



# Mississippi Partnership Income Tax Withholding Voucher 2020

Tax Year Beginning \_\_\_\_\_  
mm dd yyyy

Tax Year Ending \_\_\_\_\_  
mm dd yyyy

Estimate Due Date \_\_\_\_\_  
mm dd yyyy

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 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ . ____ %	3 _____ .00
4 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ . ____ %	4 _____ .00
5 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ . ____ %	5 _____ .00
6 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ . ____ %	6 _____ .00
7 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ . ____ %	7 _____ .00
8 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ . ____ %	8 _____ .00
9 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ . ____ %	9 _____ .00
10 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ . ____ %	10 _____ .00
11 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ . ____ %	11 _____ .00
12 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ . ____ %	12 _____ .00
13 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	____ . ____ %	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**

