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Estimate Due Date _____
mm dd yyyy

Business Name and DBA			<p>Total number of owners/partners filed on estimate form(s)</p> <p>_____</p>
Address			
City	State	Zip +4	

OWNER/PARTNER NAME	FEIN	SSN	IDENTIFICATION NUMBER	OWNERSHIP PERCENTAGE	AMOUNT OF PAYMENT
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16 Total estimate payment (add line 14 and line 15; should equal amount of payment/gain entered on line 2)	16	.00
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Date _____

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

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FEIN

[illegible]