



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 Withhholding	C - Employer or Payer Information
	Check appropriate box		
	W-2 W-2G 1099	MS00	
		State State Wages, Tips, Etc.	Employer or payer name
	If 1099-R, Code in Box 7		
			Address
	Employer or Payer ID from W-2 or 1099	Mississippi Withholding Only	
			City, State, ZIP
	Taxpayer Name		
	raxpayor nume	State Income from Other State	
	Townsyna Casial Casurity Number		
<u> </u>	Taxpayer Social Security Number		
2	A - Statement Information	B - Income and Withhholding	C - Employer or Payer Information
	Check appropriate box		
	W-2 W-2G 1099	MS00	
		State State Wages, Tips, Etc.	Employer or payer name
	If 1099-R, Code in Box 7		
		00	Address
	Employer or Payer ID from W-2 or 1099	Mississippi Withholding Only	
			City, State, ZIP
	Taxpayer Name	00	
		State Income from Other State	
	Taxpayer Social Security Number		
3	A - Statement Information	B - Income and Withhholding	C - Employer or Payer Information
2	Check appropriate box	B - Income and Withmolding	C - Employer of Payer Information
	W-2 W-2G 1099	MS	
	W-2G 1099	State State Wages, Tips, Etc.	Employer or payer name
		State State Wages, Tips, Ltc.	
	If 1099-R, Code in Box 7		
		00	Address
	Employer or Payer ID from W-2 or 1099	Mississippi Withholding Only	
			City, State, ZIP
	Taxpayer Name	00	
		State Income from Other State	
	Taxpayer Social Security Number		
	A - Statement Information	B - Income and Withhholding	C - Employer or Payer Information

4	4 A - Statement Information				Income and Withhholding	C - Employer or Payer Information
	W-2	Check appropriate b W-2G	1099	MS State	s00	Employer or payer name
	If 1099-R, Code in Box 7			Mississippi Withholding Only	Address City, State, ZIP	
Taxpayer Name			State	Income from Other State		