ნው መንቆው ሰዓላጭ 1 ቦ ዓድ 1 ዓ ባ ዋና የቀን 1 ዎ ሽቴ ት በ በ በ በ በ በ በ በ በ በ በ በ በ በ በ በ በ በ	8 29 30 31 32 33 34 35 36 37 38 39 4 M IS Resident Indiv					63 64 65 66	67 68 69 70 71	72 73 74 75	5 76 77 78	79 80 Г
	Resident mary	2015	ncome	1 а х	Netum					b
06 801051531000 801051531000		2015								C
77							X	Amen	ded	C
18 Taxpayer First Name In	tial Last Name									0
09				SN	A 1			9999		0
On avea First Name	X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX	XXX S	spouse S	SN		999	9999	999	1
			XXX 1	v	Married -	Combine	d or loint	Doturn	(\$12.0)	1
2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	x xxxxxxxxxxxxxxx	XXXX	2	23	Married -					
₃ ₄X9X9X9X9X9X9X9X9X9X9X9X9X9X9X		vovo			Married -					1
	tate Zip	County	11 / 11		Head of F		•	turns (4	72,000	
	KX 99999	9		27	Single (\$6		5,000)			
7				21	Cirigio (¢C	,000)				
8 EXEMPTIONS										
9										
₀ Dependents (in column B, enter "C" for child, "P"	for parent or "R" for relative)	8 X	Тахрау	er Age 6	5 or Over	Х	Spouse	Age 65	or Ove	
16 (A) Name (B)	(C) Dependent SSN	X				X	Spouse	- T		
2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999									2
xxxxxxxxxxxx x x	9999999999	9 T	otal depend	ents line	7 plus nur	nber of t	oxes che	cked lin	e89	
xxxxxxxxxxxxxxxx x	9999999999									
5 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999	10 Li	ne 9 x \$1,5 0	00		10	999	9999	9999	
		11 E	nter filing st	atus exe	mption	11		9999		
7 Total number of dependents (from line 6	and Form 80-491) 99	12 T	otal (line 10	plus line	e 11)	12		9999		
8										2
9 MISSISSIPPI INCOME TAX			Column A	(Тахрау	er)		Column	B (Spo	use)	
0										3
113 Mississippi adjusted gross income (from	page 2, line 60)	13A	9999	99999	99	13B	999	9999	9999	3
214 Standard or itemized deductions (if item	ized, attach Form 80-108)	14A	9999	99999	99	14B	999	9999	9999	3
315 Exemptions (from line 12; if married filin	ng separately use 1/2 amount) 15A	9999	99999	99	15B	999	9999	9999	3
416 Mississippi taxable income (line 13 mi	nus line 14 and line 15)	16A	9999	99999	99	16B	999	9999	9999	3
517 Income tax due (from Schedule of Tax 0	Computation, see instructions)					17	999	9999	9999	3
618 Credit for tax paid to another state (from	Form 80-160, line 13; attach ot	her state	return)			18	999	9999	9999	3
719 Other credits (from Form 80-401, line 1)						19	999	9999	9999	3
820 Net income tax due (line 17 minus line	18 and line 19)					20	999	9999	9999	
9 21 Consumer use tax (see instructions)						21	999	9999	9999	:
022 Total Mississippi income tax due (line	20 plus line 21)					22	999	9999	9999	
1										4
2 PAYMENTS										4
3										4
423 Mississippi income tax withheld (comple						23		9999		
₅ 24 Estimated tax payments, extension payn		v				24		9999		
₆ 25 Refund received and/or amount carried f		ended re	eturn only)			25		9999		
7 26 Total payments (line 23 plus line 24 minu	is line 25)					26	999	9999	9999	
8										
9 REFUND OR BALANCE DUE										
0	(If no overpayment is du	ue on lin	e 27, skip t	o line 3:	3)					Ę
i1										Ę
227 Overpayment (if line 26 is more than line		26)		rmers or f e instruct	ishermen	27		9999		E
28 Interest on underestimated tax (from Form 80-320, line 11)			(30			28		9999		Ę
429 Adjusted overpayment (line 27 minus line					29		9999		Ę	
5 30 Overpayment to be applied to next year						30		9999		
₆ 31 Voluntary contribution (from Form 80-10)						31		9999		
7 32 Overpayment refund (line 29 minus line					REFUND	32		9999		
Balance due (if line 22 is more than line				BALAN	CE DUE	33		9999		
934 Interest, penalty and interest on underes	timated tax (from Form 80-320,	line 18)				34		9999		
35 Total due (line 33 plus line 34)			AMC	DUNT Y	OU OWE	35	999	9999	9999	
1										
2 X Installment Agreement Request (see instructions for eligibility; attac										

500770800195-1513-230001696477185 0 20 21 22 23 24 25 26 2	27 28 29 30 31 32 33 34 35 36 37 38 39 4 Mississip poi 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70	Page 2) 71 72 73 74 75 76 77 78 <u>79 80</u>)			
04	7 28 29 30 31 32 33 34 35 36 37 38 39 4 Mississippi 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 ^{PP92} 73 74 75 76 77 78 Resident Individual Income Tax Return 2015					
	2015		D5			
06 801051532000			06			
07		9999999999	07			

INCOME					Column A (1	Taxpayer)		Column B (Spouse	e)	
36 Wages, sala	ries, tips, etc. (complete Form 80-	-107)		36A	99999	999999	36B	99999999	99	
	come (loss) (attach Federal Sched		C-EZ)	37A	99999	999999	37B	99999999	99	
38 Capital gain	Capital gain (loss) (attach Federal Schedule D)			38A	99999	999999	38B	99999999	99	
39 Rent, royaltie	es, partnerships, S corporation trus	sts, etc.								
(from Form 8	30-108, part IV)			39A	99999	999999	39B	99999999	99	
10 Farm income	e (loss) (attach Federal Schedule	F)		40A	99999	999999	40B	99999999	99	
1 Interest inco	me (from Form 80-108, part II, line	3)		41A	99999	999999	41B	99999999	99	
12 Dividend inc	ome (from Form 80-108, part II, line	e 6)		42A	99999	999999	42B	99999999	99	
3 Alimony rece	eived			43A	99999	999999	43B	99999999	99	
4 Taxable pen	sions and annuities (complete For	rm 80-10	7)	44A	99999	999999	44B	99999999	99	
	ent compensation (complete Form	n 80-107)		45A	99999	999999	45B	99999999	99	
	e (loss) (from Form 80-108, part V,	line 10)		46A	99999	999999	46B	99999999	99	
	e (add lines 36 through 46)			47A	99999	999999	47B	99999999	99	
ADJUSTMENTS	3				Column A (1	Faxpayer)		Column B (Spouse	e)	
8 Payments to				48A		999999	48B	99999999		
	self-employed SEP, SIMPLE and	qualified	retirement plar	18 49A		999999	49B	99999999		
i0 Interest pena	alty on early withdrawal of savings			50A	99999	999999	50B	99999999	99	
1 Alimony paid	l (complete below)			51A	99999	999999	51B	99999999	99	
Name XXX	XXXXXXXXXXXXXXXXXX	SSN	999999	999	State	XX				
Name XXX	XXXXXXXXXXXXXXXXXX	SSN	999999	999	State	XX				
Name XXX	XXXXXXXXXXXXXXXXXX	SSN	999999	999	State	XX				
2 Moving expe	ense (attach Federal Form 3903)			52A	99999	999999	52B	99999999	99	
3 National Gua				53A	99999	99999	53B	99999999	99	
4 Mississippi F	Prepaid Affordable College Tuition ((MPACT))	54A	99999	99999	54B	99999999	99	
5 Mississippi A	Affordable College Savings (MACS))		55A	99999	999999	55B	99999999	99	
6 Self-employe	ed health insurance deduction			56A	99999	999999	56B	99999999	99	
7 Health savin	gs account deduction			57A	99999	999999	57B	99999999	99	
8 Catastrophe	savings account deduction			58A	99999	999999	58B	99999999	99	
9 Total adjust	ments (add lines 48 through 58)			59A	99999	999999	59B	99999999	99	
0 Mississippi on page 1, li	adjusted gross income (line 47 n	ninus line	e 59; enter	60A	99999	999999	60B	999999999	99	
	URN - EXPLANATION OF CHAN	GES TO	ORIGINAL RE	TURN (at	tach additio	nal statement	if needed)			
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			· · · · ·				*****	XXX	
			الرجاء والرجاء والرواد والرواء							
XXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxx	XXXXXXX	XXXXXX	XXXXXX	XXXXXXX	XXXXXX	XXXXXXXXXX	XXX	
XXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX	XXXXXXX	XXXXXX	XXXXXXX	XXXXXXX	XXXXXX	XXXXXXXXXX	XXX	
his return may be o	discussed with the preparer ${ m X}$ Y	'es	X No							
	nalties of perjury, that I have examine									
is is a true, corre	ct and complete return. Declaration	or prepar	er (other than ta	xpayer) is c	ased on all in	normation of wr	lich prepare	r has any knowledge.		
			99			99999999				
Taxpayer Signa	Taxpayer Signature Date Taxp		payer Phone	Number	Paid Prepa	arer PTIN				
Spouse Signati	ure	Date	Pai	id Preparer Ph	ione Number	Paid Prepa	arer Email Addr	ess		
		1 I I I								
Paid Preparer \$	Signature	Date	Pai	d Preparer Ad	dress	City		State Zip Code		

63