



Mississippi Income / Withholding Tax Schedule 2019

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 999999999	State State Wages, Tips, Etc.	Employer or payer name
	Employer or Payer ID from W-2, 1099, K-1 XXXXXXXXXXXXXXXXXXXX	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9
	Taxpayer Name 999999999	Mississippi Withholding Only	Address
	Taxpayer Social Security Number	XX 9999999999	XXXXXXXXXXXXXXXXXXXX XX 99999
		State Income from Other State	City, State, ZIP

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 999999999	State State Wages, Tips, Etc.	Employer or payer name
	Employer or Payer ID from W-2, 1099, K-1 XXXXXXXXXXXXXXXXXXXX	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9
	Taxpayer Name 999999999	Mississippi Withholding Only	Address
	Taxpayer Social Security Number	XX 9999999999	XXXXXXXXXXXXXXXXXXXX XX 99999
		State Income from Other State	City, State, ZIP

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 999999999	State State Wages, Tips, Etc.	Employer or payer name
	Employer or Payer ID from W-2, 1099, K-1 XXXXXXXXXXXXXXXXXXXX	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9
	Taxpayer Name 999999999	Mississippi Withholding Only	Address
	Taxpayer Social Security Number	XX 9999999999	XXXXXXXXXXXXXXXXXXXX XX 99999
		State Income from Other State	City, State, ZIP

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 999999999	State State Wages, Tips, Etc.	Employer or payer name
	Employer or Payer ID from W-2, 1099, K-1 XXXXXXXXXXXXXXXXXXXX	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9
	Taxpayer Name 999999999	Mississippi Withholding Only	Address
	Taxpayer Social Security Number	XX 9999999999	XXXXXXXXXXXXXXXXXXXX XX 99999
		State Income from Other State	City, State, ZIP

Duplex and Photocopies NOT Acceptable