Form 84-387-17-3-1-000 (Rev. 08/17)

843871731000

Mississippi
Partnership Income Tax Withholding Voucher
2017

Tax Year Beginning 99999999

Tax Year Ending 99999999

Estimate Due Date 99999999

FEIN 999999999

Business Name and DBA			Total number of owners/partners filed on estimate form(s)
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9			999
Address			
X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9			
City	State	Zip +4	
X9X9X9X9X9X9X9X9X9X9X9X9	XX	999999999	

1	Total partnership net gain or profit					1	9999999999
2	5% of net gain or profit withheld (enter the total amount of tax withheld and remitted by partnership for owners/partners listed below)					2	9999999999
	OWNER/PARTNER NAME	**FEIN**	**SSN**	**IDENTIFICATION NUMBER**	**OWNERSHIP PERCENTAGE**		**AMOUNT OF PAYMENT**
3	X9X9X9X9X9X9X9X9	X	X	999999999	999.9999	3	9999999999
4	X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	4	9999999999
5	X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	5	9999999999
6	X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	6	9999999999
7	X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	7	9999999999
8	X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	8	9999999999
9	X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9	9999999999
10	X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	10	9999999999
11	X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	11	9999999999
12	X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	12	9999999999
13	X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	13	9999999999
14	Total of amounts entered on line 3 through line 13					14	9999999999
15	Total amounts from all supplemental pages (Form 84-387, page 2)					15	9999999999
16	Total estimate payment (add line 14 and line 15; should equal amount of payment/gain entered on line 2)					16	9999999999

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return.

Officer/ Agent Signature | Title | Date

- **Print FEIN on check**
- **Check or money order payable to Department of Revenue or see instructions for electronic payment options**

Mail To: Department of Revenue P.O. Box 23191 Jackson, MS 39225-3191

Form 84-387-17-3-2-000 (Rev. 08/17)

843871732000

Mississippi

Partnership Income Tax Withholding Voucher

2017

FEIN 999999999

OWNER/PARTNER NAME	FEIN	SSN	IDENTIFICATION NUMBER	OWNERSHIP PERCENTAGE	AMOUNT OF PAYMENT
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999
X9X9X9X9X9X9X9X9	X	X	999999999	99.9999	9999999999

Subtotal (add lines and enter total amount on Form 84-387, page 1, line 15) 9999999999