



Mississippi Corporate Income and Franchise Tax Return 2024

Tax Year Beginning _____
mm dd yyyy

Tax Year Ending _____
mm dd yyyy

FEIN _____

Mississippi Secretary of State ID _____

| Legal Name and DBA | CHECK ALL THAT APPLY | CHECK ONE |
|-------------------------------------|---|--|
| Address _____ | <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 |
| City _____ State _____ Zip +4 _____ | | |
| County Code _____ NAICS Code _____ | | |

FRANCHISE TAX **(ROUND TO THE NEAREST DOLLAR)**

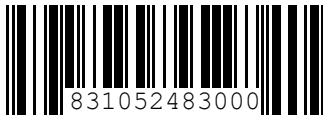
| | | |
|--|---|-----------|
| 1 Taxable capital (from Form 83-110, line 18) | 1 | _____ .00 |
| 2 Franchise tax (minimum tax \$25) <input type="checkbox"/> Fee-In-Lieu | 2 | _____ .00 |
| 3 Franchise tax credit (from Form 83-401, line 1) | 3 | _____ .00 |
| 4 Net franchise tax due (line 2 minus line 3) | 4 | _____ .00 |

INCOME TAX

| | | |
|---|---|-----------|
| <input type="checkbox"/> Combined income tax return (enter FEIN of reporting corporation) _____ | | |
| 5 Mississippi net taxable income (from Form 83-122, line 30 or Form 83-310, line 5, column C) | 5 | _____ .00 |
| 6 Income tax | 6 | _____ .00 |
| 7 Income tax credits (from Form 83-401, line 3 or Form 83-310, line 5, column B) | 7 | _____ .00 |
| 8 Net income tax due (line 6 minus line 7) | 8 | _____ .00 |

PAYMENTS AND TAX DUE

| | | |
|---|----|-----------|
| 9 Total franchise and income tax (line 4 plus line 8) | 9 | _____ .00 |
| 10 Overpayments from prior year | 10 | _____ .00 |
| 11 Estimated tax payments and payment with extension | 11 | _____ .00 |
| 12 Credit for tax paid on an electing Pass-Through Entity Tax Return (from Form 84-161, line 3D; must attach K-1(s) received from electing pass-through entities) | 12 | _____ .00 |
| 13 Total payments (line 10 plus line 11 and line 12) | 13 | _____ .00 |
| 14 Net total franchise tax and/or income tax (line 9 minus line 13) | 14 | _____ .00 |
| 15 Interest and penalty on underestimated income tax payments (from Form 83-305, line 19) | 15 | _____ .00 |
| 16 Late payment interest | 16 | _____ .00 |



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FEIN _____

PART III: CORPORATE AFFILIATION SCHEDULE

List all entities owned by and affiliated with the corporation. See page 4 for supplemental schedule if needed.

| ENTITY NAME | FEIN | ADDRESS | ENTITY TYPE |
|-------------|------|---------|-------------|
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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 |

Mail Return To: Department of Revenue P.O. Box 23191 Jackson, MS 39225-3191



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FEIN _____

SUPPLEMENTAL CORPORATE AFFILIATION SCHEDULE

List all entities owned by and affiliated with the corporation. Continued from page 3, part III.

| ENTITY NAME | FEIN | ADDRESS | ENTITY TYPE |
|-------------|------|---------|-------------|
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