

Non-Resident / Part-Year Resident Individual Income Tax Return 2015

X Amended



X Non-Resident X Part-Year, Tax Year Beginning MMDDYYYY and Ending MMDDYYYY

Form fields for Taxpayer and Spouse information including Name, Initial, Last Name, SSN, Spouse SSN, Mailing Address, City, State, Zip, and County Code.

Form fields for marital status and exemptions: 1 Married - Combined or Joint Return (\$12,000), 2 Married - Spouse Died in Tax Year (\$12,000), 3 Married - Filing Separate Returns (\$12,000), 4 Head of Family (\$8,000), 5 Single (\$6,000).

EXEMPTIONS

Dependents (in column B, enter "C" for child, "P" for parent or "R" for relative)

Table for dependents with columns for Name, (B), (C), Dependent SSN, and checkboxes for Taxpayer Age 65 or Over, Spouse Age 65 or Over, Taxpayer Blind, and Spouse Blind. Total number of dependents is 99.

PRORATION (COMPLETE PAGE 2 BEFORE PROCEEDING FURTHER)

Table for proration with columns for 13a Mississippi adjusted gross income, 14a Standard or itemized deductions, 15a Exemptions, 13b Adjusted gross income from all sources, 14b Mississippi deductions, and 15b Mississippi exemption.

MISSISSIPPI INCOME TAX

Main tax calculation table with columns for Column A (Taxpayer) and Column B (Spouse). Rows include Mississippi adjusted gross income, deductions, exemptions, taxable income, income tax due, net income tax due, total Mississippi income tax due, overpayment, and total due.

X Installment Agreement Request

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SSN 999999999



Table with 5 columns: Line number, Description, Total Income From All Sources, and Mississippi Income ONLY. Rows 37-48 include Wages, Business income, Capital gain, Rent, Farm income, Interest income, Dividend income, Alimony received, Taxable pensions, Unemployment compensation, Other income, and Total income.

Table with 5 columns: Line number, Description, Total Income From All Sources, and Mississippi Income ONLY. Rows 49-62 include Adjustments (IRA, retirement plans, interest penalty, alimony) and Adjusted gross income (AGI) calculations.

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

This return may be discussed with the preparer [X] Yes [X] No

I 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.

Signature and contact information fields for Taxpayer, Spouse, and Paid Preparer, including Signature, Date, Phone Number, PTIN, Email Address, Address, City, State, and Zip Code.

Mail REFUND returns to: Department of Revenue, P.O. Box 23058, Jackson, MS 39225-3058
Mail all other returns to: Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

Duplex and Photocopies NOT Acceptable