

for original signature  
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STATE OF MISSISSIPPI  
 DEPARTMENT OF REVENUE  
 TAXPAYER'S STATEMENT OF WITHHOLDING TAXES  
 FOR THE YEAR 2018

Employer's Name: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_  
 Employer's Tax ID Number: \_\_\_\_\_

Employee's Name: \_\_\_\_\_  
 Employee's Address: \_\_\_\_\_  
 Employee's Social Security Number: \_\_\_\_\_

Employer's Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Month	Wages	State Tax	Federal Tax	Other Tax	Total Tax
Jan					
Feb					
Mar					
Apr					
May					
Jun					
Jul					
Aug					
Sep					
Oct					
Nov					
Dec					
Total					

EMPLOYEE'S SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

STATE OF MISSISSIPPI  
 DEPARTMENT OF REVENUE  
 OFFICE OF THE COMMISSIONER



