



Mississippi Partnership Income Tax Withholding Voucher 2018

Tax Year Beginning _____

Tax Year Ending _____

Estimate Due Date _____

FEIN _____

Business Name and DBA			Total number of owners/partners filed on estimate form(s)
Address			
City	State	Zip +4	

- 1 Total partnership net gain or profit 1 _____ .00
- 2 5% of net gain or profit withheld (enter the total amount of tax withheld and remitted by partnership for owners/partners listed below) 2 _____ .00

OWNER/PARTNER NAME	FEIN	SSN	IDENTIFICATION NUMBER	OWNERSHIP PERCENTAGE	AMOUNT OF PAYMENT
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3	_____	_____	_____	_____%	3 _____ .00
4	_____	_____	_____	_____%	4 _____ .00
5	_____	_____	_____	_____%	5 _____ .00
6	_____	_____	_____	_____%	6 _____ .00
7	_____	_____	_____	_____%	7 _____ .00
8	_____	_____	_____	_____%	8 _____ .00
9	_____	_____	_____	_____%	9 _____ .00
10	_____	_____	_____	_____%	10 _____ .00
11	_____	_____	_____	_____%	11 _____ .00
12	_____	_____	_____	_____%	12 _____ .00
13	_____	_____	_____	_____%	13 _____ .00

- 14 Total of amounts entered on line 3 through line 13 14 _____ .00
- 15 Total amounts from all supplemental pages (Form 84-387, page 2) 15 _____ .00
- 16 Total estimate payment (add line 14 and line 15; should equal amount of payment/gain entered on line 2) 16 _____ .00

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

- **Print FEIN on check**
- **Make check or money order payable to Department of Revenue or see instructions for electronic payment options**

Mail To: Department of Revenue P.O. Box 23191 Jackson, MS 39225-3191

