



Mississippi Income / Withholding Tax Schedule 2014

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

1 A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
<p>Check appropriate box</p> <p><input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p>Employer or payer ID from W-2, 1099, K-1 _____</p> <p>Taxpayer Name _____</p> <p>Taxpayer Social Security Number _____</p>	<p>MS _____ .00</p> <p>State Mississippi Taxable Income</p> <p>_____ .00</p> <p>Mississippi Withholding Only</p> <p>_____ .00</p> <p>State Income from Other State</p>	<p>Employer or payer name _____</p> <p>Address _____</p> <p>City, State, ZIP _____</p>

2 A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
<p>Check appropriate box</p> <p><input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p>Employer or payer ID from W-2, 1099, K-1 _____</p> <p>Taxpayer Name _____</p> <p>Taxpayer Social Security Number _____</p>	<p>MS _____ .00</p> <p>State Mississippi Taxable Income</p> <p>_____ .00</p> <p>Mississippi Withholding Only</p> <p>_____ .00</p> <p>State Income from Other State</p>	<p>Employer or payer name _____</p> <p>Address _____</p> <p>City, State, ZIP _____</p>

3 A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
<p>Check appropriate box</p> <p><input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p>Employer or payer ID from W-2, 1099, K-1 _____</p> <p>Taxpayer Name _____</p> <p>Taxpayer Social Security Number _____</p>	<p>MS _____ .00</p> <p>State Mississippi Taxable Income</p> <p>_____ .00</p> <p>Mississippi Withholding Only</p> <p>_____ .00</p> <p>State Income from Other State</p>	<p>Employer or payer name _____</p> <p>Address _____</p> <p>City, State, ZIP _____</p>

4 A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
<p>Check appropriate box</p> <p><input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p>Employer or payer ID from W-2, 1099, K-1 _____</p> <p>Taxpayer Name _____</p> <p>Taxpayer Social Security Number _____</p>	<p>MS _____ .00</p> <p>State Mississippi Taxable Income</p> <p>_____ .00</p> <p>Mississippi Withholding Only</p> <p>_____ .00</p> <p>State Income from Other State</p>	<p>Employer or payer name _____</p> <p>Address _____</p> <p>City, State, ZIP _____</p>

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

Duplex and Photocopies NOT Acceptable