Mississippi
Individual / Fiduciary Income Tax Voucher

Instructions

Who Must Make Estimated Tax Payments

Every individual taxpayer who does not have at least eighty percent (80%) of his/her annual tax liability prepaid through withholding must make estimated tax payments if his/her annual tax liability exceeds two hundred dollars ($200). For more information about the payment and calculation of estimated income tax payments, please see the Individual Income Tax Return Instructions, Form 80-100.

Return Payments

This voucher may be used to make return payments for tax due on the Individual Income Tax Return (Form 80-105), Non-Resident Income Tax Return (Form 80-205) and the Fiduciary Income Tax Return (Form 81-110).

Extension Payments

This voucher may be used to make extension payments for tax due on the Individual Income Tax Return (Form 80-105), Non-Resident Income Tax Return (Form 80-205) and the Fiduciary Income Tax Return (Form 81-110). Extension payments should be filed and paid on or before April 15th.

Payment Options

• To pay this amount online, go to www.dor.ms.gov, click on Taxpayer Access Point (TAP) and follow the instructions.

• To pay by check or money order, complete the payment coupon below:

  - Make the check or money order payable to Department of Revenue
  - Mail the payment coupon and check/money order with return to: **P.O. Box 23050, Jackson, MS 39225-3050**
  - Mail the payment coupon and check/money order without return to: **P.O. Box 23192, Jackson, MS 39225-3192**
  - Check the appropriate box on the voucher for the payment type you are remitting.
  - Check the amended return box on the voucher if you are making a payment with an amended return.
  - Write the identification number on the check or money order.
  - Duplex forms or photocopies are NOT acceptable.

Cut Along the Dotted Line

Form 80-106-21-8-1-000 (Rev. 06/21)

801062181000

Mississippi
Individual / Fiduciary Income Tax
Payment Voucher

Tax Year Beginning _____
m m   d d   y y y y

Tax Year Ending _____
m m   d d   y y y y

Taxpayer SSN/ITIN _____
Spouse SSN/ITIN _____

Trust FEIN _____
Name of Estate / Trust _____
(if fiduciary payment)

Taxpayer First Name	Initial	Last Name
Spouse First Name	Initial	Last Name
Address		
City	State	Zip

Payment Type (Check One)	Account Type (Check One)
☐ Quarterly Estimate Payment	
☐ Return Payment	☐ Individual Income
☐ Extension Payment	☐ Fiduciary Income
☐ Amended Return Payment	

Amount Paid _____.00

Mail with return to: Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050
Mail without return to: Department of Revenue, P.O. Box 23192, Jackson, MS 39225-3192