

Mississippi

MS 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) <u> </u>
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
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3. % - / - - - - / - - - - / - - - -

4. % - / - - - - / - - - - / - - - -

5. % - / - - - - / - - - - / - - - -

6. % - / - - - - / - - - - / - - - -

7. % - / - - - - / - - - - / - - - -

8. % - / - - - - / - - - - / - - - -

9. % - / - - - - / - - - - / - - - -

10. % - / - - - - / - - - - / - - - -

11. % - / - - - - / - - - - / - - - -

12. % - / - - - - / - - - - / - - - -

13. % - / - - - - / - - - - / - - - -

14. % - / - - - - / - - - - / - - - -

15. % - / - - - - / - - - - / - - - -

16. % - / - - - - / - - - - / - - - -

17. Total of Amounts Entered on Lines 3 Through 16 - / - - - - / - - - - / - - - -

18. Total Amounts From All Additional Pages - / - - - - / - - - - / - - - -
(Form(s) 84-387, Page 2)

19. Total Estimate Payment - / - - - - / - - - - / - - - -
(Add Lines 17 and 18. Should Equal Amount of Payment / Gain Entered on Line 2)

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 MS 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"/>	_____ %	_____, _____, _____, _____
_____	<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"/>	_____ %	_____, _____, _____, _____
_____	<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"/>	_____ %	_____, _____, _____, _____
_____	<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"/>	_____ %	_____, _____, _____, _____
_____	<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.)

_____ % _____, _____, _____, _____