

Mississippi Pass - Through Entity Declaration for Electronic Filing 2011

MS8453-PTE

For Calendar Year 2011, or Tax Year Beginning _____, Ending _____, 20____

Duplex or Photocopies NOT Acceptable		00-	-0
Name _____		FEIN _____	
Mailing Address (P O Box or Street Including Rural Route) _____			
City _____	State _____	Zip +4 _____	County Code (See Instructions) _____

**DO NOT MAIL THIS DOCUMENT TO THE DOR
ELECTRONIC RETURN ORIGINATOR (ERO) RETAIN THIS FORM IN YOUR FILES**

PART I: TAX RETURN INFORMATION (Round to the Nearest Dollar)

1. Mississippi Taxable Income (Form 84-105, Line 5) _____	1.	
2. Total Income Tax (Form 84-105, Line 6) _____	2.	
3. Total Payments & Credits (Form 84-105, Line 7 and Line 12) _____	3.	
4. Amount You Owe (Form 84-105, Line 18) _____	4.	
5. Overpayment (Form 84-105, Line 19) _____	5.	
6. Refund (Form 84-105, Line 21) _____	6.	
7. Amount of Payment Remitted Electronically _____	7.	

* 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 (See Instructions)

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 & 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	<input checked="" type="checkbox"/> _____ Signature of Officer	Date _____	<input checked="" type="checkbox"/> _____ Title
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PART III: DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER (See Instructions)

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'S Use Only	<input checked="" type="checkbox"/> _____ ERO's Signature	Date _____	Check if Also Paid Preparer <input type="checkbox"/>	Check if Self-Employed <input type="checkbox"/>	ERO's SSN or PTIN _____
	Firm's Name (or your's if Self-employed), address and ZIP code <input checked="" type="checkbox"/> _____				EIN _____
					Phone No. () _____

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 declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only	<input checked="" type="checkbox"/> _____ Preparer's Signature	Date _____	Check if Also Paid Preparer <input type="checkbox"/>	Check if Self-Employed <input type="checkbox"/>	Preparer's SSN or PTIN _____
	Firm's Name (or your's if Self-employed), address and ZIP code <input checked="" type="checkbox"/> _____				EIN _____
					Phone No. () _____

DO NOT MAIL THIS DOCUMENT TO THE DEPARTMENT OF REVENUE