Provider Version of Form 80-300-11-3 Estimated Tax Declaration for Individuals

We have tried to include the changes from the previous year in this list, but we may have missed a few. Please check the form as well as this list.

2010 Changes-

- 1) Updated barcode, and all year references, dates, and form number.
- 2) Updated the agency name

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MS Mississippi Estimated Tax for Individuals - Voucher 4 This Payment Due Date January 15 Duplex or Photocopies NOT Acceptable

2011 IE

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Return this form with check or money order payable to: **Department of Revenue**.

Print Social Security Number on check. Include Spouse SSN if JOINT RETURN. Mail to: Department of Revenue P. O. Box 23075 Jackson, MS 39225-3075

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Form 80	-300-11-3	-1-000 (R	ev. 5/10))
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MS Mississippi Estimated Tax for Individuals - Voucher 3 This Payment Due Date September 15 Duplex or Photocopies NOT Acceptable

2011 IE

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MS Mississippi Estimated Tax for Individuals - Voucher 2 This Payment Due Date June 15 Duplex or Photocopies NOT Acceptable

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!			Spouse Social Security Number
·			Fiduciary FEIN
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Print Social Security Number on check. Include Spouse SSN if JOINT RETURN.

Mail to: Department of Revenue P. O. Box 23075 Jackson, MS 39225-3075

Retain the Top Portion of this Form for your Records

IMPORTANT NOTICE: DO NOT MAIL ESTIMATED TAX VOUCHER WITH YOUR INCOME TAX RETURN. DO NOT COMBINE PAYMENTS ON A SINGLE CHECK.

Form 80-300-11-3-1-000 (Rev. 5/10) MS Est	JACKSON, MS 3922 Cut along line Mississip imated Tax for Individuals This Payment Due I	opi Juals - Vouche r	1	
Maii 10	P.O. BOX 23075			
January 15, 2012 Mail To	: DEPARTMENT OF	DEVENITE		
September 15, 2011				
June 15, 2011				
April 15, 2011				
Overpayment from last year				
Calendar Year Taxpayers				
DATE INSTALLMENT PAYMENTS ARE DUE	RE Date Paid	ECORD OF ESTIMA		MENTS Accumulated Payments
 Itemized deductions or standard deducti Personal and additional exemptions (See Total exemptions and deductions Estimated taxable income. Subtract Line Tax on amount on Line 7. Use Tax Rate Deduct - Estimated income tax to be with ESTIMATED TAX (Line 8 less Line 9.) (Incomplete taxable) 	on (See Instruction No. 4. e Instruction No. 3.) e 6 from Line 3. Enter the e Schedule (See Instruction hheld during the entire year)	s difference here nn No. 5.) \$\[\frac{1}{2} \]		\$\[\\$\[\] \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
 Total expected income of taxpayer for 20 Total expected income of spouse for 20 Total income (Add Lines 1 & 2.) 		\$ 1		- -

INSTRUCTIONS FOR FORM 80-300

1. WHO MUST FILE ESTIMATED INCOME TAX PAYMENTS

Every individual taxpayer who does not have at least eighty percent (80%) of his/her annual tax liability prepaid through withholding must make estimated tax payments if his/her annual tax liability exceeds two hundred dollars (\$200). Estimated tax payments must not be less than 80% of the annual income tax liability. Any taxpayer who fails to file the estimated tax return and pay the tax within the time prescribed or underestimates the required amount shall be liable for interest of one percent (1%) per month on underpayment of tax from the date payment is due until paid.

2. WHEN TO FILE ESTIMATED PAYMENTS

- A. Estimated tax must be paid on or before April 15th of the tax year or in four equal installments as follows:
 - 1. One-fourth (1/4) on or before April 15, 2011 (Voucher 1)
 - 2. One-fourth (1/4) on or before June 15, 2011 (Voucher 2)
 - One-fourth (1/4) on or before September 15, 2011 (Voucher 3)
 - 4. One-fourth (1/4) on or before January 15, 2012 (Voucher 4)

B. Exceptions

- Farmers and fishermen If at least two thirds (2/3) of your gross income for 2010 is from farming or fishing, you may:
 - a. Pay all of your estimated tax by January 16, 2012, or
 - File your 2010 income tax return by March 1, 2011 and pay the total tax due. In this case, 2011 estimate payments are not required.
- Amendment In this case of an amendment to the tax estimate, the tax payments due after such amendment shall be adjusted either up or down to conform to the amended estimate of tax.
- 3. If you first meet the requirements for filing estimated tax payments after April 15, but before September 15, you may pay estimated tax in equal installments with the first installment being at the time you first meet the requirements and in installments on the applicable dates described in Section A, above. If the requirements are met after September 15, the estimated tax should be paid in full at the time.
- 4. Any estimated payment may be paid in advance of the date prescribed.

3. PERSONAL EXEMPTIONS

Personal exemptions for use in computing estimated income tax are as follows: Married Jointly (\$12,000), Married Spouse Deceased during the tax year (\$12,000), Married Filing Separate (\$6,000), Head of Family (\$9,500), and Single (\$6,000). Enter applicable amount on Line 4 of the worksheet.

4. DEDUCTIONS

Individual nonbusiness itemized deductions shall be deducted in the amount allowable for federal income tax purposes reduced by the state income taxes. The optional standard deductions are: Married Jointly (\$4,600), Married Spouse Deceased (\$4,600), Married Filing Separately (\$2,300), Head of Family (\$3,400), and Single (\$2,300). Enter applicable amount on Line 4 of the worksheet.

5. TAX RATES

The individual income tax rates are 3% on the first \$5,000 of taxable income, 4% on the next \$5,000 of taxable income, and 5% on the taxable income in excess of \$10,000.

6. MAILING CHECK LIST

- A. Print your social security number and "Estimated Tax" on your check or money order. If joint account, add spouse's social security number.
- B. Make your check payable to the Department of Revenue
- Do not mail estimated payments with your tax return.
 Send estimates separately.
- D. Mail payment and voucher to:

Department of Revenue P.O. BOX 23075 Jackson, MS 39225-3075

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Mississippi Estimated Tax for Individuals - Voucher 4 MS This Payment Due Date January 15 **Duplex or Photocopies NOT Acceptable**

ΙE 2011

N1	N2	 N3	Taxpayer Social Security Number
,	N5	 N6	
		12	Spouse Social Security Number
N7			
,		 	Fiduciary FEIN
C1	C2 C3		
<u></u>			Total amount of this payr

Return this form with check or money order payable to: **Department of Revenue**.

Print Social Security Number on check. Include Spouse SSN if JOINT RETURN.

Mail to: Department of Revenue P. O. Box 23075 Jackson, MS 39225-3075

The beginning and ending positions of each data box below are referenced in the box.

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Mississippi MS Estimated Tax for Individuals - Voucher 4 This Payment Due Date January 15 **Duplex or Photocopies NOT Acceptable**

ΙE 2011

6/9 to 25/9	27/9 to 46/9		Taxpayer Social Security Number
		 51 ₄ /11	66/10 to 75/10
6/11 to 25/11	27/11 to 46/11		Spouse Social Security Number
6/13 to 50/13			66/13 to 75/13
6/15 to 53/15			Fiduciary FEIN
	02/17		66/16 to 75/16
6/17 to 20/17	23/17 [27/17 to 35/17] to-1 24/17		Total amount of this paym

Return this form with check or money order payable to: **Department of Revenue**.

Print Social Security Number on check. Include Spouse SSN if JOINT RETURN.

Mail to: **Department of Revenue** P. O. Box 23075 Jackson, MS 39225-3075 Total amount of this payment



MS Mississippi
Estimated Tax for Individuals - Voucher 4
This Payment Due Date January 15
Duplex or Photocopies NOT Acceptable

2011 IE

Johnson

Joe

B S

1234567897

Johnson

Sally

Spouse Social Security Number

Taxpayer Social Security Number

Estate of Joe Johnson

9876543217

12345 Redbud Lane

Fiduciary FEIN

Jackson MS 39056

2536475896

Return this form with check or money order payable to:

Department of Revenue.

Print Social Security Number on check. Include Spouse SSN if JOINT RETURN. Mail to: Department of Revenue P. O. Box 23075 Jackson, MS 39225-3075 Total amount of this payment



MS Mississippi Estimated Tax for Individuals - Voucher 3 This Payment Due Date September 15 Duplex or Photocopies NOT Acceptable

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The beginning and ending positions of each data box below are referenced in the box.

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Mississippi MS Estimated Tax for Individuals - Voucher 3 This Payment Due Date September 15 **Duplex or Photocopies NOT Acceptable**

IE 2011

16/9 to 25/9	i27/9 to 46/9	51/9	Taxpayer Social Security Number
			66/10 to 75/10
6/11 to 25/11	27/11 to 46/11	51/11	
			Spouse Social Security Number
6/13 to 50/13		J	66/13 to 75/13
			Fiduciary FEIN
6/15 to 53/15		i	
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6/17 to 20/17			
	24/17		Total amount of this paym

Return this form with check or money order payable to: **Department of Revenue**.

Print Social Security Number on check. Include Spouse SSN if JOINT RETURN.

Mail to: **Department of Revenue** P. O. Box 23075 Jackson, MS 39225-3075 Total amount of this payment



MS Mississippi
Estimated Tax for Individuals - Voucher 3
This Payment Due Date September 15
Duplex or Photocopies NOT Acceptable

2011 IE

Johnson

Joe

Sally

В

S

Taxpayer Social Security Number

1234567897

Estate of Joe Johnson

Spouse Social Security Number

1024F D - 11- 1 F - - -

9876543217

12345 Redbud Lane

Fiduciary FEIN

2536475896

Jackson

Johnson

MS 39056

Total amount of this payment

Return this form with check or money order payable to: **Department of Revenue**.

Print Social Security Number on check. Include Spouse SSN if JOINT RETURN. Mail to: Department of Revenue P. O. Box 23075 Jackson, MS 39225-3075



MS Mississippi Estimated Tax for Individuals - Voucher 2 This Payment Due Date June 15 Duplex or Photocopies NOT Acceptable

2011 |E

N1	N2	 N3	Taxpayer Social Security Number
,	N5	 N6	!
		 1.70	Spouse Social Security Number
N7			
Å		 	Fiduciary FEIN
C1	C2 C3		

Return this form with check or money order payable to: **Department of Revenue**.

Print Social Security Number on check. Include Spouse SSN if JOINT RETURN. Mail to: Department of Revenue P. O. Box 23075 Jackson, MS 39225-3075

The beginning and ending positions of each data box above are referenced in the box.

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Form 80-	-300-11-3	-1-000 (F	Rev. 5/10)
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MS Mississippi Estimated Tax for Individuals - Voucher 2 This Payment Due Date June 15 Duplex or Photocopies NOT Acceptable

2011 IE

 5/9 to 25/9	127/9 to 46/9	51/9	Taxpayer Social Security Number
5/11 to 25/11	27/11 to 46/11	51/11	Spouse Social Security Number
5/13 to 50/13			
5/15 to 53/15			Fiduciary FEIN
			66/16 to 75/16

6/17 to 20/17 | 23/17 | 27/17 to 35/17 | 24/17

Return this form with check or money order payable to: **Department of Revenue**.

Print Social Security Number on check. Include Spouse SSN if JOINT RETURN. Mail to: Department of Revenue P. O. Box 23075 Jackson, MS 39225-3075 Total amount of this payment



Mississippi MS Estimated Tax for Individuals - Voucher 2 This Payment Due Date June 15 **Duplex or Photocopies NOT Acceptable**

ΙE 2011

Johnson

Joe

В

S

Taxpayer Social Security Number

1234567897

Johnson

Sally

Spouse Social Security Number

9876543217

Estate of Joe Johnson

12345 Redbud Lane

Fiduciary FEIN

2536475896

Jackson

39056 MS

Total amount of this payment

Return this form with check or money order payable to: Department of Revenue.

Print Social Security Number on check. Include Spouse SSN if JOINT RETURN.

Mail to: **Department of Revenue** P. O. Box 23075 Jackson, MS 39225-3075

Retain the Top Portion of this Form for your Records

IMPORTANT NOTICE: DO NOT MAIL ESTIMATED TAX VOUCHER WITH YOUR INCOME TAX RETURN. DO NOT COMBINE PAYMENTS ON A SINGLE CHECK.

 Total expected incom Total expected incom Total income (Add Li Itemized deductions Personal and additio Total exemptions and Estimated taxable inc Tax on amount on Li Deduct - Estimated incom 	ne of taxpayer for ne of spouse for nes 1 & 2.) or standard dedi nal exemptions (d deductions come. Subtract I ne 7. Use Tax F ncome tax to be		No. 4.) er the differe ruction No. ! re year	\$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	## TAX FOR 2011 \$		
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Overpayment fro	om last year						
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June 15, 2	2011						•
September 1	5, 2011						
January 15	, 2012						-
Form 80-300-11-3-1-000 (Rev. 5/10)	Mail MS	P.O. BOX 2307 JACKSON, MS Cut along li	75 39225-3079 ine iSSippi dividuals Due Date A	5 - Voucher ' April 15	1 2011	 ——	_
				N3	Taxpayer Social Sec	urity Number	
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Return this for money order Department	rm with check or payable to: of Revenue.	Print Social Security Number on check. Include Spouse SSN if JOINT RETURN.	P. O. Bo	nent of Revenu x 23075 I. MS 39225-30	ie	nt of this payment	

Department of Revenue P. O. Box 23075 Jackson, MS 39225-3075

The beginning and ending positions of each data box above are referenced in the box.

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Mississippi MS Estimated Tax for Individuals - Voucher 1 This Payment Due Date April 15 **Duplex or Photocopies NOT Acceptable**

IE 2011

легия по	27/9 to 46/9	51/9	Taxpayer Social Security Number
			66/10 to 75/10
6/11 to 25/11	27/11 to 46/11	51/11	Spouse Social Security Number
16/13 to 50/13			66/13 to 75/13
6/15 to 53/15		 	Fiduciary FEIN
6/17 to 20/17	23/17 27/17 to 35/17		66/16 to 75/16
_	24/17		Total amount of this paym

Return this form with check or money order payable to: **Department of Revenue**.

Print Social Security Number on check. Include Spouse SSN if JOINT RETURN.

Mail to: **Department of Revenue** P. O. Box 23075 Jackson, MS 39225-3075 Total amount of this payment

Retain the Top Portion of this Form for your Records

IMPORTANT NOTICE:

DO NOT MAIL ESTIMATED TAX VOUCHER WITH YOUR INCOME TAX RETURN. DO NOT COMBINE PAYMENTS ON A SINGLE CHECK.

 Total expected Total income (A) Itemized deduct Personal and a Total exemption Estimated taxal Tax on amount Deduct - Estimate 	income of taxpayer for income of spouse for 2 add Lines 1 & 2.) tions or standard deduditional exemptions (sins and deductions ble income. Subtract Lon Line 7. Use Tax Rated income tax to be varied.	2011 ction (See Instruction N	striction No. 5.)	\$[
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Form 80-300-11-3-1-000 (Re	Mail v. 5/10) ∭III III MS	P.O. BOX 2307 JACKSON, MS Cut along lin	5 39225-3075	· 		
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Johnson	Sal	ly	S	1234567897		
Estate of Jo	oe Johnson			Spouse Social Security Number 9876543217		
12345 Redbud	d Lane			Fiduciary FEIN		
Jackson	MS 390	56		2536475896		
Return monev	this form with check or order payable to: ment of Revenue.	Print Social Security Number on check. Include Spouse SSN if JOINT RETURN.	Mail to: Department of Reve P. O. Box 23075 Jackson. MS 39225	2222222)	

P. O. Box 23075 Jackson, MS 39225-3075

Key to the data fields for the Estimated Tax Declaration for Individuals Income Tax provider version for 2010. The form number is 80-300. This form must be approved by Mississippi Department of Revenue.

The barcode and registration marks are located as follows on all four forms:

The top left corner of the barcode is located at position x=6, y=47 on the 10/6 grid.

The top right registration mark is located at the top right corner of grid box x=80, y=47.

The lower left registration mark is located at the lower left corner of grid box x=6, y=63, 1/2 inch from bottom of page. "MS"to the left of the header begins at grid 27/47 and ends at 28/47, and is in Courier 12 pt. The "IE" in the right corner begins at grid 70/49 and ends at 71/49 and is in Arial 18 pt. The "2011" begins at grid 63/49 and ends at 66/49 and is in Arial 14 pt (bold).

Each Individual income Tax Estimated Voucher must be printed on a full page for approval.

The following is the labeling and the description of the scan items to be included in all four forms. The beginning and ending data position is included in one of the templates for the form. The field length is included in this key for each data position. Grid positioning of data given is for the first grid space and the last grid space included in a data field. 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 12 font, which is the required font. The name and address fields should be left justified. All other fields should be right justified.

The money field in the scan areas should not contain any cents, decimals or other formatting information except for the negative signs (-)

Field Name

Description

Taxpayer Social Security Number This is a numeric field. This is the taxpayer's Social Security Number. The last digit in this field is a check digit. Check digits should be calculated using Modulus 10 Self-check Digit Computation found in the Mississippi Guidelines for Provider of Substitute Forms. This field is 10 characters long.

Spouse's Social Security Number This is a numeric field. This is the spouse's Social Security Number. The last digit in this field is a check digit. Check digits should be calculated using Modulus 10 Self-check Digit Computation found in the Mississippi Guidelines for Provider of Substitute Forms. This field is 10 characters long.

Fiduciary FEIN

This is a numeric field. This is the Fiduciary's Federal Employer Identification Number. The last digit in this field is a check digit. Check digits should be calculated using Modulus 10 Self-check Digit Computation found in the Mississippi Guidelines for Provider of Substitute Forms. This field is 10 characters long.

Amount of Payment

This is a numeric money field. This field is 9 characters long.

- N₁ Taxpayer's last name. This is an alpha field. This field is 20 characters long.
- N2 Taxpayer's first name. This is an alpha field. This field is 20 characters long.
- N3 Taxpayer's middle initial. This is an alpha field. This field is 1 character long.
- N4 Spouse's last name. This is an alpha field. This field is 20 characters long.

This field should be completed if there is a spouse and left blank if there is no spouse.

N5 Spouse's first name. This is an alpha field. This field is 20 characters long.

This field should be completed if there is a spouse and left blank if there is no spouse.

N6 Spouse's middle initial. This is an alpha field. This field is 1 character long.

This field should be completed if there is a spouse and left blank if there is no spouse.

N7 Fiduciary's name. This is an alpha field. This field is 45 characters long.

This field should be completed if there is a fiduciary and left blank if there is no fiduciary.

- Α Taxpayer's current address. This is an alpha and numeric field. This field is 48 characters long.
- C₁ Taxpayer's city of residency. This is an alpha field. This field is 15 characters long.

- C2 Taxpayer's state of residency. This is an alpha field and contains the state two letter abbreviation of the taxpayer's residency. This field is 2 characters long.
- C3 Taxpayer's zip code. This is a numeric field and contains the taxpayer's zip code (Zip plus 4). If you do not have the plus 4, leave that portion blank and only enter the 5 digit Zip code. This field is 9 characters long.

Each Estimated Voucher must be printed on a full page for approval.