

## 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 - I	ncome and Withhholding	C - Employer or Payer Information		
	Check appropriate box		<u> </u>	, , , , , , , , , , , , , , , , , , ,		
	W-2 W-2G 1099 K-1	MS				
	W 2	State	State Wages, Tips, Etc.	Employer or payer name		
	If 4000 B. Oada 's Bas 7	Otate	Otate Wages, Tips, Etc.	Employer or payer hame		
	If 1099-R, Code in Box 7			-		
			00	Address		
	Employer or Payer ID from W-2, 1099, K-1		Mississippi Withholding Only			
				City, State, ZIP		
	Taxpayer Name		-00			
		State	Income from Other State			
	Taxpayer Social Security Number					
	.,,					
	A - Statement Information	Б.	and Middle be adding a	C. Frankrian an Barran Information		
2		D - I	ncome and Withhholding	C - Employer or Payer Information		
	Check appropriate box					
	W-2 W-2G 1099 K-1	MS	00			
		State	State Wages, Tips, Etc.	Employer or payer name		
	If 1099-R, Code in Box 7					
			00	Address		
	Employer or Payer ID from W-2, 1099, K-1		Mississippi Withholding Only			
				City, State, ZIP		
	Taxpayer Name			, , ,		
	raxpayer Name	Ctata	Income from Other State			
		State	income from Other State			
	Taxpayer Social Security Number					
3	A - Statement Information	B - I	ncome and Withhholding	C - Employer or Payer Information		
	Check appropriate box					
	W-2 W-2G 1099 K-1	MS	00			
		State	State Wages, Tips, Etc.	Employer or payer name		
	If 1099-R, Code in Box 7					
	11 1000 TC, GOOD 111 BOX 7			Address		
	Employer or Payer ID from W-2, 1099, K-1		Mississippi Withhalding Only	Addicas		
	Employer or Payer ID from W-2, 1099, K-1		Mississippi Withholding Only			
				City, State, ZIP		
	Taxpayer Name					
		State	Income from Other State			
	Taxpayer Social Security Number					
4	A - Statement Information	B - I	ncome and Withhholding	C - Employer or Payer Information		
	Check appropriate box		<u> </u>	, , , , , , , , , , , , , , , , , , ,		
	W-2 W-2G 1099 K-1	MS				
	W 2	State	State Wages, Tips, Etc.	Employer or payer name		
	If 4000 B. Oada 's Bas 7	Otate	Otate Wages, Tips, Etc.	Employer or payer hame		
	If 1099-R, Code in Box 7					
			00	Address		
	Employer or Payer ID from W-2, 1099, K-1		Mississippi Withholding Only			
				City, State, ZIP		
	Taxpayer Name		00			
		State	Income from Other State			
	Taxpayer Social Security Number					
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