



MS

Mississippi Corporation Summary of Net Income Schedule 2012

FEIN _____

(ROUND TO NEAREST DOLLAR)

Column A	Column B		Column C
Corporation Name FEIN	Credit Code	Credit Amount	Net Income (Loss)
1. Reporting Corporation NAME: _____ FEIN: _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
2. Subsidiary Corporations NAME: _____ FEIN: _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
NAME: _____ FEIN: _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
NAME: _____ FEIN: _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
NAME: _____ FEIN: _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
NAME: _____ FEIN: _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
NAME: _____ FEIN: _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
3. Total Column B and Column C (Total of Credit Amounts Line 1 and Line 2, Column B and Total Net Taxable Income (Loss) from Column C)	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
4. Totals From Page 2 (Total of Column B and Column C From Additional Page(s) Form 83-310)	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
5. Total Income Tax Credits and Net Income (Loss) (Sum of Line 3 and Line 4. Enter the Total From Column B on Form 83-105, Page 1, Line 7. Enter the Total From Column C on Form 83-105, Page 1, Line 5. If Total Column C is Negative, Enter Zero on 83-105, Page 1, Line 5.)	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____



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NAME: _____ FEIN: _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
NAME: _____ FEIN: _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
NAME: _____ FEIN: _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
NAME: _____ FEIN: _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
NAME: _____ FEIN: _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
NAME: _____ FEIN: _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
NAME: _____ FEIN: _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Totals (Total of Column B and Column C. Enter on Form 83-310, Page 1, Line 4.)	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____