



# Mississippi Income / Withholding Tax Schedule 2017



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 <b>A - Statement Information</b>	B - Income and Withholding	C - Employer or Payer Information
<p style="text-align: center; font-size: small;">Check appropriate box</p> <p> <input type="checkbox"/> W-2                       <input type="checkbox"/> W-2G                       <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><b>MS</b> _____ .00</p> <p>State      State Wages, Tips, Etc.</p> <p>_____ .00</p> <p style="text-align: center;"><b>Mississippi Withholding Only</b></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 <b>A - Statement Information</b>	B - Income and Withholding	C - Employer or Payer Information
<p style="text-align: center; font-size: small;">Check appropriate box</p> <p> <input type="checkbox"/> W-2                       <input type="checkbox"/> W-2G                       <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><b>MS</b> _____ .00</p> <p>State      State Wages, Tips, Etc.</p> <p>_____ .00</p> <p style="text-align: center;"><b>Mississippi Withholding Only</b></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 <b>A - Statement Information</b>	B - Income and Withholding	C - Employer or Payer Information
<p style="text-align: center; font-size: small;">Check appropriate box</p> <p> <input type="checkbox"/> W-2                       <input type="checkbox"/> W-2G                       <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><b>MS</b> _____ .00</p> <p>State      State Wages, Tips, Etc.</p> <p>_____ .00</p> <p style="text-align: center;"><b>Mississippi Withholding Only</b></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 <b>A - Statement Information</b>	B - Income and Withholding	C - Employer or Payer Information
<p style="text-align: center; font-size: small;">Check appropriate box</p> <p> <input type="checkbox"/> W-2                       <input type="checkbox"/> W-2G                       <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><b>MS</b> _____ .00</p> <p>State      State Wages, Tips, Etc.</p> <p>_____ .00</p> <p style="text-align: center;"><b>Mississippi Withholding Only</b></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>