

Mississippi

Individual / Fiduciary Income Tax Voucher

Instructions

Who Must Make Estimated Tax Payments

Every individual taxpayer who does not have at least eighty percent (80%) of his/her annual tax liability prepaid through withholding must make estimated tax payments if his/her annual tax liability exceeds two hundred dollars (\$200). For more information about the payment and calculation of estimated income tax payments, please see the Individual Income Tax Return Instructions, Form 80-100.

Return Payments

This voucher may be used to make return payments for tax due on the Individual Income Tax Return (Form 80-105), Non-Resident Income Tax Return (Form 80-205) and the Fiduciary Income Tax Return (Form 81-110).

Extension Payments

This voucher may be used to make extension payments for tax due on the Individual Income Tax Return (Form 80-105), Non-Resident Income Tax Return (Form 80-205) and the Fiduciary Income Tax Return (Form 81-110). Extension payments should be filed and paid on or before April 15th.

Payment Options

- To pay this amount online, go to www.dor.ms.gov, click on Taxpayer Access Point (TAP) and follow the instructions.
- To pay by check or money order, complete the payment coupon below:
 - Make the check or money order payable to Department of Revenue
 - Mail the payment coupon and check/money order with return to: **P.O. Box 23050, Jackson, MS 39225-3050**
 - Mail the payment coupon and check/money order without return to: **P.O. Box 23192, Jackson, MS 39225-3192**
 - Check the appropriate box on the voucher for the payment type you are remitting.
 - Check the amended return box on the voucher if you are making a payment with an amended return.
 - Write the identification number on the check or money order.
 - Duplex forms or photocopies are NOT acceptable.

Cut Along the Dotted Line

Form 80-106-25-8-1-000 (Rev. 09/25)



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Tax Year Beginning

m m d d y y y y

Tax Year Ending

m m d d y y y y

Taxpayer SSN/ITIN _____
 Spouse SSN/ITIN _____

Trust FEIN _____

Name of Estate / Trust _____
 (if fiduciary payment)

Taxpayer First Name	Initial	Last Name	Payment Type (Check One)	Account Type (Check One)
Spouse First Name	Initial	Last Name	<input type="checkbox"/> Quarterly Estimate Payment	<input type="checkbox"/> Individual Income
Address			<input type="checkbox"/> Return Payment	<input type="checkbox"/> Fiduciary Income
City	State	Zip	<input type="checkbox"/> Extension Payment	
			<input type="checkbox"/> Amended Return Payment	

Amount Paid

.00

Mail with return to: Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

Mail without return to: Department of Revenue, P.O. Box 23192, Jackson, MS 39225-3192