

## Mississippi Affidavit for Reservation Indian Income Exclusion From Mississippi State Income Taxes

Taxpayer First Name	Initial	Last Name
Spouse First Name	Initial	Last Name
Mailing Address (Number and Street, Including Rural Route)		
City	State	Zip
County Code		

Tax Year \_\_\_\_\_

SSN \_\_\_\_\_

Spouse SSN \_\_\_\_\_

**INDIAN STATUS (CHECK ONE)**

(a) I am a Mississippi Choctaw Indian.  Yes  No

(b) I am a member or am eligible for membership in an Indian Tribe other than the Mississippi Band of Choctaws.  Yes  No

Name of Tribe \_\_\_\_\_

**RESERVATION RESIDENCY**

(a) During \_\_\_\_\_ I lived on the Mississippi Choctaw Indian Reservation for... (check one box ONLY below)

- The entire year
- Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec (Circle months lived on reservation.)
- I did not live on the Choctaw Reservation during \_\_\_\_\_

(b) My place(s) of residence on the Choctaw Reservation during \_\_\_\_\_ was (were) located on (check one or more boxes below)

- A tribal housing site lease
- A Choctaw housing authority house site
- A BIA dormitory or house

**RESERVATION INCOME**

(a) During the months I lived on the Choctaw Reservation in \_\_\_\_\_, I earned the following income from work on the Choctaw Reservation

\_\_\_\_\_

(b) My employer(s) for my on-reservation work during \_\_\_\_\_ was (were) the... (check one or more boxes below)

- Mississippi Band of Choctaw Indians
- Bureau of Indian Affairs
- Indian Health Service, USPHS
- Other

Name of Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

Employer Address \_\_\_\_\_

I do hereby claim that the above described earned income falls outside the taxing jurisdiction of the State of Mississippi on the basis of the legal principles established in **McClanahan vs. Arizona Tax Commission**, 411 U.S. 164 (1973). **THIS FORM MUST BE SIGNED.** If someone else completed this form, both of you must sign the form. Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief this form is true, correct, and complete.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Preparer Signature \_\_\_\_\_

Date \_\_\_\_\_

**Mail this form with your state tax return to: P.O. Box 1033, Jackson, MS 39215**