# Mississippi
## Pass-Through Entity Income Tax Voucher

## Instructions

### Estimated Tax Payments

Every pass-through entity taxpayer having an annual income tax liability in excess of $200 must make estimated tax payments.  This voucher, 84-300, should be used to remit estimated tax payments for Composite S Corporations and Composite Partnerships.  For Partnerships that elect to withhold and remit 5% of the partnership's net gain/profit to each partners' tax account, Form 84-387, Partnership Income Tax Withholding Voucher should be used.  Corporations use Form 83-300, Corporate Income Tax Voucher.

For more information about estimated income tax payments for pass-through entities, please see the instructions, Form 84-100.

### Payment Options

• To pay this amount online, go to www.dor.ms.gov, click on Taxpayer Access Point (TAP) and follow the instructions.

• To pay by check or money order, complete the payment coupon below:

  - Make the check or money order payable to Department of Revenue
  - Mail both the payment coupon and check/money order to:  **P.O. Box 23075, Jackson, MS  39225-3075**
  - Check the appropriate box on the voucher for the payment type you are remitting.
  - Check the amended return box on the voucher if you are making a payment with an amended return.
  - Write the identification number on the check or money order.
  - Duplex forms or photocopies are NOT acceptable.

• To pay by credit card or electronic check go to www.officialpayments.com.

  - There is a 2 ½ % fee for credit cards or a $3.00 fee for E-checks charged by Official Payments.
  - Visa, MasterCard, Discover and American Express cards are accepted.
  - Jurisdiction code for Mississippi is 3400.

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - Cut Along the Dotted Line - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

843001381000

# Mississippi
## Pass-Through Entity Income Tax Voucher

Tax Year Beginning _____     Tax Year Ending _____     Payment Due Date _____
  m m   d d   y y y y                 m m   d d   y y y y                 m m   d d   y y y y

FEIN _____

Legal Name and DBA

Address

City _____ State _____ Zip +4 _____

| CHECK ONE | CHECK ONE |
|---|---|
| ☐ Composite S Corporation | ☐ Estimate Payment |
| ☐ Composite Partnership | ☐ Return Payment |
| ☐ S-Corporation | ☐ Amended Return Payment |

**Amount Paid** _____ .00