



Mississippi Pass-Through Entity Tax Return 2024

Tax Year Beginning _____
mm dd yyyy

Tax Year Ending _____
mm dd yyyy

FEIN _____

Mississippi Secretary of State ID _____

NAICS Code _____

Legal Name and DBA _____ Address _____ City _____ State _____ Zip +4 _____ County Code _____ Total Number of Mississippi K-1s _____	<table style="width: 100%; border-collapse: collapse;"> <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 style="background-color: #cccccc;"> <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"/> Electing Pass-Through Entity <input type="checkbox"/> Composite Return <input type="checkbox"/> Amended Return <input type="checkbox"/> Final Return </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"/> Electing Pass-Through Entity <input type="checkbox"/> Composite Return <input type="checkbox"/> Amended Return <input type="checkbox"/> Final Return	<input type="checkbox"/> 100% Mississippi <input type="checkbox"/> Multistate Apportioning <input type="checkbox"/> Multistate Direct Accounting
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If issuing 100 or more K-1s, this return must be filed electronically.

S CORPORATION FRANCHISE TAX (ROUND TO THE NEAREST DOLLAR)

1 Taxable capital (from Form 84-110, line 18)	1	_____ .00
2 Franchise tax (minimum tax \$25) <input type="checkbox"/> Fee-In-Lieu	2	_____ .00
3 Franchise tax credit (from Form 84-401, line 1)	3	_____ .00
4 Net franchise tax due (line 2 minus line 3)	4	_____ .00

COMPOSITE / ELECTING PASS-THROUGH ENTITY INCOME TAX

5 Mississippi net taxable income (from Form 84-122, line 32 (composite) or line 35 (electing pass-through entity))	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 tax (S corporations only) and/or income tax (composite or electing pass-through entity), (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 or Form 80-320, line 11 (composite partnerships only), see instructions)	15	_____ .00
16 Late payment interest	16	_____ .00



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- 17 Late payment penalty 17 _____ .00
- 18 Late filing penalty (minimum income tax penalty \$100) 18 _____ .00
- 19 Total balance due (if line 9 is larger than line 13, add line 14 through line 18) 19 _____ .00
- 20 Total overpayment (if line 13 is larger than line 9 plus line 15, subtract line 9 and line 15 from line 13) 20 _____ .00
- 21 Overpayment credited to next year (from line 20) 21 _____ .00
- 22 Overpayment to be refunded (line 20 minus line 21) 22 _____ .00

PART I: ENTITY INFORMATION

- 1 If final return, enter reason and date effective: _____ Date _____
- 2 If the entity has been sold, merged, incorporated, or elected to become a Qualified Sub-Chapter S Subsidiary (QSSS), or converted to a Single-Member LLC (SMLLC), complete the following: Name, address and FEIN of the new existing corporation, parent of QSSS or owner of the SMLLC:
 _____ FEIN _____
- 3 If amended return, check reason. Mississippi Correction Federal Correction Other _____
- 4 If a partnership or LLC, has a federal election been made to file as a corporation? Yes No
- 5 Check if the company has been audited by the IRS. If the company has been audited, what year(s) are involved? _____
- 6 Principal business activity in Mississippi _____ 6a County location in Mississippi _____
- 7 Principal product or service in Mississippi _____
- 8 Contact person for this return _____ 8a Location and phone number _____

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(s), Form 84-105, page 4, if needed.

ENTITY NAME	FEIN	ADDRESS	ENTITY TYPE





Mississippi Pass-Through Entity Schedule 2024

FEIN _____

PART III Q-SUBS/DISREGARDED ENTITY SCHEDULE

List all qualified subchapter S subsidiaries (Q-Subs) 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

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



Mississippi Supplemental Pass-Through Entity Schedule 2024

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-SUBS/DISREGARDED ENTITY SCHEDULE

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

ENTITY NAME	FEIN	ADDRESS	MISSISSIPPI OPERATIONS (Y/N)