

Cut along line

Form 80-300-06-8-1-000 (Rev. 05/05)



Mississippi
Estimated Tax Declaration for Individuals - Voucher 2
This Payment Due Date June 15, 2006

WIE 2006

Duplex or Photocopies NOT Acceptable

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

Taxpayer Social Security Number

.....-.....-.....

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.

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

Cut along line

Form 80-300-06-8-1-000 (Rev. 05/05)



Mississippi
Estimated Tax Declaration for Individuals - Voucher 3
This Payment Due Date September 15, 2006

WIE 2006

Duplex or Photocopies NOT Acceptable

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

Taxpayer Social Security Number

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Spouse Social Security Number

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FEIN if Fiduciary Return

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Total amount of this payment

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