



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
	Check appropriate box <input type="checkbox"/> W-2 <input type="checkbox"/> W-2G <input type="checkbox"/> 1099 If 1099-R, Code in Box 7 _____ Employer or Payer ID from W-2 or 1099 _____ Taxpayer Name _____ Taxpayer Social Security Number _____	MS _____ .00 State _____ State Wages, Tips, Etc. Mississippi Withholding Only _____ .00 State _____ Income from Other State	Employer or payer name _____ Address _____ City, State, ZIP _____

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

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

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

Duplex and Photocopies NOT Acceptable