Form 80-107-23-3-1-000 (Rev. 11/23)

801072331000

Mississippi
Income / Withholding Tax Schedule
2023

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

X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9

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

1	A - Statement Information	B - Income and Withhholding	C - Employer or Payer Information
	Check appropriate box		
	X W-2 X W-2G X 1099	MS 9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X
		State State Wages, Tips, Etc.	Employer or payer name
	If 1099-R, Code in Box 7 X9		X9X9X9X9X9X9X9X9X9X9X9X9X
	999999999	9999999999	Address
	Employer or Payer ID from W-2 or 1099	**Mississippi Withholding Only**	XXXXXXXXXXXXXXXXX XX 99999
	XXXXXXXXXXXXXXXXXX		City, State, ZIP
	Taxpayer Name	XX 9999999999	
	999999999	State Income from Other State	
	Taxpayer Social Security Number		

2	A - Statement Information	B - Income and Withhholding	C - Employer or Payer Information
	Check appropriate box		
	X W-2 X W-2G X 1099	MS 9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X
		State State Wages, Tips, Etc.	Employer or payer name
	If 1099-R, Code in Box 7 X9		X9X9X9X9X9X9X9X9X9X9X9X9X
	999999999	9999999999	Address
	Employer or Payer ID from W-2 or 1099	**Mississippi Withholding Only**	XXXXXXXXXXXXXXXXX XX 99999
	XXXXXXXXXXXXXXXXXX		City, State, ZIP
	Taxpayer Name	XX 9999999999	
	999999999	State Income from Other State	
	Taxpayer Social Security Number		

3	A - Statement Information	B - Income and Withhholding	C - Employer or Payer Information
	Check appropriate box		
	X W-2 X W-2G X 1099	MS 9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X
		State State Wages, Tips, Etc.	Employer or payer name
	If 1099-R, Code in Box 7 X9		X9X9X9X9X9X9X9X9X9X9X9X9X
	999999999	9999999999	Address
	Employer or Payer ID from W-2 or 1099	**Mississippi Withholding Only**	XXXXXXXXXXXXXXXXX XX 99999
	XXXXXXXXXXXXXXXXXX		City, State, ZIP
	Taxpayer Name	XX 9999999999	
	999999999	State Income from Other State	
	Taxpayer Social Security Number		

4	A - Statement Information	B - Income and Withhholding	C - Employer or Payer Information
	Check appropriate box		
	X W-2 X W-2G X 1099	MS 9999999999	X9X9X9X9X9X9X9X9X9X9X9X9X
		State State Wages, Tips, Etc.	Employer or payer name
	If 1099-R, Code in Box 7 X9		X9X9X9X9X9X9X9X9X9X9X9X9X
	999999999	9999999999	Address
	Employer or Payer ID from W-2 or 1099	**Mississippi Withholding Only**	XXXXXXXXXXXXXXXXX XX 99999
	XXXXXXXXXXXXXXXXXX		City, State, ZIP
	Taxpayer Name	XX 9999999999	
	999999999	State Income from Other State	
	Taxpayer Social Security Number		

Duplex and Photocopies NOT Acceptable