Form 80-107-19-8-1-000 (Rev. 06/19)



## 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 Withhholding	C - Employer or Payer Information	
	Check appropriate box			
	W-2 W-2G 1099 K-1	MS	0	
		State State Wages, Tips, Etc.	Employer or payer name	
	If 1099-R, Code in Box 7			
			Address	
	Employer or Payer ID from W-2, 1099, K-1	Mississippi Withholding Only		
			City, State, ZIP	
	Taxpayer Name	.(	0	
		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		0	
		State State Wages, Tips, Etc.	Employer or payer name	
	If 1099-R, Code in Box 7			
	Freelows on Press ID form W.O. 4000 K.A.		O Address	
	Employer or Payer ID from W-2, 1099, K-1	Mississippi Withholding Only	City, State, ZIP	
	Taynayar Nama		City, State, ZIP	
	Taxpayer Name	State Income from Other State	0	
	Taxpayer Social Security Number	State Income non Other State		
	raxpayor coolar coolary reamber			
3	A - Statement Information	B - Income and Withhholding	C - Employer or Payer Information	
	Check appropriate box	B - income and withinfolding	0 - Employer of Payer information	
	W-2 W-2G 1099 K-1	MS ,		
		State State Wages, Tips, Etc.	Employer or payer name	
	If 1099-R, Code in Box 7			
	· —		Address	
	Employer or Payer ID from W-2, 1099, K-1	Mississippi Withholding Only		
			City, State, ZIP	
	Taxpayer Name	.(	0	
		State Income from Other State		
	Taxpayer Social Security Number			
4	A - Statement Information	B - Income and Withhholding	C - Employer or Payer Information	
	Check appropriate box			
	W-2 W-2G 1099 K-1		0	
	W. 1000 D. O. J. J. D. T.	State State Wages, Tips, Etc.	Employer or payer name	
	If 1099-R, Code in Box 7		Address	
	Employer or Payer ID from W-2, 1099, K-1	Mississippi Withholding Only	Address	
	Employer of Layer to Holl W-2, 1000, N-1	imississippi withinoiding Only	City, State, ZIP	
	Taxpayer Name		5.1, 5.00, £11	
	ranpayor Hamo	State Income from Other State	0	
	Taxpayer Social Security Number			