

Mississippi Pass-Through Entity Income Tax Voucher

Instructions

Estimated Tax Payments

Every pass-through entity taxpayer having an annual income tax liability in excess of \$200 must make estimated tax payments. This voucher, 84-300, should be used to remit estimated tax payments for Composite S Corporations and Composite Partnerships. For Partnerships that elect to withhold and remit 5% of the partnership's net gain/profit to each partners' tax account, Form 84-387, Partnership Income Tax Withholding Voucher should be used. Corporations use Form 83-300, Corporate Income Tax Voucher.

For more information about estimated income tax payments for pass-through entities, please see the instructions, Form 84-100.

Payment Options

- To pay this amount online, go to www.dor.ms.gov, click on Taxpayer Access Point (TAP) and follow the instructions.
- To pay by check or money order, complete the payment coupon below:
 - Make the check or money order payable to Department of Revenue
 - Mail both the payment coupon and check/money order to: **P.O. Box 23075, Jackson, MS 39225-3075**
 - Check the appropriate box on the voucher for the payment type you are remitting.
 - Check the amended return box on the voucher if you are making a payment with an amended return.
 - Write the identification number on the check or money order.
 - Duplex forms or photocopies are NOT acceptable.
- To pay by credit card or electronic check go to www.officialpayments.com.
 - There is a 2 ½ % fee for credit cards or a \$3.00 fee for E-checks charged by Official Payments.
 - Visa, MasterCard, Discover and American Express cards are accepted.
 - Jurisdiction code for Mississippi is 3400.



Cut Along the Dotted Line



Mississippi Pass-Through Entity Income Tax Voucher

Tax Year Beginning _____
m m d d y y y y

Tax Year Ending _____
m m d d y y y y

Payment Due Date _____
m m d d y y y y

FEIN _____

Legal Name and DBA _____

Address _____

City _____ State _____ Zip +4 _____

CHECK ONE	CHECK ONE
<input type="checkbox"/> Composite S Corporation <input type="checkbox"/> Composite Partnership <input type="checkbox"/> S-Corporation	<input type="checkbox"/> Estimate Payment <input type="checkbox"/> Return Payment <input type="checkbox"/> Amended Return Payment

Amount Paid _____ .00

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Tax Year Beginning **99 99 9999**
 m m d d y y y y

Tax Year Ending **99 99 9999**
 m m d d y y y y

Payment Due Date **99 99 9999**
 m m d d y y y y

FEIN **999999999**

	CHECK ONE	CHECK ONE
<input checked="" type="checkbox"/> Composite S Corporation	<input checked="" type="checkbox"/> Estimate Payment	
<input checked="" type="checkbox"/> Composite Partnership	<input checked="" type="checkbox"/> Return Payment	
<input checked="" type="checkbox"/> S-Corporation	<input checked="" type="checkbox"/> Amended Return Payment	

Legal Name and DBA
X9

Address
X9

City State Zip +4
XXXXXXXXXXXXXXXXXXXX XX 999999999

Amount Paid **9999999999**