



Mississippi Partnership Income Tax Estimate Voucher 2023

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 remitted by the partnership for the owners/partners listed below 2 _____ .00

OWNER/PARTNER NAME	FEIN	SSN	IDENTIFICATION NUMBER	OWNERSHIP PERCENTAGE	AMOUNT OF PAYMENT
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

