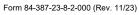
Form 84-387-23-8-1-000 (Rev. 11/23)

Mississippi Partnership Income Tax Estimate Voucher 2023

Page 1

		2023			
Tax Year Beginning			Tax	Year Ending	mm dd yyyy
mm dd yyyy			Esti	mate Due Date	
FEIN					mm dd yyyy
Business Name and DBA					
Address		Total number of owners/partners filed on estimate form(s)			
City		State Zip +4			
1 Total partnership net gain or prof	it			1	00
2 5% of net gain or profit remitted b	ov the partnership	for the owners/partners listed below	ow	2	.00
OWNER/PARTNER NAME	FEIN SSN	IDENTIFICATION NUMBER	OWNERSHIP PERCEN		OF PAYMENT
L					
3			·%	3	00
4			%	4	00
5			•%	5	00
6			%	6	00
7			%	7	.00
8			· . %	8	.00
9			·%	9	00
10			%	10	00
11			%	11	00
12			%	12	00
13			%	13	00
14 Total of amounts entered on line 3	3 through line 13	14	(00	
15 Total amounts from all supplemer	ntal pages (Form 8	4-387, page 2) 15			
			(
16 Total estimate payment (add line	14 and line 15; sh	ould equal amount of payment/ga	in entered on line 2)	16	00
I declare, under penalties of perjury, that this is a true, correct and complete retu		this return and accompanying sche	dules and statements, and t	o the best of my kno	wledge and belief,
Officer/ Agent Signature		Title		Date	
 Print FEIN on check Make check or money or 	der payable to De	epartment of Revenue			
or see instructions for el	ectronic paymen	t options			

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



843872382000

Mississippi Partnership Income Tax Estimate Voucher 2023

FEIN

OWNER/PARTNER NAME	FEIN	SSN	IDENTIFICATION NUMBER	OWNERSHIP PERCENTAGE	AMOUNT OF PAYMENT
				%	.00
				%	.00
				%	00
				%	00
				%	00
				·%	00
				%	00
				%	00
				%	00
				·%	00
				%	00
				%	00
				%	00
				%	00
				%	00
				%	00
				%	00
				%	00
				%	.00
				%	00
				%	00
				·%	00
				%	.00

Subtotal (add lines and enter total amount here and on Form 84-387, page 1, line 15)

Page 2