Form 84-387-21-3-1-000 (Rev. 04/21)

843872131000

# Mississippi

## Partnership Income Tax Withholding Voucher

## 2021



Tax Year Beginning 99999999

Tax Year Ending 99999999

Estimate Due Date 99999999

FEIN 999999999

Business Name and DBA
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9

Address
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9

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**

843872132000

# Mississippi

## Partnership Income Tax Withholding Voucher

## 2021



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 |

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