

Mississippi

MS8453-PTE Pass-Through Entity Declaration for Electronic Filing 2026

[illegible]

DO NOT MAIL THIS DOCUMENT										09
TO THE DEPARTMENT OF REVENUE										10

[illegible]

Legal Name and DBA	12
--------------------	----

[illegible]

Address	City	State	Zip +4	County Code

PART I: TAX RETURN INFORMATION (ROUND TO THE NEAREST DOLLAR)

1 Mississippi taxable income (Form 84-105, line 5)	1	9999999999	19
--	---	------------	----

2	Total income tax (Form 84-105, line 6)	2	9999999999	20
---	--	---	------------	----

3	Total credits and payments (Form 84-105, line 7 and line 13)	3	9999999999	21
---	--	---	------------	----

4 Amount you owe (Form 84-105, line 19)	4	9999999999	22
---	---	------------	----

5	Overpayment (Form 84-105, line 20)	5	9999999999	23
---	------------------------------------	---	------------	----

6 Refund (Form 84-105, line 22)	6	9999999999	24
---------------------------------	---	------------	----

7 Amount of payment remitted electronically	7	9999999999	25
---	---	------------	----

* If the pass-through entity is filing a balance due return and the Department of Revenue does not receive full and timely payment of its tax liability, the pass-through entity will be liable for the tax liability and all applicable interest and penalties.	27
--	----

PART II: DECLARATION OF OFFICER

Under the penalties of perjury, I declare that I am an officer of the above pass-through entity and that the information I have given my electronic return originator (ERO),
transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the pass-through entity's
Mississippi Pass-Through Entity Tax Return. To the best of my knowledge and belief, the pass-through entity's return is true, correct and complete. I consent to my ERO,
transmitter, and/or ISP sending the pass-through entity's return, this declaration, and accompanying schedules and statements to the Department of Revenue (DOR). I also
consent to the DOR my ERO, transmitter, and/or ISP an acknowledgement of receipt of transmission and an indication of whether or not the pass-through entity's return is
accepted, and, if rejected, the reason(s) for the rejection. This declaration is to be maintained by the ERO and provided to DOR on request.

Sign Here _____

PART III: DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above pass-through entity's return and that the entries on Form MS8453-PTE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The corporate officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the Department of Revenue (DOR), and have followed all other requirements in Pub. 3112, IRS e-file Application and Participation and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above pass-through entity's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO Signature	Date	Check if Also Paid Preparer ☒	Check if Self-Employed ☒	ERO SSN or PTIN 9X9X9X9X9
---------------	------	---	--	------------------------------

8	Firm Name (or yours if self-employed), address and ZIP code	X9X9X9X9X9X9X9	X9X9X9X9X9X9X9	XX	999999	9999999999	48
9							49

	Phone No.	50
	(999) 999-9999	51

Under penalties of perjury, I declare that I have examined the above pass-through entity's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer	Preparer Signature	Date	Check if Also Paid Preparer ☒	Check if Self-Employed ☒	Preparer SSN or PTIN
					999999999

Use Only	Firm Name (or yours if self-employed), address and ZIP code	EIN
	X9X9X9X9X9X9X9X9 X9X9X9X9X9X9X9X9 XX 99999	9999999999

	Phone No.	61
	(999) 999-9999	62