<b>Бөт</b> 04	1 699 09057 1 6 132 1 30 40 16 16 17 1 17 6 1 69 20 21 22 23 24 2	25 26 27 28 29	30 31 32 33 34 35 36 37 38 <b>Residen</b>								67 68 69 70 <sup>-</sup>	71 72 73 74	75 76 77	78 <u>7980</u>
05			Resident		uua 201		ome	Тах	Return					
06	801051631000				201	D								
07											X	Ame	nded	
08 Tax	payer First Name	Initial	Last Name					<b></b>			0.0	0000		
09						,,,,,,,,,	-	SN	CCN			9999		
Sno	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX X Initial	XXXXXXXXXX Last Name				<u>x</u>	oouse	3311		99	9999	9999	
11	*****	xx x	xxxxxxxxx	xxxxx	xxy	xxx	x 1	Х	Married -	Combine	ed or Joir	nt Retur	n (\$12	2,000)
	ing Address (Number and Street, Including Rura	al Route)	2111111111111111111111				2	X	Married -					
14X9	x9x9x9x9x9x9x9x9x9x9x		x9x9x9x9x	9x9x9	X92	x9x9:	Х 3	X	Married -					
15 City		State				nty Code	4	Х	Head of I	Family (\$	8,000)			
	xxxxxxxxxxxxxxxx	XX XX	9999	9		99	5	Х	Single (\$	6,000)				
17														
18 <b>E)</b>	(EMPTIONS				1									
19					_		-	•	ar a		-			
-	cendents (in column B, enter "C" for ch				8				65 or Over			e Age 6	5 or C	over
21 <b>6</b>	(A) Name	(B) X	(C) Depender			X	Тахрауе		L	X	Spous	e Blind		
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	99999		9	Total	lependa	ante lin	ie 7 plus nu	imber of	noves ch	ecked I	ine 8	99
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	99999		3	i otai t	spende	51113 11				Concul		22
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	99999		10	Line 9	x \$1,50	0		10	99	9999	999	9
25 23		23			11				emption	11		9999		
20 27 <b>7</b>	Total number of dependents (from	line 6 an	d Form 80-491)	99	12		line 10		•	12		9999		
28									,	1 2.				-
	SSISSIPPI INCOME TAX					Colu	ımn A (	Тахра	yer)		Colum	ו B (Sp	ouse)	
30														
<sub>31</sub> 13	Mississippi adjusted gross inco	<b>me</b> (from	page 2, line 61)		13/	Ą	9999	999	999	13B	99	9999	999	9
<sub>32</sub> 14	Standard or itemized deductions (i				14/	·	9999			14B		9999		
<sub>33</sub> 15	Exemptions (from line 12; if marrie	T			15/	•	9999			15B		9999		
<sub>34</sub> 16	Mississippi taxable income (line				16/	Ą	9999	999	999	16B		9999		
<sub>35</sub> 17	Income tax due (from Schedule o			· · · ·						17		9999		
<sub>36</sub> 18	Credit for tax paid to another state	·	rm 80-160, line 13	; attach oth	ner sta	ate retu	rn)			18		9999		
37 <b>19</b>	Other credits (from Form 80-401, I									19		9999		
38 <b>20</b>	Net income tax due (line 17 minu		and line 19)							20		9999		
<sub>39</sub> 21	Consumer use tax (see instruction Catastrophe savings tax (see instr									21		9999 9999		
40 22 23	Total Mississippi income tax du		nlus line 21 and li	ne 22)						22		9999		
41 <b>23</b>		e (iiiie 20		116 22)						23	99	2222	9999	9
12 12 P/	AYMENTS													
43 <b>F</b> / 14														
45 <b>24</b>	Mississippi income tax withheld (c	omplete	Form 80-107)							24	99	9999	999	9
<sub>46</sub> 25	Estimated tax payments, extension	n paymen	ts and/or amount	paid on ori	ginal	return				25		9999		
47 <b>26</b>	Refund received and/or amount ca	arried forw	vard from original r	eturn <b>(ame</b>	endeo	l returr	only)			26	99	9999	999	9
<sub>48</sub> 27	Total payments (line 24 plus line 2	5 minus l	ine 26)							27	99	9999	999	9
49														
50 RE	EFUND OR BALANCE DUE													
51			(If no overpay			line 28	, skip to	b line 3	34)					
<sub>52</sub> 28	Overpayment (if line 27 is more th			from line 2	27)					28		9999		
<sub>53</sub> 29	Interest on underestimated tax (fro					X		mers or e instru	Fishermen	29		9999		
<sub>54</sub> 30	Adjusted overpayment (line 28 mir						(00)			30		9999		
55 31	Overpayment to be applied to next	-		L .						31		9999		
56 32 33	Voluntary contribution (from Form								REFUND	32		9999 9999		
<sub>57</sub> 33	Overpayment refund (line 30 minu Balance due (if line 23 is more that			rom line 23	8)			BAL A	NCE DUE	33		9999 9999		
<sub>58</sub> 34 <sub>59</sub> 35	Interest, penalty and interest on ur					8)		JALA		34		9999		
<sub>59</sub> 35 <sub>60</sub> 36	Total due (line 34 plus line 35)					-1	AMO		OU OWE	35 36		9999		
61										30				-
	X Installment Agreement Requ	uest												
62			orm 71-661)											

6007	nd80d995-1613-2300016766477(269) 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 4 <b>M</b> is	sissi	<b>1 1 5</b> 51 52 53 54 55 56 57 58 59 60 61	1 62 63 64 65 66	67 68 69 70 71 72 73 74 75 76 77 78		
04		Resident Individual Income Tax Return					
05	801051632000	2016					
06			SS	N	9999999999		
08 09 IN	СОМЕ			Column A (Taxpayer)			
10					Column B (Spouse)		
11 <b>37</b>	Wages, salaries, tips, etc. (complete Form 80-107)	37A	99999999999	37B	99999999999		
<sub>12</sub> 38	Business income (loss) (attach Federal Schedule C or C-EZ)	38A	99999999999	38B	99999999999		
<sub>13</sub> 39	Capital gain (loss) (attach Federal Schedule D, if applicable)	39A	99999999999	39B	99999999999		
14 <b>40</b>	Rent, royalties, partnerships, S corporation trusts, etc.						
15	(from Form 80-108, part IV)	40A	99999999999	40B	99999999999		
<sub>16</sub> 41	Farm income (loss) (attach Federal Schedule F)	41A	99999999999	41B	99999999999		
<sub>17</sub> 42	Interest income (from Form 80-108, part II, line 3)	42A	99999999999	42B	99999999999		
<sub>18</sub> 43	Dividend income (from Form 80-108, part II, line 6)	43A	99999999999	43B	99999999999		
<sub>19</sub> 44	Alimony received	44A	99999999999	44B	99999999999		
<sub>20</sub> 45	Taxable pensions and annuities (complete Form 80-107)	45A	99999999999	45B	99999999999		
<sub>21</sub> 46	Unemployment compensation (complete Form 80-107)	46A	99999999999	46B	99999999999		
<sub>22</sub> 47	Other income (loss) (from Form 80-108, part V, line 10)	47A	99999999999	47B	99999999999		
<sub>23</sub> 48	Total income (add lines 37 through 47)	48A	99999999999	48B	99999999999		
24 25 <b>A</b>	DJUSTMENTS		Column A (Taxpayer)		Column B (Spouse)		
26 27 <b>49</b>	Payments to IRA	49A	99999999999	49B	99999999999		
27 50 28	Payments to self-employed SEP, SIMPLE and qualified retirement plans		99999999999	50B	99999999999		

<sub>28</sub> 50	Payments to self-employed SEP, SIMPLE and qualified	retirement plans 50A	9999999999	9 50B	99999999999	28
<sub>29</sub> 51	Interest penalty on early withdrawal of savings	51A	9999999999	9 51B	99999999999	29
<sub>30</sub> 52	Alimony paid (complete below)	52A	9999999999	9 52B	99999999999	30
31						31
32	Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999	State XX			32
33	Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999	State XX			33
34	Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999999	State XX			34
35						35
<sub>36</sub> 53	Moving expense (attach Federal Form 3903)	53A	9999999999	9 53B	99999999999	36
<sub>37</sub> 54	National Guard or Reserve pay (enter the lesser of amo	unt or \$15,000) <sub>54A</sub>	9999999999	9 54B	99999999999	37
<sub>38</sub> 55	Mississippi Prepaid Affordable College Tuition (MPACT)	55A	9999999999	9 55B	99999999999	38
<sub>39</sub> 56	Mississippi Affordable College Savings (MACS)	56A	9999999999	9 56B	99999999999	39
<sub>40</sub> 57	Self-employed health insurance deduction	57A	9999999999	9 57B	99999999999	40
<sub>41</sub> 58	Health savings account deduction	58A	9999999999	9 58B	99999999999	41
<sub>42</sub> 59	Catastrophe savings account deduction	59A	9999999999	9 59B	99999999999	42
<sub>43</sub> 60	Total adjustments (add lines 49 through 59)	60A	9999999999	9 60B	99999999999	43
44 <b>61</b>	Mississippi adjusted gross income (line 48 minus line	60; enter 61A	9999999999	9 61B	99999999999	44

on page 1, line 13) 

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

No

and accompanying schedules and statements, and to the best of my knowledge and belief,

52 mis return	may be discussed with the preparer	Х	Yes	
53				

			9999999	99		
						_
Taxpayer Signature	Date	Taxpayer Phone Number	Paid Preparer P	rin 🛛		
Spouse Signature	Date	Paid Preparer Phone Number Paid Preparer Email Address		nail Address		
Paid Preparer Signature	Date	Paid Preparer Address	City	State	Zip Code	
Mail REF	UND returns to Departm	ent of Revenue, P.O. Box 23058, Ja	ackson, MS 39225	-3058		

**Duplex and Photocopies NOT Acceptable**