



# Mississippi Application for Automatic Extension 2022

08 Tax Year Beginning 99999999

Tax Year Ending 99999999

10 FEIN 9999999999

Mississippi Secretary of State ID 9999999999

12 Legal Name and DBA  
13 X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X

14 Address  
15 X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X

16  
17 X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X

18 City State Zip+4  
19 X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X XX 9999999999

| CHECK ALL THAT APPLY                |                              |
|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> | Initial Return               |
| <input checked="" type="checkbox"/> | C Corporation                |
| <input checked="" type="checkbox"/> | Final Return                 |
| <input checked="" type="checkbox"/> | S Corporation                |
| <input checked="" type="checkbox"/> | Composite Return             |
| <input checked="" type="checkbox"/> | Partnership / LLC / LLP      |
| <input checked="" type="checkbox"/> | Electing Pass-Through Entity |

21 **1 Extension payment amount**  
22 Enter the total amount of payment remitted by the reporting entity for all members of affiliated group listed below. 9999999999

| NAME                                                                                              | FEIN | SSN | IDENTIFICATION NUMBER | AMOUNT OF PAYMENT |
|---------------------------------------------------------------------------------------------------|------|-----|-----------------------|-------------------|
| 2 X9X9X9X9X9X9X9X9X9X9                                                                            | X    | X   | 9999999999            | 2 9999999999      |
| 3 X9X9X9X9X9X9X9X9X9X9                                                                            | X    | X   | 9999999999            | 3 9999999999      |
| 4 X9X9X9X9X9X9X9X9X9X9                                                                            | X    | X   | 9999999999            | 4 9999999999      |
| 5 X9X9X9X9X9X9X9X9X9X9                                                                            | X    | X   | 9999999999            | 5 9999999999      |
| 6 X9X9X9X9X9X9X9X9X9X9                                                                            | X    | X   | 9999999999            | 6 9999999999      |
| 7 X9X9X9X9X9X9X9X9X9X9                                                                            | X    | X   | 9999999999            | 7 9999999999      |
| 8 X9X9X9X9X9X9X9X9X9X9                                                                            | X    | X   | 9999999999            | 8 9999999999      |
| 9 X9X9X9X9X9X9X9X9X9X9                                                                            | X    | X   | 9999999999            | 9 9999999999      |
| 10 X9X9X9X9X9X9X9X9X9X9                                                                           | X    | X   | 9999999999            | 10 9999999999     |
| 11 X9X9X9X9X9X9X9X9X9X9                                                                           | X    | X   | 9999999999            | 11 9999999999     |
| 12 X9X9X9X9X9X9X9X9X9X9                                                                           | X    | X   | 9999999999            | 12 9999999999     |
| 13 X9X9X9X9X9X9X9X9X9X9                                                                           | X    | X   | 9999999999            | 13 9999999999     |
| 14 X9X9X9X9X9X9X9X9X9X9                                                                           | X    | X   | 9999999999            | 14 9999999999     |
| 15 Total of amounts entered on line 2 through line 14                                             |      |     | 15 9999999999         |                   |
| 16 Total amounts from all supplemental pages (Form(s) 83-180)                                     |      |     | 16 9999999999         |                   |
| 17 Total extension payment (add line 15 and line 16; total should equal payment amount on line 1) |      |     | 17 9999999999         |                   |

59 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.

61 Officer / Agent Signature Title Date



Mississippi Application for Automatic Extension 2022

04 05 06 07 08 FEIN 999999999

Table with 5 columns: NAME, FEIN, SSN, IDENTIFICATION NUMBER, AMOUNT OF PAYMENT. Contains 48 rows of data and a subtotal row at the bottom.