Form 83-180-11-5-1-000 (Rev. 08/11)

831801151000

Mississippi

Application for Automatic Six-Month Extension

Tax Year Beginning __ __ __ __ __ __ __ __ (m m d d y y y y)

Tax Year Ending __ __ __ __ __ __ __ __ (m m d d y y y y)

FEIN __ __ - __ __ __ __ __ __ __

MS Secretary of State ID __ __ __ __ __ __

Business Name and DBA

Address

City State Zip+4 –

Check All That Apply			
☐	C Corporation	☐	Initial Return
☐	S Corporation	☐	Final Return
☐	Partnership / LLC / LLP	☐	Composite Return

1. Extension Payment Amount

Enter the total amount of payment remitted by reporting entity for all members of affiliated group listed below. $ ___,___ ___ ___,___ ___ ___,___ ___ ___

	Affiliated Member Name	FEIN	SSN	Identification Number	Amount of Payment
	Reporting Entity				
2.		☐	☐	__ __ __ __ __ __ __ __ __	$ ___,___ ___ ___,___ ___ ___,___ ___ ___
	Affiliated Members				
3.		☐	☐	__ __ __ __ __ __ __ __ __	$ ___,___ ___ ___,___ ___ ___,___ ___ ___
4.		☐	☐	__ __ __ __ __ __ __ __ __	$ ___,___ ___ ___,___ ___ ___,___ ___ ___
5.		☐	☐	__ __ __ __ __ __ __ __ __	$ ___,___ ___ ___,___ ___ ___,___ ___ ___
6.		☐	☐	__ __ __ __ __ __ __ __ __	$ ___,___ ___ ___,___ ___ ___,___ ___ ___
7.		☐	☐	__ __ __ __ __ __ __ __ __	$ ___,___ ___ ___,___ ___ ___,___ ___ ___
8.		☐	☐	__ __ __ __ __ __ __ __ __	$ ___,___ ___ ___,___ ___ ___,___ ___ ___
9.		☐	☐	__ __ __ __ __ __ __ __ __	$ ___,___ ___ ___,___ ___ ___,___ ___ ___
10.		☐	☐	__ __ __ __ __ __ __ __ __	$ ___,___ ___ ___,___ ___ ___,___ ___ ___
11.		☐	☐	__ __ __ __ __ __ __ __ __	$ ___,___ ___ ___,___ ___ ___,___ ___ ___
12.		☐	☐	__ __ __ __ __ __ __ __ __	$ ___,___ ___ ___,___ ___ ___,___ ___ ___
13.		☐	☐	__ __ __ __ __ __ __ __ __	$ ___,___ ___ ___,___ ___ ___,___ ___ ___
14.		☐	☐	__ __ __ __ __ __ __ __ __	$ ___,___ ___ ___,___ ___ ___,___ ___ ___
15.		☐	☐	__ __ __ __ __ __ __ __ __	$ ___,___ ___ ___,___ ___ ___,___ ___ ___

16. Total of Amounts Entered on Lines 2 Through 15 $ ___,___ ___ ___,___ ___ ___,___ ___ ___

17. Total Amounts from All Additional Pages (Form(s) 83-180) $ ___,___ ___ ___,___ ___ ___,___ ___ ___

18. Total Extension Payment

(Add Lines 16 and 17. Should equal total amount of payment entered on Line 1.) $ ___,___ ___ ___,___ ___ ___,___ ___ ___

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

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

Form 83-180-11-5-2-000 (Rev. 08/11)

831801152000

Mississippi

Application for Automatic Six-Month Extension

FEIN __ __ - __ __ __ __ __ __ __

Affiliated Member Name	FEIN	SSN	Identification Number	Amount of Payment
	☐	☐		$
	☐	☐		$
	☐	☐		$
	☐	☐		$
	☐	☐		$
	☐	☐		$
	☐	☐		$
	☐	☐		$
	☐	☐		$
	☐	☐		$
	☐	☐		$
	☐	☐		$
	☐	☐		$
	☐	☐		$
	☐	☐		$
	☐	☐		$
	☐	☐		$
	☐	☐		$
	☐	☐		$
	☐	☐		$
	☐	☐		$
	☐	☐		$
	☐	☐		$
	☐	☐		$
	☐	☐		$
	☐	☐		$

Subtotal

(Add Lines and Enter Total Amount on Form 83-180, Line 17.) $

$