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						
Form 80-106-23-3-1-000 (Rev. 10/23		Individual / F	ississippi Fiduciary Income Tax nent Voucher	Tax Year Beginning Tax Year Ending		
Taxpayer SSN/ITIN		Trust FEIN				
Spouse SSN/ITIN		Name of Estate / Trust (if fiduciary payment)				
Taxpayer First Name	Initial	Last Name	Payme	nt Type (Check One)	Account Type (Check One)	
			Quar	erly Estimate Payment		
Spouse First Name	Initial	Last Name				
			Return Payment		Individual Income	
Address						
			Exter	ision Payment	Fiduciary Income	
City		State Zip	Amer	nded Return Payment		
			Amer	nded Return Payment		

Amount Paid

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