



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 Withhholding	C - Employer or Payer Information					
	Check appropriate box W-2 W-2G 1099	MS00						
	If 1099-R, Code in Box 7	State State Wages, Tips, Etc.	Employer or payer name					
			Address					
	Employer or Payer ID from W-2 or 1099	Mississippi Withholding Only	City, State, ZIP					
	Taxpayer Name	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							
	W-2 W-2G 1099	MS00						
		State State Wages, Tips, Etc.	Employer or payer name					
	If 1099-R, Code in Box 7		Address					
	Employer or Payer ID from W-2 or 1099	Mississippi Withholding Only						
	Taxpayer Name		City, State, ZIP					
		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 W-2 W-2G 1099	MS						
		State State Wages, Tips, Etc.	Employer or payer name					
	If 1099-R, Code in Box 7							
		00	Address					
	Employer or Payer ID from W-2 or 1099	Mississippi Withholding Only	City, State, ZIP					
	Taxpayer Name	00						
		State Income from Other State						
	Taxpayer Social Security Number							

4 A - Statement Information				В-	Income and Withhholding	C - Employer or Payer Information
Check appropriate box						
	W-2	W-2G	1099	MS	00	
				State	State Wages, Tips, Etc.	Employer or payer name
If 1099-R, Code in Box 7						
				00	Address	
Employer or Payer ID from W-2 or 1099				Mississippi Withholding Only		
					City, State, ZIP	
Taxpayer Name				00		
			State	Income from Other State		
Taxpayer Social Security Number						