

# Mississippi Income / Withholding Tax Schedule 2015



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

**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	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
	If 1099-R, Code in Box 7 X9	State State Wages, Tips, Etc.	Employer or payer name
	9999999999	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X
	Employer or Payer ID from W-2, 1099, K-1	Mississippi Withholding Only	Address
	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXX XX 99999
	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	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
	If 1099-R, Code in Box 7 X9	State State Wages, Tips, Etc.	Employer or payer name
	9999999999	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X
	Employer or Payer ID from W-2, 1099, K-1	Mississippi Withholding Only	Address
	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXX XX 99999
	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	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
	If 1099-R, Code in Box 7 X9	State State Wages, Tips, Etc.	Employer or payer name
	9999999999	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X
	Employer or Payer ID from W-2, 1099, K-1	Mississippi Withholding Only	Address
	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXX XX 99999
	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	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
	If 1099-R, Code in Box 7 X9	State State Wages, Tips, Etc.	Employer or payer name
	9999999999	9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X
	Employer or Payer ID from W-2, 1099, K-1	Mississippi Withholding Only	Address
	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXX XX 99999
	Taxpayer Name	XX 9999999999	City, State, ZIP
	9999999999	State Income from Other State	
	Taxpayer Social Security Number		

Duplex and Photocopies NOT Acceptable