

2010


Mail to:
Office of Revenue
P. O. Box 23075
Jackson, MS 39225-3075

Mississippi
Estimated Tax Declaration for Individuals - Voucher 2
This Payment Due Date June 15

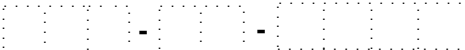
WIE 2010

Taxpayer Social Security Number

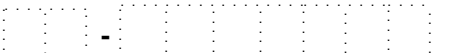
Taxpayer Last Name	First Name	Middle Initial
Spouse Last Name	First Name	Middle Initial
Name of Fiduciary (If Applicable)		
Mailing Address (Number and Street, Including Rural Route)		
City	State	Zip



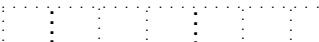
 Spouse Social Security Number



 FEIN if Fiduciary Return



 Total amount of this payment


 00

Return this form with check or money order payable to: State Tax Commission.

Print Social Security
Number on check.
Include Spouse SSN
if JOINT ACCOUNT.

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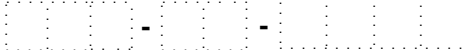


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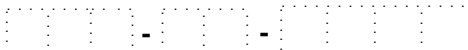
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Taxpayer Social Security Number

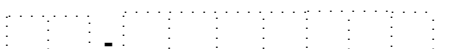
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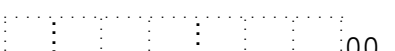
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IMPORTANT NOTICE DO NOT MAIL ESTIMATED TAX VOUCHER WITH YOUR INCOME TAX RETURN.
DO NOT COMBINE PAYMENTS ON A SINGLE CHECK.

1. Total expected income of taxpayer for 2010.	\$	_____
2. Total expected income of spouse for 2010.	\$	_____
3. Total income (Add Lines 1 & 2.)		\$ _____
4. Itemized deductions or standard deduction (See Instruction No. 4)	\$	_____
5. Personal and additional exemptions (See Instruction No. 3)	\$	_____
6. Total exemptions and deductions.		\$ _____
7. Estimated taxable income. Subtract Line 6 from Line 3. Enter the difference here.		\$ _____
8. Tax on amount on Line 7. Use Tax Rate Schedule (See Instruction No. 5)	\$	_____
9. Deduct - Income tax estimated to be withheld during the entire year.	\$	_____
10. ESTIMATED TAX (Line 8 less Line 9.) (If less than \$200, no declaration is required.)		\$ _____

DATE INSTALLMENT PAYMENTS ARE DUE	RECORD OF ESTIMATED TAX PAYMENTS		
Calendar Year Taxpayers	Date Paid	Amount Paid	Accumulated Payments
Overpayment from last year			
April 15, 2010			
June 15, 2010			
September 15, 2010			
January 15, 2011			

Retain the Top Portion of this Form for your Records

Cut along line



803001081000

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Taxpayer Social Security Number

Taxpayer Last Name	First Name	Middle Initial
Spouse Last Name	First Name	Middle Initial
Name of Fiduciary (If Applicable)		
Mailing Address (Number and Street, Including Rural Route)		
City	State	Zip

[] [] [] - [] [] - [] [] [] []
 Spouse Social Security Number

[] [] [] - [] [] - [] [] [] []
 FEIN if Fiduciary Return

[] [] [] - [] [] [] [] [] [] []
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