

# Mississippi S-Corporation Income and Franchise Tax Return 1999

# 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

(See Instructions)

Check All That Apply:  Final Return (File Form 83-375)  Amended Return  Short Year Return  Address Change

Check All That Apply:  100% Mississippi  Multistate Direct Accounting  Multistate Apportioning  Composite Return

Date of Election as an S-Corporation:

Number of Shareholders at End of Tax year:

### FRANCHISE AND INCOME TAX

- 1. Taxable Capital (From Form 83-110, Line 17.) 1
- 2. Franchise Tax Due (From Form 83-110, Line 20). Minimum tax of \$25.
- 3. Is this S-Corporation a Qualified Subchapter S Subsidiary (QSSS) of another corporation?  
 Yes  No If YES, enter Name and FEIN of the parent corporation. 5

Name: \_\_\_\_\_

**Whole Dollars Only**

- 4. Mississippi Net Taxable Income (If Loss Enter Zero)(From Form 85-122, Line 27.) 6
- 5. Total Income Tax (See Instructions)
- 6. Credits: a. Ad Valorem Tax Credit (From Form 83-401, Schedule A.) 22
- b. Other Credits (From Form 83-401, Line H, Schedule B.)
- 7. Balance of Income Tax Due (Line 5 Minus Line 6a and Line 6b.)
- 8. Total Franchise and Income Tax Due. (Line 2 Plus Line 7.)
- 9. Interest & Penalty on Underestimated Income Tax Payments. (Attach Form 83-305) 26
- 10. Total of Lines 8 and 9.

### PAYMENTS and TAX DUE

- 11. Overpayments from Prior Year.
- 12. Estimated Tax Payments and Payments with Extensions.
- 13. Total Payments (Line 11 Plus Line 12.)
- 14. If Line 10 is Larger than Line 13, Enter Balance Due. (Line 10 Minus Line 13.)
- 15. **Late Payments - Interest @ 1% Per Month and Penalty @ 1/2% Per Month.** (See Instructions) 29
- 16. **Amount Paid with this Return.** (Line 14 plus Line 15) **AMOUNT PAID** 31
- 17. If Line 13 is Larger than Line 10, Enter Amount of Overpayment. (Line 13 minus Line 10.)
- 18. **Amount of Overpayment (Line 17) to be Refunded.** **REFUND** 33
- 19. **Amount of Overpayment (Line 17) to be Credited to Next Year.** 34

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.

Check To: **State Tax Commission**  
Mail To: **P.O. Box 23050**  
**Jackson, MS 39225-3050**

\_\_\_\_\_  
Officer's Signature Date

\_\_\_\_\_  
Officer's Title ( )  
Tax Department Phone

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## S-Corporation 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 amended return, check reason:

<input type="checkbox"/> Mississippi correction only	<input type="checkbox"/> Amended Federal Form 1120S (attach copy)	<input type="checkbox"/> Federal RAR (attach applicable copies)	<input type="checkbox"/> Other: _____
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10. If final return, check reason and enter date effective:      Date \_\_\_\_\_

<input type="checkbox"/> Dissolving Mississippi Corporation	<input type="checkbox"/> Non-Mississippi Corporation Withdrawing from State	<input type="checkbox"/> Sold	<input type="checkbox"/> Merged
<input type="checkbox"/> S-Status Terminated	<input type="checkbox"/> 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 (    ) _____
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11. Is this corporation a partner in a partnership, LLP or LLC doing business in Mississippi? <b>If Yes, attach MS Forms K-1.</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
12. Are you a parent of a QSSS? If yes, list on a separate schedule the Name and FEIN of the QSSS(s).	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
13. Has the corporation filed amended federal returns in the last three years? If Yes, list years _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14. Has the IRS made any changes to your taxable income in the last three years? If Yes, list years _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
15. If Line 13 and/or Line 14 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?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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 _____		

Paid Preparer's Signature	Date	Paid Preparer's Address
Paid Firm's Identification Number or PTIN	<b>OR</b>	Paid Preparer's Social Security Number or PTIN
		Preparer's Phone (    ) _____