

Mississippi Income / Withholding Tax Schedule 2014

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1 A - Statement Information	B - Income and Withhholding	C - Employer or Payer Information
Check appropriate box W-2 1099 K-1	MS	
	State Mississippi Taxable Income	Employer or payer name
If 1099-R, Code in Box 7	00	Address
Employer or payer ID from W-2, 1099, K-1	Mississippi Withholding Only	City, State, ZIP
Taxpayer Name	State Income from Other State	
Taxpayer Social Security Number		
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Check appropriate box W-2 1099 K-1 If 1099-R, Code in Box 7 Employer or payer ID from W-2, 1099, K-1	MS State Mississippi Taxable Income Mississippi Withholding Only	Employer or payer name Address
Check appropriate box W-2 1099 K-1 If 1099-R, Code in Box 7 Employer or payer ID from W-2, 1099, K-1 Taxpayer Name	MS State Mississippi Taxable Income Mississippi Withholding Only	Employer or payer name Address
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THIS FORM MUST BE FILED EVEN IF YOU HAVE NO MISSISSIPPI WITHHOLDING