



Mississippi Resident Individual Income Tax Return 2024

Amended

| | | | | |
|--|-------|---------|-------------|--|
| 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 | |

SSN _____
Spouse SSN _____

- 1 Married - Combined or Joint Return (\$12,000)
- 2 Married - Spouse Died in Tax Year (\$12,000)
- 3 Married - Filing Separate Returns (\$12,000)
- 4 Head of Family (\$8,000)
- 5 Single (\$6,000)

EXEMPTIONS

Dependents (in column B, enter "C" for child, "P" for parent or "R" for relative)

| 6 (A) Name | (B) | (C) Dependent SSN |
|------------|-----|-------------------|
| | | |
| | | |
| | | |
| | | |

7 Total number of dependents (from line 6 and Form 80-491) _____

- 8 Taxpayer Age 65 or Over Spouse Age 65 or Over
- Taxpayer Blind Spouse Blind

9 Total dependents line 7 plus number of boxes checked line 8 _____

10 Line 9 x \$1,500 10 _____ .00

11 Enter filing status exemption 11 _____ .00

12 Total (line 10 plus line 11) 12 _____ .00

MISSISSIPPI INCOME TAX

| | Column A (Taxpayer) | Column B (Spouse) |
|--|---------------------|-------------------|
| 13 Mississippi adjusted gross income (from page 2, line 66) | 13A _____ .00 | 13B _____ .00 |
| 14 Standard or itemized deductions (if itemized, attach Form 80-108) | 14A _____ .00 | 14B _____ .00 |
| 15 Exemptions (from line 12; if married filing separately use 1/2 amount) | 15A _____ .00 | 15B _____ .00 |
| 16 Mississippi taxable income (line 13 minus line 14 and line 15) | 16A _____ .00 | 16B _____ .00 |
| 17 Income tax due (from Schedule of Tax Computation, see instructions) | | 17 _____ .00 |
| 18 Credit for tax paid to another state (from Form 80-160, line 12; attach other state return) | | 18 _____ .00 |
| 19 Other credits (from Form 80-401, line 1) | | 19 _____ .00 |
| 20 Net income tax due (line 17 minus line 18 and line 19) | | 20 _____ .00 |
| 21 Consumer use tax (see instructions) | | 21 _____ .00 |
| 22 Catastrophe savings tax (see instructions) | | 22 _____ .00 |
| 23 Total Mississippi income tax due (line 20 plus line 21 and line 22) | | 23 _____ .00 |

PAYMENTS

| | |
|--|--------------|
| 24 Mississippi income tax withheld (complete Form 80-107) | 24 _____ .00 |
| 25 Estimated tax payments, extension payments and/or amount paid on original return | 25 _____ .00 |
| 26 Credit for tax paid on an electing Pass-Through Entity Tax Return (from Form 80-161, line 3D) | 26 _____ .00 |
| 27 Refund received and/or amount carried forward from original return (amended return only) | 27 _____ .00 |
| 28 Total payments (line 24 plus line 25 and line 26 minus line 27) | 28 _____ .00 |

REFUND OR BALANCE DUE

| | |
|--|--------------|
| 29 Overpayment (if line 28 is more than line 23, subtract line 23 from line 28; if zero, skip to line 35) | 29 _____ .00 |
| 30 Interest and penalty (from Form 80-320, line 11 and/or line 12) | 30 _____ .00 |
| 31 Adjusted overpayment (line 29 minus line 30) | 31 _____ .00 |
| 32 Overpayment to be applied to next year estimated tax account <input type="checkbox"/> Farmers or Fishermen (see instructions) | 32 _____ .00 |
| 33 Voluntary contribution (from Form 80-108, part III) | 33 _____ .00 |
| 34 Overpayment refund (line 31 minus line 32 and line 33) REFUND | 34 _____ .00 |

Direct Deposit Request (check box and go to page 3)

| | |
|--|--------------|
| 35 Balance due (if line 23 is more than line 28, subtract line 28 from line 23) BALANCE DUE | 35 _____ .00 |
| 36 Interest and penalty (from Form 80-320, line 19) | 36 _____ .00 |
| 37 Total due (line 35 plus line 36) AMOUNT YOU OWE | 37 _____ .00 |

Installment Agreement Request (see instructions for eligibility; attach Form 71-661)



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SSN _____

| INCOME | Column A (Taxpayer) | Column B (Spouse) |
|---|---------------------|-------------------|
| 38 Wages, salaries, tips, etc. (complete Form 80-107) | 38A _____ .00 | 38B _____ .00 |
| 39 Business income (loss) (attach Federal Schedule C or C-EZ) | 39A _____ .00 | 39B _____ .00 |
| 40 Capital gain (loss) (attach Federal Schedule D, if applicable) | 40A _____ .00 | 40B _____ .00 |
| 41 Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV) | 41A _____ .00 | 41B _____ .00 |
| 42 Farm income (loss) (attach Federal Schedule F) | 42A _____ .00 | 42B _____ .00 |
| 43 Interest income (from Form 80-108, part II, line 3) | 43A _____ .00 | 43B _____ .00 |
| 44 Dividend income (from Form 80-108, part II, line 6) | 44A _____ .00 | 44B _____ .00 |
| 45 Alimony received | 45A _____ .00 | 45B _____ .00 |
| 46 Taxable pensions and annuities (complete Form 80-107) | 46A _____ .00 | 46B _____ .00 |
| 47 Unemployment compensation (complete Form 80-107) | 47A _____ .00 | 47B _____ .00 |
| 48 Other income (loss) (from Form 80-108, part V, line 10) | 48A _____ .00 | 48B _____ .00 |
| 49 Total income (add lines 38 through 48) | 49A _____ .00 | 49B _____ .00 |

| ADJUSTMENTS | Column A (Taxpayer) | Column B (Spouse) |
|---|---------------------|-------------------|
| 50 Payments to IRA | 50A _____ .00 | 50B _____ .00 |
| 51 Payments to self-employed SEP, SIMPLE and qualified retirement plans | 51A _____ .00 | 51B _____ .00 |
| 52 Interest penalty on early withdrawal of savings | 52A _____ .00 | 52B _____ .00 |
| 53 Alimony paid (complete below) | 53A _____ .00 | 53B _____ .00 |

Name _____ SSN _____ State _____ Date of Divorce _____

| | | |
|---|---------------|---------------|
| 54 Moving expense (attach Federal Form 3903) | 54A _____ .00 | 54B _____ .00 |
| 55 National Guard or Reserve pay (enter the lesser of amount or \$15,000) | 55A _____ .00 | 55B _____ .00 |
| 56 Mississippi Prepaid Affordable College Tuition (MPACT) | 56A _____ .00 | 56B _____ .00 |
| 57 Mississippi Affordable College Savings (MACS) | 57A _____ .00 | 57B _____ .00 |
| 58 Self-employed health insurance deduction | 58A _____ .00 | 58B _____ .00 |
| 59 Health savings account deduction | 59A _____ .00 | 59B _____ .00 |
| 60 Catastrophe savings account deduction | 60A _____ .00 | 60B _____ .00 |
| 61 Self-employment tax deduction | 61A _____ .00 | 61B _____ .00 |
| 62 First-time home buyer savings account deduction | 62A _____ .00 | 62B _____ .00 |
| 63 Agricultural disaster program compensation deduction | 63A _____ .00 | 63B _____ .00 |
| 64 Mississippi Achieving a Better Life Experience (ABLE) Act deduction | 64A _____ .00 | 64B _____ .00 |
| 65 Total adjustments (add lines 50 through 64) | 65A _____ .00 | 65B _____ .00 |
| 66 Mississippi adjusted gross income (line 49 minus line 65; enter on page 1, line 13) | 66A _____ .00 | 66B _____ .00 |

AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN (attach additional statement if needed)



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SSN _____

DIRECT DEPOSIT INFORMATION

1 Overpayment refund (from page 1, line 34) 1 _____ .00

| | | |
|------------------------------------|--|---|
| a Routing Number 1 _____ | Account Number 1 <input type="checkbox"/> Checking <input type="checkbox"/> Savings _____ | Direct Deposit 1 Amount 1a _____ .00 |
|------------------------------------|--|---|

| | | |
|------------------------------------|--|---|
| b Routing Number 2 _____ | Account Number 2 <input type="checkbox"/> Checking <input type="checkbox"/> Savings _____ | Direct Deposit 2 Amount 1b _____ .00 |
|------------------------------------|--|---|

SIGNATURE

This return may be discussed with the preparer Yes No

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|-------------------------|------|----------------------------|-----------------------------|
| Taxpayer Signature | Date | Taxpayer Phone Number | Paid Preparer PTIN |
| Spouse Signature | Date | Paid Preparer Phone Number | Paid Preparer Email Address |
| Paid Preparer Signature | Date | Paid Preparer Address | City State Zip Code |

Mail REFUND returns to: Department of Revenue, P.O. Box 23058, Jackson, MS 39225-3058
Mail all other returns to: Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

Duplex and Photocopies NOT Acceptable