



Mississippi Pass-Through Entity Tax Return 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 _____

NAICS Code _____

Legal Name and DBA _____ Address _____ City _____ State _____ Zip+4 _____ County Code _____ Total Number of Mississippi K-1's _____	<table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/> Partnership / LLC / LLP (Federal 1065)</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/> S Corporation (Federal 1120-S)</td> </tr> <tr> <td style="text-align: center;">CHECK ALL THAT APPLY</td> <td style="text-align: center;">CHECK ONE</td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Composite Return <input type="checkbox"/> Amended Return <input type="checkbox"/> Final Return <input type="checkbox"/> Non Profit </td> <td style="vertical-align: top;"> <input type="checkbox"/> 100% Mississippi <input type="checkbox"/> Multistate Apportioning <input type="checkbox"/> Multistate Direct Accounting </td> </tr> </table>	<input type="checkbox"/> Partnership / LLC / LLP (Federal 1065)	<input type="checkbox"/> S Corporation (Federal 1120-S)	CHECK ALL THAT APPLY	CHECK ONE	<input type="checkbox"/> Composite Return <input type="checkbox"/> Amended Return <input type="checkbox"/> Final Return <input type="checkbox"/> Non Profit	<input type="checkbox"/> 100% Mississippi <input type="checkbox"/> Multistate Apportioning <input type="checkbox"/> Multistate Direct Accounting
<input type="checkbox"/> Partnership / LLC / LLP (Federal 1065)	<input type="checkbox"/> S Corporation (Federal 1120-S)						
CHECK ALL THAT APPLY	CHECK ONE						
<input type="checkbox"/> Composite Return <input type="checkbox"/> Amended Return <input type="checkbox"/> Final Return <input type="checkbox"/> Non Profit	<input type="checkbox"/> 100% Mississippi <input type="checkbox"/> Multistate Apportioning <input type="checkbox"/> Multistate Direct Accounting						

**If issuing 100 or more K-1's, this return must be filed electronically.
See www.dor.ms.gov for information.**

S CORPORATION FRANCHISE TAX (ROUND TO THE NEAREST DOLLAR)

1 Taxable capital (from Form 84-110, line 19)	1	_____ .00
2 Franchise tax (minimum tax \$25) <input type="checkbox"/> Fee-In-Lieu	2	_____ .00
3 Franchise tax credit (from Form 84-401, line 1)	3	_____ .00
4 Net franchise tax due (line 2 minus line 3)	4	_____ .00

COMPOSITE INCOME TAX

5 Mississippi net taxable income (from Form 84-122, line 32)	5	_____ .00
6 Income tax	6	_____ .00
7 Income tax credits (from Form 84-401, line 3)	7	_____ .00
8 Net income tax due (line 6 minus line 7)	8	_____ .00

PAYMENTS AND TAX DUE

9 Total franchise and/or income tax (S corporations use line 4 only; composite S corporations use line 4 plus line 8; composite partnerships use line 8 only)	9	_____ .00
10 Overpayments from prior year	10	_____ .00
11 Estimated tax payments and payment with extension	11	_____ .00
12 Total payments (line 10 plus line 11)	12	_____ .00
13 Net total franchise and/or income tax (line 9 minus line 12)	13	_____ .00
14 Interest and penalty on underestimated income tax payments (composite S corporations and composite partnerships only; from Form 83-305, line 17)	14	_____ .00
15 Late payment interest	15	_____ .00
16 Late payment penalty	16	_____ .00



Mississippi Pass-Through Entity Schedule 2013

FEIN _____

PART III Q-SUB/DISREGARDED ENTITY SCHEDULE

List all qualified subchapter S subsidiaries (Q-Sub) and/or disregarded entities. Attach additional schedule(s), Form 84-105, page 4, if needed.

ENTITY NAME	FEIN	ADDRESS	MISSISSIPPI OPERATIONS (Y/N)

PART IV ENTITY OFFICER INFORMATION

List the owners, officers, directors, or partners who have a responsibility in the fiscal management of the organization.

OFFICER NAME AND TITLE	SSN	ADDRESS	OWNERSHIP PERCENTAGE

Check box if return may be discussed with preparer.

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Officer Signature and Title	Date	Business Phone
Paid Preparer Signature	Date	Paid Preparer Address
Paid Preparer PTIN	Paid Preparer Phone	City State Zip Code



Mississippi Supplemental Pass-Through Entity Schedule 2013

FEIN _____

PASS-THROUGH ENTITY SCHEDULE

List all pass-through entities in Mississippi that the S corporation / Partnership invested in during the tax year, continued from page 2, part II.

ENTITY NAME	FEIN	ADDRESS	ENTITY TYPE

Q-SUB/DISREGARDED ENTITY SCHEDULE

List all qualified subchapter S subsidiaries (Q-Sub) and/or disregarded entities, continued from page 3, part III.

ENTITY NAME	FEIN	ADDRESS	MISSISSIPPI OPERATIONS (Y/N)



**Mississippi
Pass-Through Entity Schedule
2013**

FEIN 999999999

PART III Q-SUB/DISREGARDED ENTITY SCHEDULE

List all qualified subchapter S subsidiaries (Q-Sub) and/or disregarded entities. Attach additional schedule(s), Form 84-105, page 4, if needed.

ENTITY NAME	FEIN	ADDRESS	MISSISSIPPI OPERATIONS (Y/N)
X9X9X9X9X9X9X9X9X9X9	999999999	X9X9X9X9X9X9X9X9X9X9	X
X9X9X9X9X9X9X9X9X9X9	999999999	X9X9X9X9X9X9X9X9X9X9	X
X9X9X9X9X9X9X9X9X9X9	999999999	X9X9X9X9X9X9X9X9X9X9	X
X9X9X9X9X9X9X9X9X9X9	999999999	X9X9X9X9X9X9X9X9X9X9	X
X9X9X9X9X9X9X9X9X9X9	999999999	X9X9X9X9X9X9X9X9X9X9	X
X9X9X9X9X9X9X9X9X9X9	999999999	X9X9X9X9X9X9X9X9X9X9	X
X9X9X9X9X9X9X9X9X9X9	999999999	X9X9X9X9X9X9X9X9X9X9	X
X9X9X9X9X9X9X9X9X9X9	999999999	X9X9X9X9X9X9X9X9X9X9	X
X9X9X9X9X9X9X9X9X9X9	999999999	X9X9X9X9X9X9X9X9X9X9	X
X9X9X9X9X9X9X9X9X9X9	999999999	X9X9X9X9X9X9X9X9X9X9	X
X9X9X9X9X9X9X9X9X9X9	999999999	X9X9X9X9X9X9X9X9X9X9	X
X9X9X9X9X9X9X9X9X9X9	999999999	X9X9X9X9X9X9X9X9X9X9	X

PART IV ENTITY OFFICER INFORMATION

List the owners, officers, directors, or partners who have a responsibility in the fiscal management of the organization.

OFFICER NAME AND TITLE	SSN	ADDRESS	OWNERSHIP PERCENTAGE
XXXXXXXXXXXXXXXXXXXXXXX	999999999	X9X9X9X9X9X9X9X9X9X9	999.9999
XXXXXXXXXXXXXXXXXXXXXXX	999999999	X9X9X9X9X9X9X9X9X9X9	999.9999
XXXXXXXXXXXXXXXXXXXXXXX	999999999	X9X9X9X9X9X9X9X9X9X9	999.9999
XXXXXXXXXXXXXXXXXXXXXXX	999999999	X9X9X9X9X9X9X9X9X9X9	999.9999

Check box if return may be discussed with preparer.

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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Officer Signature and Title		Date	Business Phone	
Paid Preparer Signature		Date	Paid Preparer Address	
999999999				
Paid Preparer PTIN	Paid Preparer Phone	City	State	Zip Code



Mississippi Supplemental Pass-Through Entity Schedule 2013

FEIN

PASS-THROUGH ENTITY SCHEDULE

List all pass-through entities in Mississippi that the S corporation / Partnership invested in during the tax year, continued from page 2, part II.

Table with 4 columns: ENTITY NAME, FEIN, ADDRESS, ENTITY TYPE. Contains 10 rows of placeholder data (X9X9X9X9X9X9X9X9X9X9).

Q-SUB/DISREGARDED ENTITY SCHEDULE

List all qualified subchapter S subsidiaries (Q-Sub) and/or disregarded entities, continued from page 3, part III.

Table with 4 columns: ENTITY NAME, FEIN, ADDRESS, MISSISSIPPI OPERATIONS (Y/N). Contains 10 rows of placeholder data with 'X' in the operations column.