Form 84-387-19-3-1-000 (Rev. 04/19)

843871931000

Mississippi
Partnership Income Tax Withholding Voucher
2019

Tax Year Beginning 99999999

Tax Year Ending 99999999

Estimate Due Date 99999999

FEIN 999999999

Business Name and DBA
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9

Address
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9

City X9X9X9X9X9X9X9X9X9X9X9X9 State XX Zip +4 999999999

Total number of owners/partners filed on estimate form(s)
999

1 Total partnership net gain or profit 1 9999999999

2 5% of net gain or profit withheld (enter the total amount of tax withheld and remitted by partnership for owners/partners listed below) 2 9999999999

	OWNER/PARTNER NAME	FEIN	SSN	IDENTIFICATION NUMBER	OWNERSHIP PERCENTAGE		AMOUNT OF PAYMENT
3	X9X9X9X9X9X9X9X9	X	X	999999999	999.9999	3	9999999999
4	X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	4	9999999999
5	X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	5	9999999999
6	X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	6	9999999999
7	X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	7	9999999999
8	X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	8	9999999999
9	X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9	9999999999
10	X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	10	9999999999
11	X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	11	9999999999
12	X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	12	9999999999
13	X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	13	9999999999

14 Total of amounts entered on line 3 through line 13 14 9999999999

15 Total amounts from all supplemental pages (Form 84-387, page 2) 15 9999999999

16 Total estimate payment (add line 14 and line 15; should equal amount of payment/gain entered on line 2) 16 9999999999

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.

Officer/ Agent Signature | Title | Date

- **Print FEIN on check**
- **Make check or money order payable to Department of Revenue or see instructions for electronic payment options**

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

Form 84-387-19-3-2-000 (Rev. 04/19)

843871932000

Mississippi
Partnership Income Tax Withholding Voucher
2019

FEIN 999999999

OWNER/PARTNER NAME	FEIN	SSN	IDENTIFICATION NUMBER	OWNERSHIP PERCENTAGE	AMOUNT OF PAYMENT
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999

Subtotal (add lines and enter total amount here and on Form 84-387, page 1, line 15) 9999999999