



MS

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	Check All That Apply	
Address	<input type="checkbox"/> C Corporation	<input type="checkbox"/> Initial Return
City State Zip+4	<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.

Affiliated Member Name	FEIN	SSN	Identification Number	Amount of Payment
Reporting Entity				
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
Affiliated Members				
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
9. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
10. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
11. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
12. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
13. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
14. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
15. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>

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**

