

MS8453

**Mississippi
Individual Income Tax Declaration
For Electronic Filing
2013**

Submission Number

Taxpayer First Name		Initial	Last Name		YOU MUST ENTER SSN	
Spouse First Name		Initial	Spouse Last Name			Taxpayer SSN _____
Mailing Address (Number and Street, Including Rural Route)						Spouse SSN _____
City			State	Zip	Residence County Code - See instructions _____	

PART I: TAX RETURN INFORMATION (ROUND TO THE NEAREST DOLLAR)

1	Mississippi taxable income	1	_____	.00
2	Total Mississippi tax	2	_____	.00
3	Mississippi tax payments and credits	3	_____	.00
4	Refund	4	_____	.00
5	Amount you owe	5	_____	.00

PART II: DIRECT DEPOSIT

1 Routing number _____

2 Account number _____

3 Type of account: Checking Savings

My request for direct deposit of my refund includes my authorization for the Mississippi Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to insure my refund is properly deposited.

PART III: DECLARATION OF TAXPAYER

Under penalties of perjury, I declare that I have compared the information contained on my income tax return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my Mississippi income tax return. To the best of my knowledge and belief, my return is true, correct and complete. This declaration is to be maintained by the electronic return originator and provided to Mississippi Department of Revenue on request.

Signature of taxpayer _____ Date _____ Signature of spouse _____ Date _____

PART IV: DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

Under penalties of perjury, I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correctly represented to the best of my knowledge. I have obtained the taxpayer's signature and will maintain this return for the Mississippi Department of Revenue as part of my permanent records. Upon written request, I will furnish this return to the Mississippi Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed electronically with the Mississippi Department of Revenue and have followed all other requirements described in the Mississippi Handbook for Electronic Filers and any additional requirements specified by the Mississippi Department of Revenue. If I am the paid preparer, under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which preparer has any knowledge.

ERO'S Use Only

ERO's Signature	Date	Check if Also Paid Preparer <input type="checkbox"/>	Check if Self-Employed <input type="checkbox"/>	ERO's SSN or PTIN
Firm's Name (or yours if self-employed), address and ZIP code			EIN	
			Phone No. ()	

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only

Preparer's Signature	Date	Check if Also Paid Preparer <input type="checkbox"/>	Check if Self-Employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's Name (or yours if self-employed), address and ZIP code			EIN	
			Phone No. ()	