Form 80-106-24-3-1-000 (Rev. 08/24)

Mississippi

Individual / Fiduciary Income Tax Voucher

Instructions

Who Must Make Estimated Tax Payments

Every individual taxpayer who does not have at least eighty percent (80%) of his/her annual tax liability prepaid through withholding must make estimated tax payments if his/her annual tax liability exceeds two hundred dollars ($200). For more information about the payment and calculation of estimated income tax payments, please see the Individual Income Tax Return Instructions, Form 80-100.

Return Payments

This voucher may be used to make return payments for tax due on the Individual Income Tax Return (Form 80-105), Non-Resident Income Tax Return (Form 80-205) and the Fiduciary Income Tax Return (Form 81-110).

Extension Payments

This voucher may be used to make extension payments for tax due on the Individual Income Tax Return (Form 80-105), Non-Resident Income Tax Return (Form 80-205) and the Fiduciary Income Tax Return (Form 81-110). Extension payments should be filed and paid on or before April 15th.

Payment Options

- To pay this amount online, go to www.dor.ms.gov, click on Taxpayer Access Point (TAP) and follow the instructions.

- To pay by check or money order, complete the payment coupon below:
  - Make the check or money order payable to Department of Revenue
  - Mail the payment coupon and check/money order with return to: **P.O. Box 23050, Jackson, MS 39225-3050**
  - Mail the payment coupon and check/money order without return to: **P.O. Box 23192, Jackson, MS 39225-3192**
  - Check the appropriate box on the voucher for the payment type you are remitting.
  - Check the amended return box on the voucher if you are making a payment with an amended return.
  - Write the identification number on the check or money order.
  - Duplex forms or photocopies are NOT acceptable.

Cut Along the Dotted Line

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801062431000

Mississippi

Individual / Fiduciary Income Tax Payment Voucher

Tax Year Beginning 99 99 9999

Tax Year Ending 99 99 9999

Taxpayer SSN/ITIN 999999999

Spouse SSN/ITIN 999999999

Trust FEIN 999999999

Name of Estate / Trust X9X9X9X9X9X9X9X9X9X9X9X9
(if fiduciary payment)

Taxpayer First Name	Initial	Last Name
XXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXX

Spouse First Name	Initial	Last Name
XXXXXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXX

Address: X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9

City	State	Zip
XXXXXXXXXXXXXXXXXXXXX	XX	99999

Payment Type (Check One)		Account Type (Check One)	
X	Quarterly Estimate Payment		
X	Return Payment	X	Individual Income
X	Extension Payment	X	Fiduciary Income
X	Amended Return Payment		

Amount Paid 9999999999

Mail with return to: Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

Mail without return to: Department of Revenue, P.O. Box 23192, Jackson, MS 39225-3192