Form 80-107-24-3-1-000 (Rev. 08/24)

801072431000

Mississippi
Income / Withholding Tax Schedule
2024

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 If 1099-R, Code in Box 7 X9 999999999 Employer or Payer ID from W-2 or 1099 XXXXXXXXXXXXXXXXXXX Taxpayer Name 999999999 Taxpayer Social Security Number	MS 9999999999 State State Wages, Tips, Etc. 9999999999 Mississippi Withholding Only XX 9999999999 State Income from Other State	X9X9X9X9X9X9X9X9X9X9X9X9X Employer or payer name X9X9X9X9X9X9X9X9X9X9X9X9X Address XXXXXXXXXXXXXXXXX XX 99999 City, State, ZIP

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

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

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

Duplex and Photocopies NOT Acceptable