Form 80-107-20-8-1-000 (Rev. 10/20)



## Mississippi Income / Withholding Tax Schedule 2020

Primary Taxpayer Name (as shown on Forms 80-105, 80-205 and 81-110)	

	THIS FORM MUST BE FIL		11331331FFF WITH IOLDING
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	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	Address
	Employer of Payer ID IIOIII W-2, 1099, K-1	wississippi withholding Only	City, State, ZIP
	Taxpayer Name		Oily, State, Zir
	raspayor Name	State Income from Other State	
	Taxpayer Social Security Number	State money one state	
			<u> </u>
3	A - Statement Information	B - Income and Withhholding	C - Employer or Payer Information
	Check appropriate box	B moonie and withmooning	C Employer of Fuyer 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		
		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		
		State Income from Other State	
4	A - Statement Information		C - Employer or Payer Information
4	A - Statement Information  Check appropriate box	State Income from Other State  B - Income and Withhholding	
4	A - Statement Information	B - Income and Withhholding  MS	C - Employer or Payer Information
4	A - Statement Information  Check appropriate box  W-2 W-2G 1099 K-1	State Income from Other State  B - Income and Withhholding  MS	C - Employer or Payer Information
4	A - Statement Information  Check appropriate box	B - Income and Withhholding  MS State State Wages, Tips, Etc.	C - Employer or Payer Information  Employer or payer name  Address
4	A - Statement Information  Check appropriate box W-2 W-2G 1099 K-1  If 1099-R, Code in Box 7	B - Income and Withhholding  MS State State Wages, Tips, Etc.	C - Employer or Payer Information  Employer or payer name  Address
4	A - Statement Information  Check appropriate box  W-2 W-2G 1099 K-1	B - Income and Withhholding  MS State State Wages, Tips, Etc.	C - Employer or Payer Information  Employer or payer name  Address
4	A - Statement Information  Check appropriate box W-2 W-2G 1099 K-1  If 1099-R, Code in Box 7	B - Income and Withhholding  MS State State Wages, Tips, Etc.	C - Employer or Payer Information  Employer or payer name  Address  City, State, ZIP
4	A - Statement Information  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	B - Income and Withhholding  MS State State Wages, Tips, Etc.	C - Employer or Payer Information  Employer or payer name  Address  City, State, ZIP