



# Mississippi Income / Withholding Tax Schedule 2019

Primary Taxpayer Name (as shown on Forms 80-105, 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  |
|---|---|---|--|
|   | <p style="text-align: center;">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 | A - Statement Information   | B - Income and Withholding  | C - Employer or Payer Information  |
|---|---|---|--|
|   | <p style="text-align: center;">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 | A - Statement Information   | B - Income and Withholding  | C - Employer or Payer Information  |
|---|---|---|--|
|   | <p style="text-align: center;">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 | A - Statement Information   | B - Income and Withholding  | C - Employer or Payer Information  |
|---|---|---|--|
|   | <p style="text-align: center;">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> |