4		MISSISSIPPI					
MS8453-IIT	Individual Income Tax Declaration						
	⊢or	For Electronic Filing			999999999999999999999999999999999999999		
		2017	9993	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	999999999999999		
Taxpayer First Name	Initial Last Name		YOU	MUST ENT			
xxxxxxxxxxxxxxxxx		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	1001	NUST ENT	ER 33N		
Spouse First Name	Initial Last Name						
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Taxpayer SSN		9999999999		
		vovovovovovov	Spouse SSN		00000000		
<u>X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9X9</u>	State Zip	County Code			9999999999		
*****	xxxx xx 999	99 99					
PART I: TAX RETURN INFORM			(ROUN	ID TO THE	NEAREST DOLLAR)		
	Mississippi taxable income (Form 80-105, line 16; 80-205, line 19)				9999999999		
Total Mississippi tax (Form 80-105, line 23; 80-205, line 25)			2		9999999999		
<b>3</b> Mississippi tax payments (Form 80-105, line 27; 80-205, line 29)			3		9999999999		
4 Refund (Form 80-105, line 33;		4		9999999999			
5 Amount you owe (Form 80-10	5, line 36; 80-205, line 37)		5		99999999999		
PART II: DIRECT DEPOSIT/DI							
1 Routing number 99999	9999	<b>3</b> Type	of account:				
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	99999999999999						
		Checking	g X Savings	Х			
<i>I</i> y request for direct deposit/direct deb outing number, account number, acco	unt type and social security number	rto insure my refund/navment i	s properly processed		Thy mancial institution with h		
knowledge and belief, my return is true Revenue on request.	, correct and complete. This declar	auon is to be maintained by the					
Taxpayer Signature	Date	Spouse Si	gnature		Date		
PART IV: DECLARATION OF E	LECTRONIC RETURN ORIG	INATOR (ERO) AND PAID	PREPARER				
Under penalties of perjury, I declare the knowledge. I have obtained the taxpay request, I will furnish this return to the the Mississippi Department of Revenu specified by the Mississippi Departme schedules and statements and to the preparer has any knowledge.	yer's signature and will maintain th Mississippi Department of Revenu e and have followed all other requi ent of Revenue. If I am the paid p	is return for the Mississippi De e. I have provided the taxpayer rements described in the Missis preparer, under penalties of pe	partment of Revenue as p with a copy of all forms a ssippi Handbook for Electr rjury, I declare that I hav	art of my pe nd informatic onic Filers ar e examined	rmanent records. Upon writt on to be filed electronically w nd any additional requiremer this return and accompanyi		
ERO ERO Signature		Date Check if	Also 👽 Check if	Self	ERO SSN or PTIN		
Use		Paid Pre					
Only				IN	99999999		
Firm Name (or yours if self- employed), address and ZIP code	x9x9x9x9x9x9x9x9	x9x9x9x9x9x9x9x	9 xx 99999	9999999 Phone No. (	999		
Under penalties of perjury, I declare th	at I have examined the above taxe	aver's return and accompanying	schedules and statement	/ -	99-9999 best of my knowledge and		
belief, they are true, correct, and comp					seed of my knowledge and		
Paid Preparer Signature		Date Check if		<sup>elf-</sup> X	Preparer SSN or PTIN		
Preparer		Paid Pre	parer A Employed		99999999		
Use Only				IN			
Firm Name (or yours if self- employed), address and ZIP code	<u>x9x9x9x9x9x9x9x9</u>	<u>x9x9x9x9x9x9x9x</u>		9999999 Phone No. (	999		
				(999)0	99-9999		
3 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22	2 23 24 25 26 27 28 29 30 31 32 33 34 35 36 3	7 38 39 40 41 42 43 44 45 46 47 48 49 50 5	51 52 53 54 55 56 57 58 59 60 61 6	<u>ノノノノノソ</u> 2 63 64 65 66 67	<u>99-9999</u> 68 69 70 71 72 73 74 75 76 77 78 79 8		

7 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77