

# Mississippi Individual / Fiduciary Income Tax Voucher

## Instructions

### Who Must Make Estimated Tax Payments

Every individual taxpayer who does not have at least eighty percent (80%) of his/her annual tax liability prepaid through withholding must make estimated tax payments if his/her annual tax liability exceeds two hundred dollars (\$200). For more information about the payment and calculation of estimated income tax payments, please see the Individual Income Tax Return Instructions, Form 80-100.

### Return Payments

This voucher may be used to make return payments for tax due on the Individual Income Tax Return (Form 80-105), Non-Resident Income Tax Return (Form 80-205) and the Fiduciary Income Tax Return (Form 81-110).

### Extension Payments

This voucher may be used to make extension payments for tax due on the Individual Income Tax Return (Form 80-105), Non-Resident Income Tax Return (Form 80-205) and the Fiduciary Income Tax Return (Form 81-110). Extension payments should be filed and paid on or before April 15th.

### Payment Options

- To pay this amount online, go to [www.dor.ms.gov](http://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 the payment coupon and check/money order with return to: **P.O. Box 23050, Jackson, MS 39225-3050**
  - Mail the payment coupon and check/money order without return to: **P.O. Box 23192, Jackson, MS 39225-3192**
  - 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.

Cut Along the Dotted Line



## Mississippi Individual / Fiduciary Income Tax Payment Voucher

Tax Year Beginning	
	m m   d d   y y y y
Tax Year Ending	
	m m   d d   y y y y

Taxpayer SSN/ITIN \_\_\_\_\_  
 Spouse SSN/ITIN \_\_\_\_\_

Trust FEIN \_\_\_\_\_  
 Name of Estate / Trust \_\_\_\_\_  
(if fiduciary payment)

Taxpayer First Name	Initial	Last Name	<b>Payment Type (Check One)</b>	<b>Account Type (Check One)</b>
			<input type="checkbox"/> Quarterly Estimate Payment	<input type="checkbox"/> Individual Income
Spouse First Name	Initial	Last Name	<input type="checkbox"/> Return Payment	<input type="checkbox"/> Fiduciary Income
Address			<input type="checkbox"/> Extension Payment	
City	State	Zip	<input type="checkbox"/> Amended Return Payment	

**Amount Paid** \_\_\_\_\_ .00

**Mail with return to:** Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

**Mail without return to:** Department of Revenue, P.O. Box 23192, Jackson, MS 39225-3192