Form 84-105-25-3-1-000 (Rev. 09/25)

841052531000

Mississippi
Pass-Through Entity Tax Return
2025

Tax Year Beginning 99999999 Tax Year Ending 99999999

FEIN 999999999 Mississippi Secretary of State ID 9999999999 NAICS Code 999999

Legal Name and DBA
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X

Address
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X

City X9X9X9X9X9X9X9X9X9X9X9 State XX Zip +4 999999999

County Code 99 Total Number of Mississippi K-1s 999

If issuing 100 or more K-1s, this return must be filed electronically.

X **Partnership / LLC / LLP (Federal 1065)**

X **S Corporation (Federal 1120-S)**

CHECK ALL THAT APPLY	CHECK ONE
X Electing Pass-Through Entity	X 100% Mississippi
X Composite Return	X Multistate Apportioning
X Amended Return	X Multistate Direct Accounting
X Final Return	

S CORPORATION FRANCHISE TAX (ROUND TO THE NEAREST DOLLAR)

1	Taxable capital (from Form 84-110, line 18)		1	9999999999
2	Franchise tax **(minimum tax $25)**	X Fee-In-Lieu	2	9999999999
3	Franchise tax credit (from Form 84-401, line 1)		3	9999999999
4	Net franchise tax due (line 2 minus line 3)		4	9999999999

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	9999999999
6	Income tax	6	9999999999
7	Income tax credits (from Form 84-401, line 3)	7	9999999999
8	Net income tax due (line 6 minus line 7)	8	9999999999

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	9999999999
10	Overpayments from prior year	10	9999999999
11	Estimated tax payments and payment with extension	11	9999999999
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	9999999999
13	Total payments (line 10 plus line 11 and line 12)	13	9999999999
14	Net total franchise tax and/or income tax (line 9 minus line 13)	14	9999999999
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	9999999999
16	Late payment interest	16	9999999999

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Pass-Through Entity Tax Return
2025

FEIN 999999999

17	Late payment penalty	17	9999999999
18	Late filing penalty **(minimum income tax penalty $100)**	18	9999999999
19	**Total balance due** (if line 9 is larger than line 13, add line 14 through line 18)	19	9999999999
20	**Total overpayment** (if line 13 is larger than line 9 plus line 15, subtract line 9 and line 15 from line 13)	20	9999999999
21	**Overpayment credited to next year** (from line 20)	21	9999999999
22	**Overpayment to be refunded** (line 20 minus line 21)	22	9999999999

PART I: ENTITY INFORMATION

1 If final return, enter reason and date effective: X9X9X9X9X9X9X9X9X9X9X9X9X9X9X Date 99999999

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:
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X FEIN 999999999

3 If amended return, check reason. X Mississippi Correction X Federal Correction X Other X9X9X9X9X9X9X9X9

4 If a partnership or LLC, has a federal election been made to file as a corporation? X Yes X No

5 Check if the company has been audited by the IRS. X If the company has been audited, what year(s) are involved? X9X9X9X9X9X9X

6 Principal business activity in Mississippi X9X9X9X9X9X9X9X 6a County location in Mississippi XXXXXXXXXXXXXXXX

7 Principal product or service in Mississippi X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X

8 Contact person for this return X9X9X9X9X9X9X9X9X9X9X9X9 8a Location and phone number 9X9X9X9X9X9X9X9X

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
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXX

Form 84-105-25-3-3-000 (Rev. 09/25)

841052533000

Mississippi
Pass-Through Entity Schedule
2025

FEIN 999999999

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)
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	X
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	X
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	X
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	X
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	X
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	X
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	X
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	X
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	X
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	X

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
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	999.9999
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	999.9999
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	999.9999
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	999.9999

X **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

9X9X9X9X9				
Paid Preparer PTIN	Paid Preparer Phone	City	State	Zip Code

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

841052534000

Mississippi
Supplemental Pass-Through Entity Schedule
2025

FEIN 999999999

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
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXX
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	XXXXXXXXXXXXX

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)
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	X
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	X
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	X
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	X
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	X
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	X
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	X
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	X
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	X
X9X9X9X9X9X9X9X9X9X	999999999	9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	X