



Mississippi Income / Withholding Tax Schedule 2020

Primary Taxpayer Name (as shown on Forms 80-105, 80-205 and 81-110)
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9

THIS FORM MUST BE FILED EVEN IF YOU HAVE NO MISSISSIPPI WITHHOLDING

1	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	Check appropriate box		
X	W-2 X W-2G X 1099 X K-1	MS 9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9
	If 1099-R, Code in Box 7 X9	State State Wages, Tips, Etc.	Employer or payer name
	9999999999	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9
	Employer or Payer ID from W-2, 1099, K-1	Mississippi Withholding Only	Address
	XXXXXXXXXXXXXXXXXXXX	XX 999999	XXXXXXXXXXXXXXXXXXXX XX 999999
	Taxpayer Name	XX 9999999999	City, State, ZIP
	9999999999	State Income from Other State	
	Taxpayer Social Security Number		

2	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	Check appropriate box		
X	W-2 X W-2G X 1099 X K-1	MS 9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9
	If 1099-R, Code in Box 7 X9	State State Wages, Tips, Etc.	Employer or payer name
	9999999999	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9
	Employer or Payer ID from W-2, 1099, K-1	Mississippi Withholding Only	Address
	XXXXXXXXXXXXXXXXXXXX	XX 999999	XXXXXXXXXXXXXXXXXXXX XX 999999
	Taxpayer Name	XX 9999999999	City, State, ZIP
	9999999999	State Income from Other State	
	Taxpayer Social Security Number		

3	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	Check appropriate box		
X	W-2 X W-2G X 1099 X K-1	MS 9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9
	If 1099-R, Code in Box 7 X9	State State Wages, Tips, Etc.	Employer or payer name
	9999999999	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9
	Employer or Payer ID from W-2, 1099, K-1	Mississippi Withholding Only	Address
	XXXXXXXXXXXXXXXXXXXX	XX 999999	XXXXXXXXXXXXXXXXXXXX XX 999999
	Taxpayer Name	XX 9999999999	City, State, ZIP
	9999999999	State Income from Other State	
	Taxpayer Social Security Number		

4	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	Check appropriate box		
X	W-2 X W-2G X 1099 X K-1	MS 9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9
	If 1099-R, Code in Box 7 X9	State State Wages, Tips, Etc.	Employer or payer name
	9999999999	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9
	Employer or Payer ID from W-2, 1099, K-1	Mississippi Withholding Only	Address
	XXXXXXXXXXXXXXXXXXXX	XX 999999	XXXXXXXXXXXXXXXXXXXX XX 999999
	Taxpayer Name	XX 9999999999	City, State, ZIP
	9999999999	State Income from Other State	
	Taxpayer Social Security Number		

Duplex and Photocopies NOT Acceptable