

Mississippi Income / Withholding Tax Schedule 2014



Primary Taxpayer 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		

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