

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 FIL	ED EVEN IF YOU HAVE NO M	ISSISSIPPI WITHHOLDING
1	A - Statement Information	B - Income and Withhholding	C - Employer or Payer Information
	Check appropriate box		
	W-2 W-2G 1099 K-1	MS	
		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	-00	
		State Income from Other State	
	Taxpayer Social Security Number		
-			
2	A - Statement Information	B - Income and Withhholding	C - Employer or Payer Information
	Check appropriate box		
	W-2 W-2G 1099 K-1	MS00	
		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	00	
		State Income from Other State	
	Taxpayer Social Security Number		
3	A - Statement Information		
		B - Income and Withhholding	C - Employer or Payer Information
	Check appropriate box	-	C - Employer or Payer Information
		MS	
	Check appropriate box W-2 W-2G 1099 K-1	-	C - Employer or Payer Information Employer or payer name
	Check appropriate box	MS	Employer or payer name
	Check appropriate box W-2 W-2G 1099 K-1 If 1099-R, Code in Box 7	MS State State Wages, Tips, Etc.	
	Check appropriate box W-2 W-2G 1099 K-1	MS State Wages, Tips, Etc.	Employer or payer name Address
	Check appropriate box W-2 W-2G 1099 K-1 If 1099-R, Code in Box 7 Employer or Payer ID from W-2, 1099, K-1	MS State State Wages, Tips, Etc.	Employer or payer name
	Check appropriate box W-2 W-2G 1099 K-1 If 1099-R, Code in Box 7	State State Wages, Tips, Etc00 Mississippi Withholding Only	Employer or payer name Address
	Check appropriate box W-2 W-2G 1099 K-1 If 1099-R, Code in Box 7 Employer or Payer ID from W-2, 1099, K-1 Taxpayer Name	State State Wages, Tips, Etc. Mississippi Withholding Only	Employer or payer name Address
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