



# Mississippi Partnership Income Tax Withholding Voucher 2019

Tax Year Beginning \_\_\_\_\_

Tax Year Ending \_\_\_\_\_

FEIN \_\_\_\_\_

Estimate Due Date \_\_\_\_\_

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
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- **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**

