4	21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 3	Mississippi	55 55 57 56 58 60 61 62 63 64 65	55 57 00 05 10 11 12 13 14 13 10 11 18 19 8
MS8453-IIT		Individual Income Tax Declaration		
3	For Electronic Filing		Submission Nu	
7		2018	X9X9X9X	9X9X9X9X9X9X9
Taxpayer First Name	Initial Last Name			
xxxxxxxxxxxx	XXXXXX X XXXXXXXX	XXXXXXXXXX	YOU MUST E	NTER SSN
Spouse First Name	Initial Last Name			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX Taxpa	ayer SSN	999999999
	9X9X9X9X9X9X9X9X9X9	ZOVOVOVOVOVOV Spou	se SSN	99999999
City	State Zip	County Code		33333333
XXXXXXXXXXXXXXXX	XXXXXX XX 9999	99 99		
PART I: TAX RETURN INFO	RMATION		(ROUND TO T	HE NEAREST DOLLAR)
1 Mississippi tayahla ingeme	(Form 90 105 Jino 16: 90 205 Jino	10)		000000000
	(Form 80-105, line 16; 80-205, line 80-105, line 23; 80-205, line 25)	19)	1	999999999
	form 80-105, line 27; 80-205, line 2	9)	3	9999999999
4 Refund (Form 80-105, line 3			4	9999999999
	105, line 36; 80-205, line 37)		5	9999999999
PART II: DIRECT DEPOSIT/	DIRECT DEBIT			
4 Davida - Sanahar 000	200000	3 Type of acco	unt-	
	999999	3 Type of accc	ourit.	
Account number 999	999999999999	Checking X	Savings X	
		Officiality A	Cavings X	
My request for direct deposit/direct	debit of my refund/payment includes my	authorization for the Mississippi Depa	rtment of Revenue to furr	ish my financial institution with
outing number, account number, ac	count type, and social security number t	o insure my retund/payment is propert	y processea.	
PART III: DECLARATION O	F TAXPAYER			
originator and that the amounts des	e that I have compared the information scribed in Part I above agree with the a rue, correct and complete. This declarati	mounts shown on the corresponding I	ines of my Mississippi inc	ome tax return. To the best of r
Taxpayer Signature	Date	Spouse Signature		Date
DARTING DEGLADATION O	E EL EGERGNIG DETURN GRIGIN	MATOR (ERO) AND RAIR REFEA	DED	
PART IV: DECLARATION O	F ELECTRONIC RETURN ORIGIN	IATOR (ERO) AND PAID PREPA	KEK	
knowledge. I have obtained the tax request, I will furnish this return to t the Mississippi Department of Reve specified by the Mississippi Depart	that I have reviewed the above taxpayer payer's signature and will maintain this he Mississippi Department of Revenue. The mue and have followed all other require tment of Revenue. If I am the paid prethe best of my knowledge and belief, the state of the payer is the payer of the payer is the payer of t	return for the Mississippi Department I have provided the taxpayer with a comments described in the Mississippi Ha eparer under penalties of perjury L d	of Revenue as part of money of all forms and information of all forms and information of the colorest that I have examined the colorest than I	r permanent records. Upon writt nation to be filed electronically wrs and any additional requirement and this return and accompany
ERO ERO Signature		Date Check if Also Paid Preparer	X Check if Self- Employed X	ERO SSN or PTIN
Only				99999999
	***************	70370370370370370370	EIN	00000
Firm Name (or yours if self- employed), address and ZIP code	<u> </u>	<u> (9x9x9x9x9x9x9 xx</u>	99999 9999 Phone No.	99999
				)999-9999
Under penalties of periury. I declare	that I have examined the above taxpay	er's return and accompanying schedul		
belief, they are true, correct, and co	mplete. This declaration is based on all	information of which I have any knowle	dge.	
Paid Preparer Signature		Date Check if Also	X Check if Self- X	Preparer SSN or PTIN
Preparer		Paid Preparer	Employed	99999999
Use Only			EIN	
Firm Name (or yours if self-	x9x9x9x9x9x9x9	x9x9x9x9x9x9x9 xx	99999 9999	99999
employed), address and ZIP code	e		Phone No.	
			(999	)999-9999
06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 2			( ) )	1000000