



Mississippi Partnership Income Tax Withholding Voucher

Tax Year Beginning
 m m d d y y y y

Tax Year Ending
 m m d d y y y y

FEIN

Estimate Due Date
 m m d d y y y y

Business Name and DBA			Total Number of Owners / Partners Filed on Estimate Form(s) <div style="border: 1px solid black; width: 50px; height: 20px; margin: auto;"></div>
Address			
City	State	Zip +4	

1. Total Partnership Net Gain or Profit \$ _____

2. 5% of Net Gain or Profit Withheld \$ _____
Enter the Total Amount of Tax Withheld and Remitted by Partnership for Owners / Partners Listed Below.

Owner / Partner Name	FEIN	SSN	Identification Number	Ownership Percentage	Amount of Payment
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
9. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
10. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
11. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
12. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
13. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
14. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
15. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
16. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
17. Total of Amounts Entered on Lines 3 Through 16					\$ _____
18. Total Amounts From All Additional Pages <small>(Form(s) 84-387, Page 2)</small>					\$ _____
19. Total Estimate Payment <small>(Add Lines 17 and 18. Should Equal Amount of Payment / Gain Entered on Line 2)</small>					\$ _____

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

- € Duplex or Photocopies NOT Acceptable
- € 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 23075
Jackson, MS 39225-3075



Mississippi Partnership Income Tax Withholding Voucher

FEIN _____

Owner / Partner Name	FEIN	SSN	Identification Number	Ownership Percentage	Amount of Payment
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
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_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
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_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
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_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	\$ _____

Subtotal
(Add Lines and Enter Total Amount on Form 84-387, Page 1, Line 18.)

_____ % \$ _____