



Mississippi Income / Withholding Tax Schedule 2022

Primary Taxpayer Name (as shown on Forms 80-105, 80-205 and 81-110)

THIS FORM MUST BE FILED EVEN IF YOU HAVE NO MISSISSIPPI WITHHOLDING

| 1 | A - Statement Information | B - Income and Withholding | C - Employer or Payer Information |
|---|---|--|--|
| | <p style="text-align: center;">Check appropriate box</p> <p><input type="checkbox"/> W-2 <input type="checkbox"/> W-2G <input type="checkbox"/> 1099</p> <p>If 1099-R, Code in Box 7 _____</p> <p>_____ Employer or Payer ID from W-2 or 1099</p> <p>_____ Taxpayer Name</p> <p>_____ Taxpayer Social Security Number</p> | <p>MS _____ .00 State State Wages, Tips, Etc.</p> <p>_____ Mississippi Withholding Only .00</p> <p>_____ State Income from Other State .00</p> | <p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p> |

| 2 | A - Statement Information | B - Income and Withholding | C - Employer or Payer Information |
|---|---|--|--|
| | <p style="text-align: center;">Check appropriate box</p> <p><input type="checkbox"/> W-2 <input type="checkbox"/> W-2G <input type="checkbox"/> 1099</p> <p>If 1099-R, Code in Box 7 _____</p> <p>_____ Employer or Payer ID from W-2 or 1099</p> <p>_____ Taxpayer Name</p> <p>_____ Taxpayer Social Security Number</p> | <p>MS _____ .00 State State Wages, Tips, Etc.</p> <p>_____ Mississippi Withholding Only .00</p> <p>_____ State Income from Other State .00</p> | <p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p> |

| 3 | A - Statement Information | B - Income and Withholding | C - Employer or Payer Information |
|---|---|--|--|
| | <p style="text-align: center;">Check appropriate box</p> <p><input type="checkbox"/> W-2 <input type="checkbox"/> W-2G <input type="checkbox"/> 1099</p> <p>If 1099-R, Code in Box 7 _____</p> <p>_____ Employer or Payer ID from W-2 or 1099</p> <p>_____ Taxpayer Name</p> <p>_____ Taxpayer Social Security Number</p> | <p>MS _____ .00 State State Wages, Tips, Etc.</p> <p>_____ Mississippi Withholding Only .00</p> <p>_____ State Income from Other State .00</p> | <p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p> |

| 4 | A - Statement Information | B - Income and Withholding | C - Employer or Payer Information |
|---|---|--|--|
| | <p style="text-align: center;">Check appropriate box</p> <p><input type="checkbox"/> W-2 <input type="checkbox"/> W-2G <input type="checkbox"/> 1099</p> <p>If 1099-R, Code in Box 7 _____</p> <p>_____ Employer or Payer ID from W-2 or 1099</p> <p>_____ Taxpayer Name</p> <p>_____ Taxpayer Social Security Number</p> | <p>MS _____ .00 State State Wages, Tips, Etc.</p> <p>_____ Mississippi Withholding Only .00</p> <p>_____ State Income from Other State .00</p> | <p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p> |