



Mississippi Income / Withholding Tax Schedule 2015



Primary Taxpayer Name (as shown on Forms 80-105, 80-110, 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 style="text-align: center; font-size: small;">Check appropriate box</p> <p> <input type="checkbox"/> W-2 <input type="checkbox"/> W-2G <input type="checkbox"/> 1099 <input type="checkbox"/> K-1 </p> <p style="margin-left: 40px;">If 1099-R, Code in Box 7 _____</p> <p style="margin-left: 40px;">Employer or Payer ID from W-2, 1099, K-1 _____</p> <p style="margin-left: 40px;">Taxpayer Name _____</p> <p style="margin-left: 40px;">Taxpayer Social Security Number _____</p>	<p>MS _____ .00</p> <p>State State Wages, Tips, Etc.</p> <p>_____ .00</p> <p style="text-align: center;">Mississippi Withholding Only</p> <p>_____ .00</p> <p>State Income from Other State</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 style="text-align: center; font-size: small;">Check appropriate box</p> <p> <input type="checkbox"/> W-2 <input type="checkbox"/> W-2G <input type="checkbox"/> 1099 <input type="checkbox"/> K-1 </p> <p style="margin-left: 40px;">If 1099-R, Code in Box 7 _____</p> <p style="margin-left: 40px;">Employer or Payer ID from W-2, 1099, K-1 _____</p> <p style="margin-left: 40px;">Taxpayer Name _____</p> <p style="margin-left: 40px;">Taxpayer Social Security Number _____</p>	<p>MS _____ .00</p> <p>State State Wages, Tips, Etc.</p> <p>_____ .00</p> <p style="text-align: center;">Mississippi Withholding Only</p> <p>_____ .00</p> <p>State Income from Other State</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 style="text-align: center; font-size: small;">Check appropriate box</p> <p> <input type="checkbox"/> W-2 <input type="checkbox"/> W-2G <input type="checkbox"/> 1099 <input type="checkbox"/> K-1 </p> <p style="margin-left: 40px;">If 1099-R, Code in Box 7 _____</p> <p style="margin-left: 40px;">Employer or Payer ID from W-2, 1099, K-1 _____</p> <p style="margin-left: 40px;">Taxpayer Name _____</p> <p style="margin-left: 40px;">Taxpayer Social Security Number _____</p>	<p>MS _____ .00</p> <p>State State Wages, Tips, Etc.</p> <p>_____ .00</p> <p style="text-align: center;">Mississippi Withholding Only</p> <p>_____ .00</p> <p>State Income from Other State</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 style="text-align: center; font-size: small;">Check appropriate box</p> <p> <input type="checkbox"/> W-2 <input type="checkbox"/> W-2G <input type="checkbox"/> 1099 <input type="checkbox"/> K-1 </p> <p style="margin-left: 40px;">If 1099-R, Code in Box 7 _____</p> <p style="margin-left: 40px;">Employer or Payer ID from W-2, 1099, K-1 _____</p> <p style="margin-left: 40px;">Taxpayer Name _____</p> <p style="margin-left: 40px;">Taxpayer Social Security Number _____</p>	<p>MS _____ .00</p> <p>State State Wages, Tips, Etc.</p> <p>_____ .00</p> <p style="text-align: center;">Mississippi Withholding Only</p> <p>_____ .00</p> <p>State Income from Other State</p>	<p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>



Duplex and Photocopies NOT Acceptable