



# Mississippi

## Income / Withholding Tax Schedule

### 2025

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

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

1	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p>Check appropriate box</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> W-2           <input type="checkbox"/> W-2G           <input type="checkbox"/> 1099         </div> <p>If 1099-R, Code in Box 7 _____</p> <p>_____ Employer or Payer ID from W-2 or 1099</p> <p>_____ Taxpayer Name</p> <p>_____ Taxpayer Social Security Number</p>	<p><b>MS</b> _____ .00</p> <p>State      State Wages, Tips, Etc.</p> <p>_____ <b>Mississippi Withholding Only</b> .00</p> <p>_____ State      Income from Other State .00</p>	<p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>

2	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p>Check appropriate box</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> W-2           <input type="checkbox"/> W-2G           <input type="checkbox"/> 1099         </div> <p>If 1099-R, Code in Box 7 _____</p> <p>_____ Employer or Payer ID from W-2 or 1099</p> <p>_____ Taxpayer Name</p> <p>_____ Taxpayer Social Security Number</p>	<p><b>MS</b> _____ .00</p> <p>State      State Wages, Tips, Etc.</p> <p>_____ <b>Mississippi Withholding Only</b> .00</p> <p>_____ State      Income from Other State .00</p>	<p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>

3	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p>Check appropriate box</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> W-2           <input type="checkbox"/> W-2G           <input type="checkbox"/> 1099         </div> <p>If 1099-R, Code in Box 7 _____</p> <p>_____ Employer or Payer ID from W-2 or 1099</p> <p>_____ Taxpayer Name</p> <p>_____ Taxpayer Social Security Number</p>	<p><b>MS</b> _____ .00</p> <p>State      State Wages, Tips, Etc.</p> <p>_____ <b>Mississippi Withholding Only</b> .00</p> <p>_____ State      Income from Other State .00</p>	<p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>

4	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p>Check appropriate box</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> W-2           <input type="checkbox"/> W-2G           <input type="checkbox"/> 1099         </div> <p>If 1099-R, Code in Box 7 _____</p> <p>_____ Employer or Payer ID from W-2 or 1099</p> <p>_____ Taxpayer Name</p> <p>_____ Taxpayer Social Security Number</p>	<p><b>MS</b> _____ .00</p> <p>State      State Wages, Tips, Etc.</p> <p>_____ <b>Mississippi Withholding Only</b> .00</p> <p>_____ State      Income from Other State .00</p>	<p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>

**Duplex and Photocopies NOT Acceptable**