Form **8937**(December 2011) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

Part I Reporting I	ssuer			
1 Issuer's name		2 Issuer's employer identification number (EIN)		
First State Corporation				**-****655
3 Name of contact for add	ditional information	5 Email address of contact		
Allen Hodo			601-735-3124	fsb_info@firststatebnk.com
6 Number and street (or P	.O. box if mail is not	7 City, town, or post office, state, and Zip code of contact		
D. O. D 500				Waynesboro, MS 39367
P. O. Box 506 8 Date of action		Waynesbord, WS 39307		
			·	
December 1, 2014			Stock Split	
10 CUSIP number 11 Serial number		(s)	12 Ticker symbol	13 Account number(s)
N/A	All Commor	n Stock	N/A	N/A
Part II Organization	onal Action Atta	ch additiona	I statements if needed. S	See back of form for additional questions.
14 Describe the organization	tional action and, if	applicable, the	e date of the action or the d	ate against which shareholders' ownership is measured for
the action ► On Dec	ember 1, 2014 First	State Corpo	ration completed a 100 for	r 1 stock split of its authorized shares of common stock.
Shareholders of record we	re issued 99 share	s for every 1	share of common stock.	

share or as a percenta	age of old basis ► <u>T</u>			urity in the hands of a U.S. taxpayer as an adjustment per tive to any shareholder, but was executed to make the
outstanding shares more r	negotiable in price.	····		

				ulation, such as the market values of securities and the % of the cost basis per share prior to the split occurring.

Part I		Organizational Action (contin	ued)					
17 Lis	st the a	applicable Internal Revenue Code se	ction(s) and subsection(s) upon w	hich the tax treatment is based	×			
		6, Subsection 305: Gross income of						
		tion to its shareholders with respe			1			
Suci 1 Co	рога	don to its shareholders with respe	or to its stook.					
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18 Ca	18 Can any resulting loss be recognized? ► This action did not result in any taxable events for the shareholders.							
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		A						
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19 Pr	ovide	any other information necessary to in	mplement the adjustment, such a	s the reportable tax year ▶				
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	Unde	r penalties of perjury, I declare that I have	examined this return, including acco	mpanying schedules and statements	, and to the best of my knowledge and			
	belief	, it is true, correct, and complete. Declara	tion of preparer (other than officer) is b	ased on all information of which prep	parer has any knowledge.			
Sign								
Here	Ciana	turo b		Date ▶ \\anu	ary 15. 2016			
	Signa	ture		Duite V	7 ,			
				Tal- N 050	,			
	Print	your name ► Allen Hodo	Propagar's cianaturo	Title ► CFO Date	Charle T # PTIN			
Paid		Print/Type preparer's name	Preparer's signature	Date	Check II			
Prepa	arer				self-employed			
Use C		Firm's name ▶			Firm's EIN ▶			
036 (Ji ii y	Firm's address ▶			Phone no.			
Send Fo	orm 89	37 (including accompanying statement	ents) to: Department of the Treasu	ry, Internal Revenue Service, Oc	gden, UT 84201-0054			
201101	00							