



Mississippi Income / Withholding Tax Schedule 2013

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

1 A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
<p>Check appropriate box</p> <p><input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p>_____ Employer or payer ID from W-2, 1099, K-1</p> <p>_____ Taxpayer Name</p> <p>_____ Taxpayer Social Security Number</p>	<p>MS _____ .00 State Mississippi Taxable Income</p> <p>_____ .00 Mississippi Withholding Only</p> <p>_____ .00 State Income from Other State</p>	<p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>

2 A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
<p>Check appropriate box</p> <p><input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p>_____ Employer or payer ID from W-2, 1099, K-1</p> <p>_____ Taxpayer Name</p> <p>_____ Taxpayer Social Security Number</p>	<p>MS _____ .00 State Mississippi Taxable Income</p> <p>_____ .00 Mississippi Withholding Only</p> <p>_____ .00 State Income from Other State</p>	<p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>

3 A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
<p>Check appropriate box</p> <p><input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p>_____ Employer or payer ID from W-2, 1099, K-1</p> <p>_____ Taxpayer Name</p> <p>_____ Taxpayer Social Security Number</p>	<p>MS _____ .00 State Mississippi Taxable Income</p> <p>_____ .00 Mississippi Withholding Only</p> <p>_____ .00 State Income from Other State</p>	<p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>

4 A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
<p>Check appropriate box</p> <p><input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p>_____ Employer or payer ID from W-2, 1099, K-1</p> <p>_____ Taxpayer Name</p> <p>_____ Taxpayer Social Security Number</p>	<p>MS _____ .00 State Mississippi Taxable Income</p> <p>_____ .00 Mississippi Withholding Only</p> <p>_____ .00 State Income from Other State</p>	<p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>

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

Duplex and Photocopies NOT Acceptable

Mississippi Income / Withholding Tax Schedule 2013



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

1	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	Check appropriate box <input checked="" type="checkbox"/> W-2 <input checked="" type="checkbox"/> 1099 <input checked="" type="checkbox"/> K-1	MS 9999999999 State Mississippi Taxable Income	XXXXXXXXXXXXXXXXXXXXXXXXXXXX Employer or payer name
	If 1099-R, Code in Box 7 <input checked="" type="checkbox"/> 9 9999999999	9999999999 Mississippi Withholding Only	X9X9X9X9X9X9X9X9X9X9X9X9X Address
	Employer or payer ID from W-2, 1099, K-1 XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX 9999999999 State Income from Other State	XXXXXXXXXXXXXXXXXXXX XX 99999 City, State, ZIP
	Taxpayer Name 9999999999		
	Taxpayer Social Security Number 9999999999		

2	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	Check appropriate box <input checked="" type="checkbox"/> W-2 <input checked="" type="checkbox"/> 1099 <input checked="" type="checkbox"/> K-1	MS 9999999999 State Mississippi Taxable Income	XXXXXXXXXXXXXXXXXXXXXXXXXXXX Employer or payer name
	If 1099-R, Code in Box 7 <input checked="" type="checkbox"/> 9 9999999999	9999999999 Mississippi Withholding Only	X9X9X9X9X9X9X9X9X9X9X9X9X Address
	Employer or payer ID from W-2, 1099, K-1 XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX 9999999999 State Income from Other State	XXXXXXXXXXXXXXXXXXXX XX 99999 City, State, ZIP
	Taxpayer Name 9999999999		
	Taxpayer Social Security Number 9999999999		

3	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	Check appropriate box <input checked="" type="checkbox"/> W-2 <input checked="" type="checkbox"/> 1099 <input checked="" type="checkbox"/> K-1	MS 9999999999 State Mississippi Taxable Income	XXXXXXXXXXXXXXXXXXXXXXXXXXXX Employer or payer name
	If 1099-R, Code in Box 7 <input checked="" type="checkbox"/> 9 9999999999	9999999999 Mississippi Withholding Only	X9X9X9X9X9X9X9X9X9X9X9X9X Address
	Employer or payer ID from W-2, 1099, K-1 XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX 9999999999 State Income from Other State	XXXXXXXXXXXXXXXXXXXX XX 99999 City, State, ZIP
	Taxpayer Name 9999999999		
	Taxpayer Social Security Number 9999999999		

4	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	Check appropriate box <input checked="" type="checkbox"/> W-2 <input checked="" type="checkbox"/> 1099 <input checked="" type="checkbox"/> K-1	MS 9999999999 State Mississippi Taxable Income	XXXXXXXXXXXXXXXXXXXXXXXXXXXX Employer or payer name
	If 1099-R, Code in Box 7 <input checked="" type="checkbox"/> 9 9999999999	9999999999 Mississippi Withholding Only	X9X9X9X9X9X9X9X9X9X9X9X9X Address
	Employer or payer ID from W-2, 1099, K-1 XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX 9999999999 State Income from Other State	XXXXXXXXXXXXXXXXXXXX XX 99999 City, State, ZIP
	Taxpayer Name 9999999999		
	Taxpayer Social Security Number 9999999999		

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