>CHECK ALL THAT APPLY</b>						
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> C Corporation</td> <td style="width: 50%;"><input type="checkbox"/> Initial Return</td> </tr> <tr> <td><input type="checkbox"/> S Corporation</td> <td><input type="checkbox"/> Final Return</td> </tr> <tr> <td><input type="checkbox"/> Partnership / LLC / LLP</td> <td><input type="checkbox"/> Composite Return</td> </tr> </table>	<input type="checkbox"/> C Corporation	<input type="checkbox"/> Initial Return	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Final Return	<input type="checkbox"/> Partnership / LLC / LLP	<input type="checkbox"/> Composite Return
<input type="checkbox"/> C Corporation	<input type="checkbox"/> Initial Return						
<input type="checkbox"/> S Corporation	<input type="checkbox"/> Final Return						
<input type="checkbox"/> Partnership / LLC / LLP	<input type="checkbox"/> Composite Return						

**1 Extension payment amount**  
Enter the total amount of payment remitted by reporting entity for all members of affiliated group listed below. \_\_\_\_\_ .00

NAME	FEIN	SSN	IDENTIFICATION NUMBER	AMOUNT OF PAYMENT
2 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	2 _____ .00
3 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	3 _____ .00
4 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	4 _____ .00
5 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	5 _____ .00
6 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	6 _____ .00
7 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	7 _____ .00
8 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	8 _____ .00
9 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	9 _____ .00
10 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	10 _____ .00
11 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	11 _____ .00
12 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	12 _____ .00
13 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	13 _____ .00
14 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	14 _____ .00
15 Total of amounts entered on line 2 through line 14			_____	_____ .00
16 Total amounts from all additional pages (Form(s) 83-180)			_____	_____ .00
17 Total extension payment (add line 15 and line 16; total should equal payment amount on line 1)			_____	_____ .00

**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.**

\_\_\_\_\_  
Officer / Agent Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



# Mississippi Application for Automatic Six-Month Extension 2013

FEIN \_\_\_\_\_

NAME	FEIN	SSN	IDENTIFICATION NUMBER	AMOUNT OF PAYMENT
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	.00

Subtotal (add lines and enter total amount on Form 83-180, line 16) \_\_\_\_\_ .00



# Mississippi Application for Automatic Six Month Extension 2013

08 Tax Year Beginning 01 01 2013

Tax Year Ending 12 31 2013

10 FEIN 999999999

Mississippi Secretary of State ID 999999999

<p>12 Legal Name and DBA 13 X9</p> <p>14 Address 15 X9</p> <p>16 17 X9</p> <p>18 City State Zip+4 19 XXXXXXXXXXXXXXXXXXXX XX 999999999</p>	<p><b>CHECK ALL THAT APPLY</b></p> <p>X C Corporation X Initial Return</p> <p>X S Corporation X Final Return</p> <p>X Partnership / LLC / LLP X Composite Return</p>
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21 1 Extension payment amount 999999999  
 22 Enter the total amount of payment remitted by reporting entity for all members of affiliated group listed below.

NAME	FEIN	SSN	IDENTIFICATION NUMBER	AMOUNT OF PAYMENT
2	X9X9X9X9X9X9X9X9X9X9	X	X 999999999	2 999999999
3	X9X9X9X9X9X9X9X9X9X9	X	X 999999999	3 999999999
4	X9X9X9X9X9X9X9X9X9X9	X	X 999999999	4 999999999
5	X9X9X9X9X9X9X9X9X9X9	X	X 999999999	5 999999999
6	X9X9X9X9X9X9X9X9X9X9	X	X 999999999	6 999999999
7	X9X9X9X9X9X9X9X9X9X9	X	X 999999999	7 999999999
8	X9X9X9X9X9X9X9X9X9X9	X	X 999999999	8 999999999
9	X9X9X9X9X9X9X9X9X9X9	X	X 999999999	9 999999999
10	X9X9X9X9X9X9X9X9X9X9	X	X 999999999	10 999999999
11	X9X9X9X9X9X9X9X9X9X9	X	X 999999999	11 999999999
12	X9X9X9X9X9X9X9X9X9X9	X	X 999999999	12 999999999
13	X9X9X9X9X9X9X9X9X9X9	X	X 999999999	13 999999999
14	X9X9X9X9X9X9X9X9X9X9	X	X 999999999	14 999999999
15	Total of amounts entered on line 2 through line 14			15 999999999
16	Total amounts from all additional pages (Form(s) 83-180)			16 999999999
17	Total extension payment (add line 15 and line 16; total should equal payment amount on line 1)			17 999999999

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.

Officer / Agent Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Mississippi
Application for Automatic Six-Month Extension
2013

FEIN 999999999

Table with 5 columns: NAME, FEIN, SSN, IDENTIFICATION NUMBER, AMOUNT OF PAYMENT. Contains multiple rows of placeholder data (X9) and a subtotal row at the bottom.