



Mississippi Income / Withholding Tax Schedule 2021

Primary Taxpayer Name (as shown on Forms 80-105, 80-205 and 81-110)

THIS FORM MUST BE FILED EVEN IF YOU HAVE NO MISSISSIPPI WITHHOLDING

1	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p style="text-align: center;">Check appropriate box</p> <p><input type="checkbox"/> W-2 <input type="checkbox"/> W-2G <input type="checkbox"/> 1099 <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p>Employer or Payer ID from W-2, 1099, K-1 _____</p> <p>Taxpayer Name _____</p> <p>Taxpayer Social Security Number _____</p>	<p>MS _____ .00</p> <p>State State Wages, Tips, Etc.</p> <p>_____ .00</p> <p style="text-align: center;">Mississippi Withholding Only</p> <p>_____ .00</p> <p>State Income from Other State</p>	<p>Employer or payer name _____</p> <p>Address _____</p> <p>City, State, ZIP _____</p>

2	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p style="text-align: center;">Check appropriate box</p> <p><input type="checkbox"/> W-2 <input type="checkbox"/> W-2G <input type="checkbox"/> 1099 <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p>Employer or Payer ID from W-2, 1099, K-1 _____</p> <p>Taxpayer Name _____</p> <p>Taxpayer Social Security Number _____</p>	<p>MS _____ .00</p> <p>State State Wages, Tips, Etc.</p> <p>_____ .00</p> <p style="text-align: center;">Mississippi Withholding Only</p> <p>_____ .00</p> <p>State Income from Other State</p>	<p>Employer or payer name _____</p> <p>Address _____</p> <p>City, State, ZIP _____</p>

3	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p style="text-align: center;">Check appropriate box</p> <p><input type="checkbox"/> W-2 <input type="checkbox"/> W-2G <input type="checkbox"/> 1099 <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p>Employer or Payer ID from W-2, 1099, K-1 _____</p> <p>Taxpayer Name _____</p> <p>Taxpayer Social Security Number _____</p>	<p>MS _____ .00</p> <p>State State Wages, Tips, Etc.</p> <p>_____ .00</p> <p style="text-align: center;">Mississippi Withholding Only</p> <p>_____ .00</p> <p>State Income from Other State</p>	<p>Employer or payer name _____</p> <p>Address _____</p> <p>City, State, ZIP _____</p>

4	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p style="text-align: center;">Check appropriate box</p> <p><input type="checkbox"/> W-2 <input type="checkbox"/> W-2G <input type="checkbox"/> 1099 <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p>Employer or Payer ID from W-2, 1099, K-1 _____</p> <p>Taxpayer Name _____</p> <p>Taxpayer Social Security Number _____</p>	<p>MS _____ .00</p> <p>State State Wages, Tips, Etc.</p> <p>_____ .00</p> <p style="text-align: center;">Mississippi Withholding Only</p> <p>_____ .00</p> <p>State Income from Other State</p>	<p>Employer or payer name _____</p> <p>Address _____</p> <p>City, State, ZIP _____</p>