

Mississippi Income / Withholding Tax Schedule 2016



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 State State Wages, Tips, Etc.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX Employer or payer name
	If 1099-R, Code in Box 7 X9 9999999999	9999999999 Mississippi Withholding Only	X9X9X9X9X9X9X9X9X9X9X9X9X Address
	Employer or Payer ID from W-2, 1099, K-1 XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX 9999999999 State Income from Other State	XXXXXXXXXXXXXXXXXXXXXXXXXXXX XX 999999 City, State, ZIP
	Taxpayer Name 9999999999		
	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 State State Wages, Tips, Etc.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX Employer or payer name
	If 1099-R, Code in Box 7 X9 9999999999	9999999999 Mississippi Withholding Only	X9X9X9X9X9X9X9X9X9X9X9X9X Address
	Employer or Payer ID from W-2, 1099, K-1 XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX 9999999999 State Income from Other State	XXXXXXXXXXXXXXXXXXXXXXXXXXXX XX 999999 City, State, ZIP
	Taxpayer Name 9999999999		
	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 State State Wages, Tips, Etc.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX Employer or payer name
	If 1099-R, Code in Box 7 X9 9999999999	9999999999 Mississippi Withholding Only	X9X9X9X9X9X9X9X9X9X9X9X9X Address
	Employer or Payer ID from W-2, 1099, K-1 XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX 9999999999 State Income from Other State	XXXXXXXXXXXXXXXXXXXXXXXXXXXX XX 999999 City, State, ZIP
	Taxpayer Name 9999999999		
	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 State State Wages, Tips, Etc.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX Employer or payer name
	If 1099-R, Code in Box 7 X9 9999999999	9999999999 Mississippi Withholding Only	X9X9X9X9X9X9X9X9X9X9X9X9X Address
	Employer or Payer ID from W-2, 1099, K-1 XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX 9999999999 State Income from Other State	XXXXXXXXXXXXXXXXXXXXXXXXXXXX XX 999999 City, State, ZIP
	Taxpayer Name 9999999999		
	Taxpayer Social Security Number		

Duplex and Photocopies NOT Acceptable