| 5e%                     | 8803061575150006884774599202122232425262728293                       | 31 32 33 34 35 36 37 38 3 <b>Miss</b> a          | issip <sub>t</sub> | <b>34</b> ) 50 51 52 53 54 55 56 57 58 59 60 | 61 62 63 64 65 66 6 | 7 68 69 70 71 72 7                | 3 74 75 76 77 78 | 79 80  |  |
|-------------------------|--|--|--------------------|--|---------------------|-----------------------------------|------------------|--------|--|
| 05                      |  | Non-Resident /                                   |                    |  |                     |                                   |                  | 05     |  |
| 06                      | 802051531000   | Individual Income Tax Return 2015                |                    |  |                     | X An                              | nended           | 06     |  |
| 07                      |  | 20   | 13                 |  |                     |                                   |                  | 07     |  |
| $X_{80}$                | Non-Resident X Part-Year,  | Γax Year Beginning MMD                           | DYYYY              | Z and Ending MM□                             | DYYYY               |                                   |                  | 08     |  |
| 09                      |  |  |                    |  |                     |                                   |                  | 09     |  |
| Tax                     | payer First Name Initial L   | ast Name   |                    | SSN  | 999999              |                                   |                  | 10     |  |
|                         |  | XXXXXXXXXXXXX                                    | XXXXX              | XXX Spouse SSN                               | 999999              | 999                               |                  | 11     |  |
| 12                      |  | ast Name   |                    |  |                     |                                   |                  | 12     |  |
|                         |  | XXXXXXXXXXXXX                                    | XXXXX              |  | rried - Combir      |                                   |                  |        |  |
| 14                      | ng Address (Number and Street, Including Rural Route)                |  |                    |  | rried - Spouse      |                                   |                  |        |  |
| 15 X 9                  | X9X9X9X9X9X9X9X9X9X9X  |  |                    |  | rried - Filing S    |                                   | urns (\$12,00    | 00) 15 |  |
| City                    | State  | Zip  | County C           | · A 110                                      | ad of Family (      | \$8,000)                          |                  | 16     |  |
| 17 XX                   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                               | 99999  | 99                 | 5 X Sin                                      | gle (\$6,000)       |                                   |                  | 17     |  |
| 18                      |  |  |                    |  |                     |                                   |                  | 18     |  |
| 19                      | EMPTIONS   |  |                    |  |                     |                                   |                  | 19     |  |
|                         | endents (in column B, enter "C" for child, "P" for p                 |  |                    |  |                     |                                   |                  | 20     |  |
| 216                     | (A) Name (B)   | (C) Dependent SSN                                | 8 X                | Taxpayer Age 65 or C                         | 1                   | ouse Age 65                       | or Over          | 21     |  |
|                         | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                               | 99999999   | X                  | Taxpayer Blind                               | X Sp                | ouse Blind                        |                  | 22     |  |
|                         | XXXXXXXXXXXXXXX X  | 99999999   |                    |  |                     |                                   |                  | 23     |  |
|                         | XXXXXXXXXXXXXXX X  | 999999999  |                    | tal dependents line 7 plu                    | s number of b       |                                   |                  | 992    |  |
| <sub>25</sub> X         | XXXXXXXXXXXXXXX X  | 999999999  |                    | e 9 x <b>\$1,500</b>                         | 10                  |                                   | 999999           |        |  |
| 26                      |  |  | <b>11</b> En       | ter filing status exemptio                   | 1 11                |                                   | 999999           |        |  |
| <sup>27</sup> 7         | Total number of dependents (from line 6 and                          | Form 80-491) 99                                  | <b>12</b> To       | tal (line 10 plus line 11)                   | 12                  | 99999                             | 999999           | 27     |  |
| 28                      |  |  |                    |  |                     |                                   |                  | 28     |  |
| 23                      |  | OMPLETE PAGE 2 BEFO                              | RE PRO             |  |                     |                                   |                  | 29     |  |
| <sub>30</sub> 13a       | Mississippi adjusted gross income                                    | 14a Standard or ite                              |                    |  | a Exemptions        |                                   |                  | 30     |  |
| 31                      | 33333333   |  |                    |  |                     | filing separate, use 1/2 amount)  |                  |        |  |
| <sub>32</sub> k         | b Adjusted gross income from all sources b Mississippi deductions    |  |                    |  |                     | 999999999                         |                  |        |  |
| 33                      |  |  |                    |  |                     | Mississippi exemption 33          |                  |        |  |
| <sub>34</sub> C         | c Line 13a divided by line 13b                                       |  |                    |  |                     | (line 15a multiplied by line 13c) |                  |        |  |
| 35                      | 99.9999  |  |                    |  |                     | 99999                             | 99999            | 35     |  |
| 36                      |  |  |                    |  |                     |                                   |                  | 36     |  |
| 37 MI                   | SSISSIPPI INCOME TAX   |  | 1                  | Column A (Taxpayer)                          |                     | Column B                          | (Spouse)         | 37     |  |
| 38                      |  |  |                    |  |                     |                                   |                  | 38     |  |
| <sub>39</sub> 16        | Mississippi adjusted gross income (from p                            | age 2, line 61 or line 62)                       | 16A                | 999999999                                    | 16B                 | 99999                             | 999999           | 39     |  |
| <sub>40</sub> <b>17</b> | Standard or itemized deductions (from line 14                        | b; if itemized, attach                           |                    |  |                     |                                   |                  | 40     |  |
| 41                      | Form 80-108)   |  | 17A                | 999999999                                    | 17B                 | 99999                             | 99999            | 4      |  |
| <sub>42</sub> 18        | Exemptions (from line 15b)   |  | 18A                | 999999999                                    | 18B                 | 99999                             | 99999            | 42     |  |
| <sub>43</sub> 19        | Mississippi taxable income (line 16 minus l                          | ine 17 and line 18)                              | 19A                | 999999999                                    | 19B                 | 99999                             | 999999           | 43     |  |
| <sub>44</sub> 20        | Income tax due (from Schedule of Tax Com                             | outation, see instructions)                      |                    |  | 20                  | 99999                             | 999999           | 44     |  |
| <sub>45</sub> 21        | Other credits (from Form 80-401, line 1)                             |  |                    |  | 21                  | 99999                             | 99999            |        |  |
| <sub>46</sub> 22        | Net income tax due (line 20 minus line 21)                           |  |                    |  | 22                  |                                   | 99999            |        |  |
| <sub>47</sub> 23        | Consumer use tax (see instructions)                                  |  |                    |  | 23                  |                                   | 99999            |        |  |
| 48 <b>24</b>            | Total Mississippi income tax due (line 22 p                          | lus line 23)                                     |                    |  | 24                  |                                   | 999999           |        |  |
| 49 <b>25</b>            | Mississippi income tax withheld (complete F                          |  |                    |  | 25                  |                                   | 999999           |        |  |
| <sub>50</sub> 26        | Estimated tax payments, extension payments                           |  | ginal retu         | rn   | 26                  |                                   | 999999           |        |  |
| <sub>51</sub> 27        | Refund received and/or amount carried forward                        |  |                    |  | 27                  |                                   | 999999           |        |  |
| <sub>52</sub> 28        | Total payments (line 25 plus line 26 minus lin                       |  |                    |  | 28                  |                                   | 999999           |        |  |
| 53                      |  | f no overpayment is due                          | on line 29         | ), skip to line 34)                          | 29                  |                                   |                  | 53     |  |
| <sub>54</sub> 29        | Overpayment (if line 28 is more than line 24                         |  |                    |  | 29                  | 9999                              | 999999           |        |  |
| <sub>55</sub> 30        | Interest on underestimated tax (from Form 80                         |  |                    | X Farmers or Fishe                           |                     |                                   | 999999           |        |  |
| <sub>56</sub> 31        | Adjusted overpayment (line 29 minus line 30)                         |  |                    | (see instructions)                           | 00                  |                                   | 999999           |        |  |
| <sub>57</sub> 32        | Overpayment to be applied to next year estin                         |  |                    |  | 32                  |                                   | 999999           |        |  |
| <sub>58</sub> 33        | Overpayment <b>refund</b> (line 31 minus line 32)                    |  |                    | REFUI  |                     |                                   | 999999           |        |  |
| <sub>59</sub> 34        | Balance due (if line 24 is more than line 28,                        | subtract line 28 from line 24                    | 1)                 | BALANCE D                                    | 00                  |                                   | 999999           |        |  |
| <sub>60</sub> 35        | Interest, penalty and interest on underestimate                      |  |                    |  | 35                  |                                   | 999999           |        |  |
| 60 36<br>61 36          | Total due (line 34 plus line 35)                                     |  | ,                  | AMOUNT YOU OV                                |                     |                                   | 999999           |        |  |
|                         |  |  |                    |  | - 50                |                                   |                  |        |  |
| 62                      | X Installment Agreement Request                                      |  |                    |  |                     |                                   |                  | 62     |  |
| 63<br>06 07             | 08 09 10 11 12 <b>(see is structions</b> som etigibilitys attacks as | <b>m3·1732-66634)</b> 35 36 37 38 39 40 41 42 43 | 44 45 46 47 4      | 8 49 50 51 52 53 54 55 56 57 58 59 60        | 61 62 63 64 65 66 6 | 7 68 69 70 71 72 7                | 3 74 75 76 77 78 | 79 80  |  |

## Non-Resident / Part-Year Resident Individual Income Tax Return

SSN 999999999 INCOME **Total Income From All Sources** Mississippi Income ONLY <sub>10</sub> 37 Wages, salaries, tips, etc. (complete Form 80-107) 11 38 Business income (loss) (attach Federal Schedule C or C-EZ) <sub>12</sub> 39 Capital gain (loss) (attach Federal Schedule D, if applicable) Rent, royalties, partnerships, S corporation, trusts, etc. 13 40 (from Form 80-108, part IV) <sub>15</sub> 41 Farm income (loss) (attach Federal Schedule F) <sub>16</sub>42 Interest income (from Form 80-108, part II) <sub>17</sub>43 Dividend income (from Form 80-108, part II) <sub>18</sub>44 Alimony received <sub>19</sub>45 Taxable pensions and annuities (complete Form 80-107) <sub>20</sub>46 Unemployment compensation (complete Form 80-107) <sub>21</sub> 47 Other income (loss) (from Form 80-108, part V) Total income (add lines 37 through 47) **ADJUSTMENTS Total Income From All Sources** Mississippi Income ONLY <sub>26</sub>49 Payments to IRA <sub>27</sub>50 Payments to self-employed SEP, SIMPLE and qualified retirement plans <sub>28</sub>51 Interest penalty on early withdrawal of savings Alimony paid (complete below) <sub>29</sub>52 Name XXXXXXXXXXXXXXXXXXX SSN State XXName XXXXXXXXXXXXXXXX SSN State XXXXName XXXXXXXXXXXXXXXXXXX SSN State <sub>35</sub>53 Moving expense (attach Federal Form 3903) <sub>36</sub>54 National Guard or Reserve pay (enter the lesser of amount or \$15,000) <sub>37</sub>55 Mississippi Prepaid Affordable College Tuition (MPACT) <sub>38</sub>56 Mississippi Affordable College Savings (MACS) <sub>39</sub>57 Self-employed health insurance deduction Health savings account deduction <sub>40</sub>58 <sub>41</sub>59 Catastrophe savings account deduction <sub>42</sub>60 Total adjustments (add lines 49 through 59) Adjusted gross income (line 48 minus line 60; enter total AGI on page 1, line 13b and Mississippi AGI line 13a) <sub>45</sub>62 S 62 Split Mississippi AGI on line 61 between taxpayer and spouse T 62 AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN (attach additional statement if needed) 53 This return may be discussed with the preparer Yes No Χ Χ 54l declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Taxpayer Signature Date Taxpayer Phone Number Paid Preparer PTIN Spouse Signature Date Paid Preparer Email Address Paid Preparer Phone Number Paid Preparer Signature Paid Preparer Address City State Zip Code 

Mail REFUND returns to: Department of Revenue, P.O. Box 23058, Jackson, MS 39225-3058 <sup>58</sup> 09 10 11 12 13 14 15 16 17 18 19 **\*Wáil?ál?ófhér?íetúrit?s`tó**: Ɗépárthleit %fyelvéridé. Þev. 18 08-25050; 5tátkéstif: MSO39225-3650 67 68 69 70 71 72 73 74 75 76 77 78 79 80