

# Mississippi S-Corporation Income and Franchise Tax Return 2010

# WCA



For Fiscal Year Beginning \_\_\_/\_\_\_/\_\_\_ and Ending ► [ ] FEIN ► [ ] - [ ]

Name of Corporation [ ]

Mailing Address (PO Box or Street Including Rural Route) [ ]

City [ ] State [ ] Zip + 4 [ ] County Code [ ]

Filing Status

Check All That Apply:  Final Return  Short Year Return  Address Change  Growth and Prosperity (GAP) (See Instructions)

Check One:  100% Mississippi  Multistate Apportioning  Multistate Direct Accounting Is This a Composite Return?  Yes  No

Number of Schedule K-1's Attached: [ ]

Date of Election as an S-Corporation: [ ]

Number of Shareholders at End of Tax Year: [ ]

Franchise and Income Tax Composite Only

1. Taxable Capital (From Form 83-110, Line 18) 1. ► [ ]

2a. Franchise Tax Due (From Form 83-110, Line 19) Minimum Tax of \$25 2a. [ ]

2b. Franchise Tax Credit ► [ ] \$ [ ] ► [ ] \$ [ ]  
(From Form 83-401, Enter credit code and amount) 2b. [ ]

2c. Net Franchise Tax Due 2c. [ ]

3. If this corporation is the owner of a QSSS or a SMLLC doing business in Mississippi, enter the name and FEIN of the QSSS or the SMLLC. If more than one, attach list. 3. ► FEIN [ ] - [ ]  
Name [ ]

4. Mississippi Net Taxable Income (Enter ZERO, unless filing composite return) Composite Filers enter amount from Form 85-122, Line 20. 4. ► [ ]

5. Total Income Tax (Composite Return Only, See Instructions) 5. [ ]

6a. Ad Valorem Tax Credit (From Form 83-401, Schedule A) (Composite Only) 6a. ► [ ]

6b. Other Credits (From Form 83-401, Line H, Schedule B) (Composite Only) (Enter Credit Code and amount.)  
► [ ] \$ [ ] ► [ ] \$ [ ] ► [ ] \$ [ ] 6b. [ ]

Round All Amounts to the Nearest Dollar

7. Balance of Income Tax Due (Line 5 Minus Line 6a and Line 6b) (Composite Only) 7. [ ]

8. Total Franchise and Income Tax Due (Line 2c Plus Line 7 if filing Composite) 8. [ ]

9. Interest and Penalty on Underestimated Income Tax Payments (Must Attach Form 83-305) 9. ► [ ]

10. Total of Lines 8 and 9 10. [ ]

11. Overpayments from Prior Year 11. [ ]

12. Estimated Tax Payments and Payment with Extension 12. [ ]

13. Total Payments (Line 11 Plus Line 12) 13. [ ]

14. If Line 10 is Larger than Line 13, Enter Balance Due. (Line 10 Minus Line 13) 14. [ ]

15. Late Payments - Interest @ 1% Per Month and Penalty @ 1/2% Per Month, Late or Non-Filer Fee \$100.00 (See Instructions) 15. ► [ ]

16. Amount Paid with this Return. (Line 14 plus Line 15) Make Payable to: Department of Revenue AMOUNT PAID 16. ► [ ]

17. If Line 13 is Larger than Line 10, Enter Amount of Overpayment. 17. [ ]

18. Amount of Overpayment (Line 17) to be Refunded REFUND 18. ► [ ]

19. Amount of Overpayment (Line 17) to be Credited to Next Year 19. ► [ ]

Payments and Tax Due

Please check this box if return may be discussed with preparer.

I declare, under the penalties of perjury, that this return (including any accompanying schedules) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Officer Signature and Title [ ]

Date [ ]

( ) Tax Department Phone

Paid Preparer Signature [ ]

Date [ ]

Paid Preparer Address [ ]

Paid Firm Identification Number [ ]

Paid Preparer Social Security Number or PTIN [ ]

( ) Preparer Phone



# Mississippi S-Corporation Income and Franchise Tax Return 2010

### Corporate Information

- 1. DBA \_\_\_\_\_
- 2. County locations in Mississippi \_\_\_\_\_
- 3. Principal business activity in Mississippi \_\_\_\_\_
- 4. Principal business activity everywhere \_\_\_\_\_
- 5. Principal product or service in Mississippi \_\_\_\_\_
- 6. Principal product or service everywhere \_\_\_\_\_
- 7. Contact person for this return \_\_\_\_\_
- 8. Contact person's location and phone \_\_\_\_\_ ( ) \_\_\_\_\_

9. If final return, check reason and enter date effective: \_\_\_\_\_ Date \_\_\_\_\_

- Dissolving Mississippi Corporation
- Withdrawing Non-Mississippi Corporation from State
- Sold MS Assets
- Merged
- S-Status Terminated
- Other : \_\_\_\_\_

If you checked Sold or Merged, provide the following:  
New company or owner's name and address.

FEIN \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Former owner's forwarding address \_\_\_\_\_

Phone ( ) \_\_\_\_\_

- 10. Is this corporation a partner/member in a partnership, LLP or LLC doing business in Mississippi?  
If Yes, must attach Mississippi Form K-1(s).  Yes  No
- 11. Has the corporation filed amended federal returns in the last three years?  
If Yes, list years. \_\_\_\_\_  Yes  No
- 12. Has the IRS made any changes to your taxable income in the last three years?  
If Yes, list years. \_\_\_\_\_  Yes  No
- 13. If Line 11 and/or Line 12 was checked "Yes", has the corporation filed Mississippi amended returns for all years for which amended Federal return(s) were filed or changes to taxable income were made by the IRS?  Yes  No

### List of Officers - This schedule MUST be completed

President: Name and Home Address	Social Security Number	Ownership Percentage
_____	_____ - _____ - _____	_____ %
	Salary	_____
Vice President: Name and Home Address	Social Security Number	Ownership Percentage
_____	_____ - _____ - _____	_____ %
	Salary	_____
Treasurer: Name and Home Address	Social Security Number	Ownership Percentage
_____	_____ - _____ - _____	_____ %
	Salary	_____
Secretary: Name and Home Address	Social Security Number	Ownership Percentage
_____	_____ - _____ - _____	_____ %
	Salary	_____