Scanband Version of Form 80-107-12-5
Income/Withholding Tax Schedule

1) Complete redesign for 2012. See bottom for form specific instructions.
2) Submit five (5) copies with variable data, one (1) blank copy for approval.

801071250000

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MS

Mississippi
Income / Withholding Tax Schedule
2012

1AE-ID	2AE-ID	3AE-ID	4AE-ID
1BSSN	2BSSN	3BSSN	4BSSN
1BSt1	2BSt1	3BSt1	4BSt1
1BMSTI	2BMSTI	3BMSTI	4BMSTI
1BSt2	2BSt2	3BSt2	4BSt2
1BIOS	2BIOS	3BIOS	4BIOS
1CMSW	2CMSW	3CMSW	4CMSW
1CW-2	2CW-2	3CW-2	4CW-2
1C1099	2C1099	3C1099	4C1099
1CK-1	2CK-1	3CK-1	4CK-1
1C1099C	2C1099C	3C1099C	4C1099C

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MS

Mississippi
Income / Withholding Tax Schedule
2012

10/12 to 18/12	28/12 to 36/12	46/12 to 54/12	64/12 to 72/12
10/14 to 18/14	28/14 to 36/14	46/14 to 54/14	64/14 to 72/14
17/16 tp 18/16	35/16 to 36/16	53/16 to 54/16	71/16 to 72/16
12/18 to 18/18	30/18 to 36/18	48/18 to 54/18	66/18 to 72/18
17/20 to 18/20	35/20 to 36/20	53/20 to 54/20	71/20 to 72/20
12/22 to 18/22	30/22 to 36/22	48/22 to 54/22	66/22 to 72/22
12/24 to 18/24	30/24 to 36/24	48/24 to 54/24	66/24 to 72/24
18/26	36/26	54/26	72/26
18/28	36/28	54/28	72/28
18/30	36/30	54/30	72/30
17/32 to 18/32	35/32 to 36/32	53/32 to 54/32	71/32 to 72/32

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123456789	122345678	122234567	123456788
987654321	987654322	987654322	987654321
MS	MS	MS	MS
20792	1700	2152	1800
		LA	AL
0	0	50927	22792
1528	200	109	215
Y	N	N	Y
N	Y	N	N
N	N	Y	N
	01		

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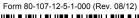
Form 80-107-12-5-1-000 (Rev. 08/12)

MS

Mississippi
Income / Withholding Tax Schedule
2012

Page 1

801071251000

Primary Taxpayer's Name (As shown on Forms 80-105, 80-110, 80-205 and 81-110)

John Doe

1	A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld

1

12-3456789
Employer or payer ID from W-2, 1099, K-1

Department of Finance
Employer or payer name

105 Main Street
Address

Jackson, MS 39206
City, State, ZIP

John Doe
Name

987-654-321
Social Security Number

MS   20,792.00
State   Mississippi Taxable Income

___ ___
State   Income from Other State

MS WITHHOLDING
1,528.00

Check appropriate box.

[X] W-2   [ ] 1099   [ ] K-1

If 1099-R, Code in Box 7   __ __

Mississippi Withholding Only

2

12-2345678
Employer or payer ID from W-2, 1099, K-1

State of Mississippi
Employer or payer name

1520 North Street
Address

Jackson, MS 39202
City, State, ZIP

Jane Doe
Name

987-654-322
Social Security Number

MS   1,700.00
State   Mississippi Taxable Income

___ ___ ___,___ ___ ___,___ ___ ___.00
State   Income from Other State

MS WITHHOLDING
200.00

Check appropriate box.

[ ] W-2   [X] 1099   [ ] K-1

If 1099-R, Code in Box 7   01

Mississippi Withholding Only

3

12-2234567
Employer or payer ID from W-2, 1099, K-1

Louisiana Department
Employer or payer name

18025 State Street
Address

Baton Rouge, LA 38257
City, State, ZIP

Jane Doe
Name

987-654-322
Social Security Number

MS   2,152.00
State   Mississippi Taxable Income

LA   50,927.00
State   Income from Other State

MS WITHHOLDING
109.00

Check appropriate box.

[ ] W-2   [ ] 1099   [X] K-1

If 1099-R, Code in Box 7   __ __

Mississippi Withholding Only

4

12-2223456
Employer or payer ID from W-2, 1099, K-1

Alabama Department
Employer or payer name

15025 State Street
Address

Huntsville, AL 35801
City, State, ZIP

John Doe
Name

987-654-321
Social Security Number

MS   1,800.00
State   Mississippi Taxable Income

22,792.00
State   Income from Other State

MS WITHHOLDING
215.00

Check appropriate box.

[X] W-2   [ ] 1099   [ ] K-1

If 1099-R, Code in Box 7   __ __

Mississippi Withholding Only

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801071251000

MS

Mississippi
Income / Withholding Tax Schedule
2012

Primary Taxpayer's Name (As shown on Forms 80-105, 80-110, 80-205 and 81-110)

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1 | A - Employer or Payer Information | B - Taxpayer Wage Information | C - MS Tax Withheld

__ __ - __ __ __ __ __ __ __
Employer or payer ID from W-2, 1099, K-1

Employer or payer name

Address

City, State, ZIP

Name

__ __ __ - __ __ - __ __ __ __
Social Security Number

MS __ , __ __ __ , __ __ __ . 00
State   Mississippi Taxable Income

__ __   __ , __ __ __ , __ __ __ . 00
State   Income from Other State

MS WITHHOLDING

__ , __ __ __ , __ __ __ . 00

Check appropriate box.

☐ W-2   ☐ 1099   ☐ K-1

If 1099-R, Code in Box 7   __ __

Mississippi Withholding Only

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2 | A - Employer or Payer Information | B - Taxpayer Wage Information | C - MS Tax Withheld

__ __ - __ __ __ __ __ __ __
Employer or payer ID from W-2, 1099, K-1

Employer or payer name

Address

City, State, ZIP

Name

__ __ __ - __ __ - __ __ __ __
Social Security Number

__ __   __ , __ __ __ , __ __ __ . 00
State   Mississippi Taxable Income

__ __   __ , __ __ __ , __ __ __ . 00
State   Income from Other State

MS WITHHOLDING

__ , __ __ __ , __ __ __ . 00

Check appropriate box.

☐ W-2   ☐ 1099   ☐ K-1

If 1099-R, Code in Box 7   __ __

Mississippi Withholding Only

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3 | A - Employer or Payer Information | B - Taxpayer Wage Information | C - MS Tax Withheld

__ __ - __ __ __ __ __ __ __
Employer or payer ID from W-2, 1099, K-1

Employer or payer name

Address

City, State, ZIP

Name

__ __ __ - __ __ - __ __ __ __
Social Security Number

__ __   __ , __ __ __ , __ __ __ . 00
State   Mississippi Taxable Income

__ __   __ , __ __ __ , __ __ __ . 00
State   Income from Other State

MS WITHHOLDING

__ , __ __ __ , __ __ __ . 00

Check appropriate box.

☐ W-2   ☐ 1099   ☐ K-1

If 1099-R, Code in Box 7   __ __

Mississippi Withholding Only

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4 | A - Employer or Payer Information | B - Taxpayer Wage Information | C - MS Tax Withheld

__ __ - __ __ __ __ __ __ __
Employer or payer ID from W-2, 1099, K-1

Employer or payer name

Address

City, State, ZIP

Name

__ __ __ - __ __ - __ __ __ __
Social Security Number

__ __   __ , __ __ __ , __ __ __ . 00
State   Mississippi Taxable Income

__ __   __ , __ __ __ , __ __ __ . 00
State   Income from Other State

MS WITHHOLDING

__ , __ __ __ , __ __ __ . 00

Check appropriate box.

☐ W-2   ☐ 1099   ☐ K-1

If 1099-R, Code in Box 7   __ __

Mississippi Withholding Only

THIS FORM MUST BE FILED EVEN IF YOU HAVE NO MISSISSIPPI WITHHOLDING

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Key to Data Fields for Income/Withholding Tax Schedule scanband version for 2012
The form number is 80-107. This form must be approved by the Mississippi Department of Revenue.

The following is the labeling and the description of the items to be included in the scanband of this form. The beginning and ending data positions are included in one of the templates for the form. The field length is included in this key for each data position. Grid positioning given is from the first grid space to the last grid space included in a datafield.(Example 22/9 to 29/9 is 8 grid spaces.) You should use this information to position the data on the returns. Do not use a grid overlay to determine the positions from a printed paper form. The field length specified assumes using a **Courier New 12 point** font, which is the required font. In the Scanband, any name and address fields should be left justified. **All other fields should be right justified. All fields in the scanband must be filled. If a field is blank in the scanband, your software should fill the field using a "0" (zero) for numeric fields and an "N" for alpha or alphanumeric fields, unless noted differently in the form specific instructions below.** The money fields in the scanband should not contain any commas, cents, decimals or other formatting information except for the negative signs (-) as a leading indicator for any negative amount. Example: The amount of negative $123,456 would be listed as -123456 inthe scanband.

The top left corner of the barcode is located at position x=6, y=4 on the 10/6 grid. "MS" to the left of the header must begin in grid space 27/4 and end in grid space 28/4 and be in a Courier New 12pt. The top right registration mark is located at the top right corner of grid box x=80, y=4.

NOTE: All Fields below must be populated for deductions to be allowed.

Scanband:
The upper left corner of the scanband must be located on the left and top edge of grid space x=6, y=10. The lower left corner of the scanband must be located on the left and bottom edge of grid space x=6, y=34. The upper right corner of the scanband must be located on the right and top edge of grid space x=76, y=10. The lower right corner of the scanband must be located on the right and bottom edge of grid space x=76, y=34.

Field Name	Description
1AE-ID	The Employer or payer ID listed in Section 1, Part A. This is a numeric field of 9 characters.
1BSSN	The Taxpayer SSN listed in Section 1, Part B. This is a numeric field of 9 characters.
1BSt1	The first State listed in Section 1, Part B. This is an alpha field of 2 characters.
1BMSTI	The Mississippi Taxable Income listed in Section 1, Part B. This is a numeric/money field of 7 characters.
1BSt2	The second State listed in Section 1, Part B. This is an alpha field of 2 characters. This field may be blank in the scanband if no state is listed.
1BIOS	The Income from Other State listed in Section 1, Part B. This is a numeric/money field of 7 characters.
1CMSW	The MS Withholding listed in Section 1, Part C. This is a numeric/money field of 7 characters.
1CW-2	The W-2 checkbox listed in Section 1, Part C. This is an alpha field of 1 character and should be marked as an X on the form and as a Y or N on the scanband.
1C1099	The 1099 checkbox listed in Section 1, Part C. This is an alpha field of 1 character and should be marked as an X on the form and as a Y or N on the scanband.
1CK-1	The K-1 checkbox listed in Section 1, Part C. This is an alpha field of 1 character and should be marked as an X on the form and as a Y or N on the scanband.
1C1099C	The 1099-R code listed in Section 1, Part C. This is an alphanumeric field of 2 characters. It is only populated if the 1099 checkbox above it is selected. Otherwise it is blank.
2AE-ID	The Employer or payer ID listed in Section 2, Part A. This is a numeric field of 9 characters.
2BSSN	The Taxpayer SSN listed in Section 2, Part B. This is a numeric field of 9 characters.
2BSt1	The first State listed in Section 2, Part B. This is an alpha field of 2 characters.
2BMSTI	The Mississippi Taxable Income listed in Section 2, Part B. This is a numeric/money field of 7 characters.
2BSt2	The second State listed in Section 2, Part B. This is an alpha field of 2 characters. This field may be blank in the scanband if no state is listed.

2BIOS	The Income from Other State listed in Section 2, Part B. This is a numeric/money field of 7 characters.
2CMSW	The MS Withholding listed in Section 2, Part C. This is a numeric/money field of 7 characters.
2CW-2	The W-2 checkbox listed in Section 2, Part C. This is an alpha field of 1 character and should be marked as an X on the form and as a Y or N on the scanband.
2C1099	The 1099 checkbox listed in Section 2, Part C. This is an alpha field of 1 character and should be marked as an X on the form and as a Y or N on the scanband.
2CK-1	The K-1 checkbox listed in Section 2, Part C. This is an alpha field of 1 character and should be marked as an X on the form and as a Y or N on the scanband.
2C1099C	The 1099-R code listed in Section 2, Part C. This is an alphanumeric field of 2 characters. It is only populated if the 1099 checkbox above it is selected. Otherwise it is blank.
3AE-ID	The Employer or payer ID listed in Section 3, Part A. This is a numeric field of 9 characters.
3BSSN	The Taxpayer SSN listed in Section 3, Part B. This is a numeric field of 9 characters.
3BSt1	The first State listed in Section 3, Part B. This is an alpha field of 2 characters.
3BMSTI	The Mississippi Taxable Income listed in Section 3, Part B. This is a numeric/money field of 7 characters.
3BSt2	The second State listed in Section 3, Part B. This is an alpha field of 2 characters. This field may be blank in the scanband if no state is listed.
3BIOS	The Income from Other State listed in Section 3, Part B. This is a numeric/money field of 7 characters.
3CMSW	The MS Withholding listed in Section 3, Part C. This is a numeric/money field of 7 characters.
3CW-2	The W-2 checkbox listed in Section 3, Part C. This is an alpha field of 1 character and should be marked as an X on the form and as a Y or N on the scanband.
3C1099	The 1099 checkbox listed in Section 3, Part C. This is an alpha field of 1 character and should be marked as an X on the form and as a Y or N on the scanband.
3CK-1	The K-1 checkbox listed in Section 3, Part C. This is an alpha field of 1 character and should be marked as an X on the form and as a Y or N on the scanband.
3C1099C	The 1099-R code listed in Section 3, Part C. This is an alphanumeric field of 2 characters. It is only populated if the 1099 checkbox above it is selected. Otherwise it is blank.
4AE-ID	The Employer or payer ID listed in Section 4, Part A. This is a numeric field of 9 characters.
4BSSN	The Taxpayer SSN listed in Section 4, Part B. This is a numeric field of 9 characters.
4BSt1	The first State listed in Section 4, Part B. This is an alpha field of 2 characters.
4BMSTI	The Mississippi Taxable Income listed in Section 4, Part B. This is a numeric/money field of 7 characters.
4BSt2	The second State listed in Section 4, Part B. This is an alpha field of 2 characters. This field may be blank in the scanband if no state is listed.
4BIOS	The Income from Other State listed in Section 4, Part B. This is a numeric/money field of 7 characters.
4CMSW	The MS Withholding listed in Section 4, Part C. This is a numeric/money field of 7 characters.
4CW-2	The W-2 checkbox listed in Section 4, Part C. This is an alpha field of 1 character and should be marked as an X on the form and as a Y or N on the scanband.
4C1099	The 1099 checkbox listed in Section 4, Part C. This is an alpha field of 1 character and should be marked as an X on the form and as a Y or N on the scanband.
4CK-1	The K-1 checkbox listed in Section 4, Part C. This is an alpha field of 1 character and should be marked as an X on the form and as a Y or N on the scanband.
4C1099C	The 1099-R code listed in Section 4, Part C. This is an alphanumeric field of 2 characters. It is only populated if the 1099 checkbox above it is selected. Otherwise it is blank.