Form 80-107-18-8-1-000 (Rev. 08/18)



Mississippi Income / Withholding Tax Schedule 2018

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	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		00		
	Towns on Casial Casumity Number	State	Income from Other State		
	Taxpayer Social Security Number				
2	A - Statement Information	R.I	ncome and Withhholding	C - Employer or Payer Information	
_	Check appropriate box		icome una vitamiolanig	C Employer of Fayer information	
	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		00		
		State	Income from Other State		
	Taxpayer Social Security Number				
3	A - Statement Information	ъ.	anna and Withhhhaldina	C. Francisco en Bassa Información	
3	Check appropriate box	D - I	ncome and Withhholding	C - Employer or Payer Information	
	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		00		
		State	Income from Other State		
	Taxpayer Social Security Number				
4	A - Statement Information	D	Income and Withhholding	C - Employer or Payer Information	
4	Check appropriate box	Б-	income and withinfolding	C - Employer of Payer information	
	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		00		
			Income from Other State		
	Taxpayer Social Security Number	State	income nom Other State		