

Mississippi
**Application for Automatic Six-Month Extension
for Corporate Income and Franchise Tax Return**

WCC

An automatic 6-month extension of time will be allowed if Form 83-180 is properly filed by the due date with all required taxes remitted. Additional extensions of time beyond the 6-month automatic extension will not be granted. The State Tax Commission will not return a confirmation. Retain a copy of this form to attach to your income tax return when filed.

Calendar Year <u>00</u>	Or	Fiscal Year Ending <u>00</u>	FEIN <u>00</u>
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Name of Corporation

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Mailing Address

City	State	ZIP + 4	Telephone
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1. If this tax year is for less than 12 months, enter date tax year begins _____ and ends _____

Check reason: ☐ Initial Return ☐ Final Return ☐ Change in Accounting Period ☐ Other _____
Approved

Question 2 is to be completed by a corporation **not** included in a combined or consolidated return, or the reporting corporation in a combined return or consolidated return.

Whole Dollars Only

2. a. Tentative Amount of Income Tax for the Year. \$ _____
b. Less: Previous Payments and Credits. _____
c. Balance of Income Tax Due (Line 2a. minus Line 2b.) _____
d. Tentative Amount of Franchise Tax for the Year. (Minimum \$25.00) _____
e. Tentative Amount of Income and Franchise Tax Paid with this Extension. (Line 2c. plus Line 2d.) _____

Question 3 is to be completed **only** if a combined or consolidated return is filed. This section is for the Franchise Tax paid with the extension for the affiliated corporations, but not the reporting corporation, included in a combined return. The amount of this payment for each member should be claimed on each member's individual Franchise Tax Return when filed. **NOTE: Do not attach a list.** Use Additional Schedule on Page 2 and Form 83-181 if needed.

3. Name of Other Members of an Affiliated Group	Federal Employer Identification Number	Tentative Amount of Franchise Tax
(Minimum \$25.00 Per Corporation)		
\$	\$	
\$	\$	
\$	\$	
\$	\$	
\$	\$	
\$	\$	
\$	\$	
\$	\$	
\$	\$	

4. Total (Line(s) 3 plus amounts from Additional Schedule on Page 2 and any Form(s) 83-181.)

5. Total Payment with this Extension. (Line 2(e) plus Line 4) **(Make payment to State Tax Commission)**

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

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.

Signature of Officer or Agent

Title

Date

Enter additional names of other members of an affiliated group below. Contact the State Tax Commission for Form 83-181 if additional space is needed.

[illegible]

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