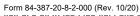
Form 84-387-20-8-1-000 (Rev. 10/20) 

## Mississippi Partnership Income Tax Withholding Voucher 2020

Page 1

		2020			
Tax Year Beginning		Tax Year Ending 		mm dd yyyy	
FEIN					mm dd yyyy
Business Name and DBA			Total num	ber of owners/partne	rs
Address		Total number of owners/partners filed on estimate form(s)			
City	State	Zip +4			
1 Total partnership net gain or profi	it			1	00
2 5% of net gain or profit withheld ( and remitted by partnership for ou				2	
OWNER/PARTNER NAME	FEIN SSN IDE	NTIFICATION NUMBER	OWNERSHIP PERCE	NTAGE AMOUNT	OF PAYMENT
3			%	3	00
4			%	4	00
5			%	5	
6			%	6	.00
7			· %	7	.00
8			· /~ %	8	00
9			%	9	00
10			·		
			•%		00
11			•%		00
12			%	12	00
13			%	13	00
14 Total of amounts entered on line 3	3 through line 13	14		.00	
15 Total amounts from all supplemen		.00			
16 Total estimate payment (add line	14 and line 15; should eq	ual amount of payment/g	ain entered on line 2)	16	00
I declare, under penalties of perjury, that this is a true, correct and complete retu	at I have examined this retu rrn.	urn and accompanying sch	edules and statements, and	I to the best of my kno	wledge and belief,
Officer/ Agent Signature	<del>_</del>	Title		Date	
Print FEIN on check					
<ul> <li>Make check or money or or see instructions for ele</li> </ul>	der payable to Departm	ent of Revenue ns			
Mail To: Department of R			91		



## 843872082000

## Mississippi Partnership Income Tax Withholding Voucher 2020

FEIN

OWNER/PARTNER NAME	FEIN	SSN	IDENTIFICATION NUMBER	OWNERSHIP PERCENTAGE	AMOUNT OF PAYMENT
				<u> </u>	00
				%	00
				%	
				%	.00
					00
				% %	.00
				%	OC
				%	OC
				%	.00
				%	OC
				%	OC
				%	00
				%	00
				%	
				%	00
				%	00
				%	00
				%	00
				%	00
				%	00
				%	00
				%	
					00
				%	00
				·%	00
				%	

Subtotal (add lines and enter total amount here and on Form 84-387, page 1, line 15)

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\_.00