Form 84-105-11-5-1-000 (Rev. 08/11)

841051151000

Mississippi
Pass-Through Entity Tax Return
2011

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 __ __ __ __ __ __

NAICS Code __ __ __ __ __ __

Business Name and DBA

Address

City State Zip+4

☐ **Partnership / LLC / LLP (Federal 1065)**

☐ **S-Corporation (Federal 1120-S)**

Check All That Apply

☐ Composite Return ☐ 100% Mississippi

☐ Amended Return ☐ Multistate Apportioning

☐ Final Return ☐ Multistate Direct Accounting

County Code __ __

Number of Mississippi Resident Owners / Shareholders ☐

Number of Mississippi Non-Resident Owners / Shareholders ☐

Total Number of Mississippi K-1's ☐

S-CORPORATION FRANCHISE TAX

(ROUND TO NEAREST DOLLAR)

1. Taxable Capital (From Form 84-110, Line 19) — 1. ___,___ ___ ___,___ ___ ___,___ ___ ___
2. Franchise Tax ☐ Fee-In-Lieu — 2. ___,___ ___ ___,___ ___ ___,___ ___ ___
3. Franchise Tax Credit (From Form 84-401, Line 1) — 3. ___,___ ___ ___,___ ___ ___,___ ___ ___
4. Net Franchise Tax Due (Line 2 Minus Line 3) **Minimum Tax $25** — 4. ___,___ ___ ___,___ ___ ___,___ ___ ___

COMPOSITE INCOME TAX

5. Mississippi Net Taxable Income (From Form 84-122, Line 32) — 5. ___,___ ___ ___,___ ___ ___,___ ___ ___
6. Income Tax — 6. ___,___ ___ ___,___ ___ ___,___ ___ ___
7. Income Tax Credits (From Form 84-401, Line 3) — 7. ___,___ ___ ___,___ ___ ___,___ ___ ___
8. Net Income Tax Due (Line 6 Minus Line 7) — 8. ___,___ ___ ___,___ ___ ___,___ ___ ___

PAYMENTS AND TAX DUE

9. Total Franchise and/or Income Tax (For S-Corporations, Line 4; S-Corporation Composite, Line 4 Plus Line 8.) (For Composite Partnerships, Line 8 Only) — 9. ___,___ ___ ___,___ ___ ___,___ ___ ___
10. Overpayments From Prior Year — 10. ___,___ ___ ___,___ ___ ___,___ ___ ___
11. Estimated Tax Payments and Payment with Extension — 11. ___,___ ___ ___,___ ___ ___,___ ___ ___
12. Total Payments (Line 10 Plus Line 11) — 12. ___,___ ___ ___,___ ___ ___,___ ___ ___
13. Net Total Franchise and/or Income Tax (Line 9 Minus Line 12) — 13. ___,___ ___ ___,___ ___ ___,___ ___ ___
14. Interest and Penalty on Underestimated Income Tax Payments (Composite S-Corporations and Composite Partnerships Only) — 14. ___,___ ___ ___,___ ___ ___,___ ___ ___
15. Late Payment Interest — 15. ___,___ ___ ___,___ ___ ___,___ ___ ___
16. Late Payment Penalty — 16. ___,___ ___ ___,___ ___ ___,___ ___ ___
17. Late Filing Penalty — 17. ___,___ ___ ___,___ ___ ___,___ ___ ___
18. **TOTAL BALANCE DUE** (Tax, Penalty and Interest) (If Line 9 is Larger than Line 12, Add Line 13 Through Line 17.) Attach Payment Voucher, Form 84-300, with Check or Money Order for Balance Due. — 18. ___,___ ___ ___,___ ___ ___,___ ___ ___
19. **TOTAL OVERPAYMENT** of Income and /or Franchise Tax (If Line 12 is Larger Than Line 9; Line 9 Minus Line 12) — 19. ___,___ ___ ___,___ ___ ___,___ ___ ___
20. **Overpayment CREDITED to Next Year** (From Line 19) — 20. ___,___ ___ ___,___ ___ ___,___ ___ ___
21. **Overpayment to Be REFUNDED** (Line 19 Minus Line 20) — 21. ___,___ ___ ___,___ ___ ___,___ ___ ___

Form 84-105-11-5-2-000 (Rev. 08/11)

841051152000

Mississippi
Pass-Through Entity Tax Return
2011

FEIN __ __ - __ __ __ __ __ __ __

PART I ENTITY INFORMATION

1. If final return, indicate if the company has been: ☐ Dissolved ☐ Sold/Merged ☐ Incorporated
   If the company has been dissolved, sold, merged or incorporated, complete the following:
   ∉ Nature of change _____
   ∉ Name, FEIN/SSN and address of new company, corporation or owner(s). Attach schedule if needed.
   _____
   _____ FEIN / SSN _____
2. If amended return, check reason. ☐ Mississippi Correction ☐ Federal Correction (Amended Federal 1065 / 1120S, Federal Audit (RAR)) ☐ Other _____
   Attach statement of explanation, if needed.
3. If a partnership or LLC, has a federal election been made to file as a corporation? ☐ Yes ☐ No
4. Check if the company has been audited by the IRS. ☐ If the company has been audited, what year(s) are involved? _____

PART II PASS-THROUGH ENTITY SCHEDULE

List All Pass-Through Entities in Mississippi that the S-Corporation / Partnership invested in during the tax year. Attach additional schedule, Form 84-105, page 3, if needed.

Entity Name	FEIN	Address	Entity Type (Corporation, LLC, Etc...)

PART III Q-SUB / DISREGARDED ENTITY SCHEDULE

List All Qualified Subchapter Subsidiaries (Q-Sub) and/or Disregarded Entities. Attach additional schedule, Form 84-105, page 3, 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	Address	SSN	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 Firm Identification Number | Paid Preparer PTIN | Preparer Phone

Mail Return To: DEPARTMENT OF REVENUE P.O. BOX 23050 JACKSON, MS 39225-3050

Form 84-105-11-5-3-000 (Rev. 08/11)

841051153000

Mississippi
Supplemental Pass-Through Entity Schedule
2011

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) / Disregarded Entities. Continued from page 2, part III.

Entity Name	FEIN	Address	Mississippi Operations

Form 84-105-11-5-4-000 (Rev. 08/11)

841051154000

Mississippi
Supplemental Pass-Through Entity Schedule
2011

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) / Disregarded Entities. Continued from page 2, part III.

Entity Name	FEIN	Address	Mississippi Operations