



Mississippi Partnership Income Tax Withholding Voucher 2013

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

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

Estimate Due Date _____
m m d d y y y y

FEIN _____

Business Name and DBA			Total number of owners/partners filed on estimate form(s) _____
Address			
City	State	Zip +4	

- 1 Total partnership net gain or profit 1 _____ .00
- 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 _____ .00

OWNER/PARTNER NAME	FEIN	SSN	IDENTIFICATION NUMBER	OWNERSHIP PERCENTAGE	AMOUNT OF PAYMENT
3 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ . ____ %	3 _____ .00
4 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ . ____ %	4 _____ .00
5 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ . ____ %	5 _____ .00
6 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ . ____ %	6 _____ .00
7 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ . ____ %	7 _____ .00
8 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ . ____ %	8 _____ .00
9 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ . ____ %	9 _____ .00
10 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ . ____ %	10 _____ .00
11 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ . ____ %	11 _____ .00
12 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ . ____ %	12 _____ .00
13 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ . ____ %	13 _____ .00
14 Total of amounts entered on line 3 through line 13			14 _____	.00	
15 Total amounts from all additional pages (Form 84-387, page 2)			15 _____	.00	
16 Total estimate payment (add line 14 and line 15; should equal amount of payment/gain entered on line 2)			16 _____	.00	

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 2013



Tax Year Beginning 01012013 mm dd yyyy

Tax Year Ending 12312013 mm dd yyyy

Estimate Due Date 06289999 mm dd yyyy

FEIN 999999999

Business Name and DBA, Address, City, State, Zip +4, Total number of owners/partners filed on estimate form(s)

Table with 2 columns: Line number and Amount. Line 1: Total partnership net gain or profit, 999999999. Line 2: 5% of net gain or profit withheld, 999999999.

Table with 7 columns: OWNER/PARTNER NAME, FEIN, SSN, IDENTIFICATION NUMBER, OWNERSHIP PERCENTAGE, AMOUNT OF PAYMENT. Rows 3-13 show individual partner details.

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

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