



Mississippi Partnership Income Tax Withholding Voucher 2013

Tax Year Beginning _____
m m d d y y y y

Tax Year Ending _____
m m d d y y y y

Estimate Due Date _____
m m d d y y y y

FEIN _____

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 additional 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

- Duplex or photocopies NOT acceptable
- 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 23075 Jackson, MS 39225-3075



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FEIN _____

OWNER/PARTNER NAME	FEIN	SSN	IDENTIFICATION NUMBER	OWNERSHIP PERCENTAGE	AMOUNT OF PAYMENT
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ - _____ %	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ - _____ %	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ - _____ %	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ - _____ %	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ - _____ %	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ - _____ %	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ - _____ %	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ - _____ %	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ - _____ %	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ - _____ %	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ - _____ %	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ - _____ %	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ - _____ %	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ - _____ %	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ - _____ %	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ - _____ %	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ - _____ %	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ - _____ %	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ - _____ %	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ - _____ %	_____ .00
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ - _____ %	_____ .00
Subtotal (add lines and enter total amount on Form 84-387, page 1, line 15)					_____ .00

