



Mississippi
Partnership Income Tax Estimate Voucher
2025

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Tax Year Beginning

mm dd yyyy

Tax Year Ending

mm dd yyyy

FEIN

Estimate Due Date

mm dd yyyy

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 remitted by the partnership for the 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 supplemental 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

- Print FEIN on check
- Make check or money order payable to Department of Revenue or see instructions for electronic payment options

Mail To: Department of Revenue P.O. Box 23191 Jackson, MS 39225-3191



843872582000

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FEIN

Subtotal (add lines and enter total amount here and on Form 84-387, page 1, line 15)

Supplemental Page _____ of _____