



Mississippi Adjustments And Contributions 2024

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Faxpayer Name		SSN		
PART I: SCHEDULE A - ITEMIZED DEDUCTIONS (ATTACH FEDER)	AL FORM 1040	SCHEDULE A)		
the event you filed using the standard deduction on your federal return and wish to in nd transfer the information from the specific lines indicated to this Schedule A.		,	orm 1040 Schedul	e A as a worksheet
Federal adjusted gross income from Federal Form 1040, line 11	1	.00		
 a Medical and dental expenses b Multiply line 1 by 7.5% (.075) c Medical and dental expense deduction (line 2a minus line 2b) 		00 00	2c	
 a Total taxes paid b Less state income taxes (or other taxes in lieu of) c Total taxes paid deduction (line 3a minus line 3b) 		00	3c	C
 Total interest paid Charitable contributions Total casualty or theft loss (attach Federal Form 4684) 			5	- C - C - C
 a Other miscellaneous deductions b Less Mississippi gambling losses c Total other miscellaneous deductions (line 7a minus line 7b) 		00	7c	C
Mississippi itemized deductions (add lines 2c, 3c, 4, 5, 6, 7c); enter here and on Resident Form 80-105, page 1, line 14 or Non-Resident Form 80-205, page 1, line 14a			8	C
PART II: SCHEDULE B - INTEREST AND DIVIDEND INCOME (FROM	I FEDERAL FO	ORM 1040, SCHEDULE E	3)	
 Interest income from all sources Amount of Mississippi nontaxable interest in line 1 Total Mississippi interest (line 1 minus line 2, enter here and on Form 80-105, line 43 or Form 80-205, line 44) Total dividends from all sources Amount of Mississippi nontaxable distributions reported in line 4 Total Mississippi dividends (line 4 minus line 5, enter here and on Form 80-105, line 44 or Form 80-205, line 45) 			4 5	00 00 0 0 0
PART III: VOLUNTARY CONTRIBUTION CHECK-OFFS (RESIDENTS	SONLY)			
You may elect to voluntarily contribute all or part (at least \$1) of your income tax refund e downloaded from our website at www.dor.ms.gov) for an explanation of the purpose				
Military Family Relief Fund	Wildlife Eisberie	es and Parks Foundation		0.0

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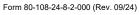
 Wildlife Fisheries and Parks Foundation

 Commission for Volunteer Service Fund

____.00

Enter total of check-offs here and on Form 80-105, page 1, line 33

___00





Form 80-205, page 2, line 49

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PART IV: INCOME (LOSS) FROM RENTS, ROYALTIES, PARTNERSHIPS, S CORPORATIONS, TRUSTS AND ESTATES

A INCOME (LOSS) FROM RENTAL REAL ESTATE AND ROYALTIES

1 Total rental real estate and royalty income (loss) (from Federal Schedule E, Part 1 and Part 5;		
attach Federal Schedule E)	A1	00
2 Add: depletion claimed in excess of cost basis	A2	.00
3 Rental real estate and royalty income (loss) for Mississippi purposes (line 1 plus line 2)	A3	00

B INCOME (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS

(ATTACH MISSISSIPPI K-1S AS APPLICABLE)

COLUMN A	COLUMN B	COLUMN C		
NAME OF ENTITY	FEIN (MUST INCLUDE FEIN)	INCOME (LOSS) MISSISSIPPI K-1S		
			00	
			.00	
			00	
			00	
			00	
			00	
			00	
			00	
			00	
			00	
			00	
			00	
			00	
1 Total income (loss) from partnerships, s corporation	ns, estates and trusts (Column C)	B1	.00	
C Total of Section A and Section B income (loss)(line 80-105, line 41 or Form 80-205, line 42	A3 plus line B1); enter here and on Form	C	00	
PART V: SCHEDULE N - OTHER INCOME (LOSS) AND	SUPPLEMENTAL INCOME			
Net operating loss (enter from Form 80-155, line 2)		1	.00	
2 First-time home buyer unqualified expenses				
3 Catastrophe savings taxable distribution			00	
		<u> </u>		
ist other types of income (loss)				
1		4	00	
5			00	
3			00	
7			00	
3			00	
)			00	
		~		
10 Total Schedule N Other Income (Loss); enter here and	on Form 80-105, page 2, line 48 or	10	00	