



MS

# Mississippi Income / Withholding Tax Schedule 2012

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

1 A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
<p>____ - ____ - ____ - ____ - ____ - ____ Employer or payer ID from W-2, 1099, K-1</p> <p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>	<p>_____ Name</p> <p>____ - ____ - ____ - ____ - ____ - ____ Social Security Number</p> <p>MS _____ State Mississippi Taxable Income _____ .00</p> <p>_____ .00 State Income from Other State</p>	<p style="text-align: center;">MS WITHHOLDING</p> <p>____, ____ , ____ , ____ , ____ .00</p> <p style="text-align: center;">Check appropriate box.</p> <p><input type="checkbox"/> W-2      <input type="checkbox"/> 1099      <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p style="text-align: center;"><b>Mississippi Withholding Only</b></p>

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<p>____ - ____ - ____ - ____ - ____ - ____ Employer or payer ID from W-2, 1099, K-1</p> <p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>	<p>_____ Name</p> <p>____ - ____ - ____ - ____ - ____ - ____ Social Security Number</p> <p>MS _____ State Mississippi Taxable Income _____ .00</p> <p>_____ .00 State Income from Other State</p>	<p style="text-align: center;">MS WITHHOLDING</p> <p>____, ____ , ____ , ____ , ____ .00</p> <p style="text-align: center;">Check appropriate box.</p> <p><input type="checkbox"/> W-2      <input type="checkbox"/> 1099      <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p style="text-align: center;"><b>Mississippi Withholding Only</b></p>

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<p>____ - ____ - ____ - ____ - ____ - ____ Employer or payer ID from W-2, 1099, K-1</p> <p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>	<p>_____ Name</p> <p>____ - ____ - ____ - ____ - ____ - ____ Social Security Number</p> <p>MS _____ State Mississippi Taxable Income _____ .00</p> <p>_____ .00 State Income from Other State</p>	<p style="text-align: center;">MS WITHHOLDING</p> <p>____, ____ , ____ , ____ , ____ .00</p> <p style="text-align: center;">Check appropriate box.</p> <p><input type="checkbox"/> W-2      <input type="checkbox"/> 1099      <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p style="text-align: center;"><b>Mississippi Withholding Only</b></p>

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<p>____ - ____ - ____ - ____ - ____ - ____ Employer or payer ID from W-2, 1099, K-1</p> <p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>	<p>_____ Name</p> <p>____ - ____ - ____ - ____ - ____ - ____ Social Security Number</p> <p>MS _____ State Mississippi Taxable Income _____ .00</p> <p>_____ .00 State Income from Other State</p>	<p style="text-align: center;">MS WITHHOLDING</p> <p>____, ____ , ____ , ____ , ____ .00</p> <p style="text-align: center;">Check appropriate box.</p> <p><input type="checkbox"/> W-2      <input type="checkbox"/> 1099      <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p style="text-align: center;"><b>Mississippi Withholding Only</b></p>

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

Duplex and Photocopies NOT Acceptable