Form 83-115-19-3-1-000 (Rev. 06/19)

MS8453-C

Mississippi
Corporate Income Declaration for Electronic Filing
2019

Tax Year Beginning 99999999 | Tax Year Ending 99999999

DO NOT MAIL THIS DOCUMENT
TO THE DEPARTMENT OF REVENUE

FEIN 999999999

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Legal Name and DBA

Address	City	State	Zip +4	County Code
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X	X9X9X9X9X9X9X9X9X9X	XX	999999999	99

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

1	Mississippi taxable income (Form 83-105, line 5 or Form 83-391, page 1, line 1)	1	9999999999
2	Total income tax (Form 83-105, line 6 or Form 83-391, page 1,line 2)	2	9999999999
3	Total payments and credits (Form 83-105, line 7 and line 12 or Form 83-391, page1, line 3, 4, and 8)	3	9999999999
4	Amount you owe (Form 83-105, line 18 or Form 83-391,page 1, line 14)	4	9999999999
5	Overpayment (Form 83-105, line 19 or Form 83-391, page 1, line 15)	5	9999999999
6	Refund (Form 83-105, line 21 or Form 83-391, page 1, line 17)	6	9999999999
7	Amount of payment remitted electronically	7	9999999999

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

PART II: DECLARATION OF OFFICER

Under the penalties of perjury, I declare that I am an officer of the above corporation 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 corporation's Mississippi Corporate Income and Franchise Tax Return. To the best of my knowledge and belief, the corporation's return is true, correct and complete. I consent to my ERO, transmitter, and/or ISP sending the corporation'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 corporation'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

Signature of Officer | Date | Title

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

I declare that I have reviewed the above corporation's return and that the entries on Form MS8453-C 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 corporation'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 Use Only

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

Firm Name (or yours if self-employed), address and ZIP code: X9X9X9X9X9X9X9 X9X9X9X9X9X9X9 XX 99999

EIN: 999999999

Phone No.: (999)999-9999

Under penalties of perjury, I declare that I have examined the above taxpayer'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 Use Only

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

Firm Name (or yours if self-employed), address and ZIP code: X9X9X9X9X9X9X9 X9X9X9X9X9X9X9 XX 99999

EIN: 999999999

Phone No.: (999)999-9999

DO NOT Mail this Document to the Mississippi Department of Revenue