



# Mississippi Partnership Income Tax Withholding Voucher 2015

Tax Year Beginning \_\_\_\_\_

Tax Year Ending \_\_\_\_\_

FEIN \_\_\_\_\_

Estimate Due Date \_\_\_\_\_

Business Name and DBA			Total number of owners/partners filed on estimate form(s)  _____
Address			
City	State	Zip +4	

- |   |   |           |
|---|---|-----------|
| 1 Total partnership net gain or profit  | 1 | _____ .00 |
| 2 5% of net gain or profit withheld (enter the total amount of tax withheld and remitted by partnership for owners/partners listed below) | 2 | _____ .00 |

OWNER/PARTNER NAME	FEIN	SSN	IDENTIFICATION NUMBER	OWNERSHIP PERCENTAGE	AMOUNT OF PAYMENT
3 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ %	3 _____ .00
4 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ %	4 _____ .00
5 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ %	5 _____ .00
6 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ %	6 _____ .00
7 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ %	7 _____ .00
8 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ %	8 _____ .00
9 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ %	9 _____ .00
10 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ %	10 _____ .00
11 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ %	11 _____ .00
12 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ %	12 _____ .00
13 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ %	13 _____ .00
14 Total of amounts entered on line 3 through line 13			14	_____ .00	
15 Total amounts from all supplemental pages (Form 84-387, page 2)			15	_____ .00	
16 Total estimate payment (add line 14 and line 15; should equal amount of payment/gain entered on line 2)			16	_____ .00	

**I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return.**

Officer/ Agent Signature	Title	Date
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- **Print FEIN on check**
- **Check or money order payable to Department of Revenue or see instructions for electronic payment options**

**Mail To: Department of Revenue P.O. Box 23191 Jackson, MS 39225-3191**

