58 67 &	\$06957972139991876V17169920212223242	5 26 27 28 2	30 31 32 33 34 35 36 37 38 3 Miss Non-Resident /	issip	94 50 51 52 53 5	4 55 56 57 58 59 60 61	62 63 64 65 66	67 68 69 70 7	1 72 73 74 75 76 77 78	8 79 80 04
05			Individual Ind							05
06	802051631000)16	ax Nell	41 1 1		X	Amended	06
07				,,,,						07
X ₈₀	Non-Resident X F	art-Yea	, Tax Year Beginning MMI	DDYYY	Y and E	nding MMDD	YYYY			08
09		1	II N							09
10	ayer First Name	Initial				SSN	99999			10
• •	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X X Initial	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX	XXX S	Spouse SSN	99999	9999		1
12				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	373737 4	I 37 Menu:	l - C l- :		-i-t D-t (04)	1:
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXX	XXXX.	XXX 1				oint Return (\$12	
14			V0V0V0V0V0V0V0V) V () V ()					Tax Year (\$12 Returns (\$12,0	
15 A 9 A City 16	<9x9x9x9x9x9x9x9x9x9x9	State		County C			of Family (Returns (\$12,0	
	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			9			e (\$6,000)	(ψο,υυυ)		1
17242		1X X	39999)	<u> </u>	Z Olligit	υ (ψυ,υυυ)			1
18 FXF	EMPTIONS									1
19	endents (in column B, enter "C" for ch	ild "P" for	parent or "R" for relative)							
	A) Name	(B)	(C) Dependent SSN	8 X	Taxpave	r Age 65 or Ove	er X Sr	oouse Ac	ge 65 or Over	2
- '	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999	X	Taxpaye	7	1	ouse Bli		2
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999	20	,50,0				+ + + + + + + + + + + + + + + + + + + +	2
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999	9 To	tal depende	nts line 7 plus r	number of b	oxes ch	ecked line 8	992
	XXXXXXXXXXXXXXXX	X	999999999		ne 9 x \$1,50 0		10		99999999	
26						tus exemption	11		99999999	
			1599		otal (line 10 p		12		99999999	
28	Total number of dependents (from	line 6 ar	d Form 80-491)				12			2
	DRATION		(COMPLETE PAGE 2 BEF	ORE PRO	CEEDING F	URTHER)				2:
	Mississippi adjusted gross income		14a Standard or it	emized de	ductions	15a	Exemptions	s (from li	ne 12; if marrie	
31	999999999		9999	9999	99		filing separ	ate, use	1/2 amount)	3
₃₂ b	Adjusted gross income from all so	urces	b Mississippi de	ductions				999	9999999	
33	999999999		(line 14a mult	plied by li	ne 13c)	b	Mississippi	exempti	on	3:
₃₄ C	Line 13a divided by line 13b		9999	9999	99		(line 15a m	ultiplied	by line 13c)	3-
35	99.9999							99	99999999	9 3
36										31
37 MIS	SISSIPPI INCOME TAX				Column A (Taxpayer)		Colum	n B (Spouse)	3
38										3
00	Mississippi adjusted gross inco			16A	99999	99999	16B	999	99999999	9 3
						999999	17B		99999999	
71						99999	18B		99999999	
	Mississippi taxable income (line			19A	99999	999999	19B		99999999	
	Income tax due (from Schedule of		mputation, see instructions)				20		99999999	
	Other credits (from Form 80-401, li						21		99999999	
	Net income tax due (line 20 minus						22		99999999	2
	Consumer use tax (see instruction:						23		99999999	2
	Catastrophe savings tax (see instru		plus line 22 and line 24)				24		99999999	2
	Total Mississippi income tax due						25		99999999	2
 4926 Mississippi income tax withheld (complete Form 80-107) Estimated tax payments, extension payments and/or amount paid on original return 							26		99999999 99999999	2
	Refund received and/or amount ca	T			27		999999999	2		
• •	Total payments (line 26 plus line 2			ionaea re	tarii Only)		28		999999999	2
	Total paymonts (iiiie 20 pius iiiie 2	iiiiius	(If no overpayment is due	on line 3	0 skin to lin	ne 35)	29	23.	,,,,,,,,,,	
53 54 30 (Overpayment (if line 29 is more th	an line 2			-, o.ap to iii		20	99	9999999	5 9 _
	Interest on underestimated tax (fro				X Fa	rmers or Fisherm	30 nen ₃₁		99999999	<u> </u>
. 31	Adjusted overpayment (line 30 min					ee instructions)	32		99999999	
							33		99999999	
₅₆ 32	Overpayment to be applied to next	1				REFUND			99999999	
₅₆ 32 /	Overpayment to be applied to next Overpayment refund (line 32 minu	s line 33					54		- - - - - - -	<u> </u>
32 / 5733 (5834 (Overpayment refund (line 32 minu			5)	E	BALANCE DUE	35	99	9999999	
32 1 5733 (5834 (5935)		n line 29	, subtract line 29 from line 2		E	BALANCE DUE	- 00		99999999 99999999	2
32	Overpayment refund (line 32 minu Balance due (if line 25 is more tha Interest, penalty and interest on un	n line 29	, subtract line 29 from line 2			BALANCE DUE	36	99	99999999	9 60
32	Overpayment refund (line 32 minu Balance due (if line 25 is more tha	n line 29	, subtract line 29 from line 2				36	99		9 6

Pogoto 16-72-73-912 (8-62/17/18-19-20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 **Mississippi** 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 78 79 80 Non-Resident / Part-Year Resident Individual Income Tay Poture

10	COME	Total	Income From All	Sources	Miss	sissippi Income ONL
Ī						
	Wages, salaries, tips, etc. (complete Form 80-107)	38	9999999	999	38	999999999
	Business income (loss) (attach Federal Schedule C or C-EZ)		9999999		39	999999999
	Capital gain (loss) (attach Federal Schedule D, if applicable)	00	9999999		40	9999999999
	Rent, royalties, partnerships, S corporation, trusts, etc.	41	9999999		41	999999999
	(from Form 80-108, part IV)	41			74 1	
	Farm income (loss) (attach Federal Schedule F)	42	9999999	999	42	999999999
	Interest income (from Form 80-108, part II)	43	9999999		43	999999999
	Dividend income (from Form 80-108, part II)	44	9999999		44	9999999999
	Alimony received	45	9999999		45	999999999
	Taxable pensions and annuities (complete Form 80-107)	46	9999999		46	9999999999
	Unemployment compensation (complete Form 80-107)	47	9999999		47	9999999999
	Other income (loss) (from Form 80-108, part V)	48	9999999		48	9999999999
	Total income (add lines 38 through 48)	49	9999999		49	9999999999
		49		,,,	49	
)	JUSTMENTS	Total	Income From All	Sources	Miss	sissippi Income ONL
	Payments to IRA		0000000	200		999999999
	Payments to IRA Payments to self-employed SEP, SIMPLE and qualified retirem	50	99999999		50	999999999
	Interest penalty on early withdrawal of savings	. 51	99999999		51	9999999999
	, , , ,	52			52	
	Alimony paid (complete below)	53	99999999	999	53	999999999
	Nome VVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVV	000000	Ctata VV			
		9999999 9999999	State XX			
		9999999	State XX			
	Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999	State XX			
	Moving expense (attach Federal Form 3903)		99999999	200		999999999
	National Guard or Reserve pay (enter the lesser of amount or \$	54	99999999		54	9999999999
	Mississippi Prepaid Affordable College Tuition (MPACT)		99999999		55	9999999999
	Mississippi Affordable College Savings (MACS)	56	99999999		56	9999999999
	Self-employed health insurance deduction	57			57	9999999999
	Health savings account deduction	58	9999999		58	9999999999
	9	59	99999999		59	
	Catastrophe savings account deduction	60	99999999		60	999999999
	Total adjustments (add lines 50 through 60)	61	9999999		61	999999999
	Adjusted gross income (line 49 minus line 61; enter total AG on page 1, line 13b and Mississippi AGI line 13a)	62 62	99999999	999	62	999999999
	Split Mississippi AGI on line 62 between taxpayer and spot	use T ₆₃	99999999	300	S 63	999999999
	opin mississippi Act on the 62 settleen taxpayer and spec	1 63			63	
1	ENDED RETURN - EXPLANATION OF CHANGES TO ORIGI	NAL RETURN (a	ttach additional st	atement if	needed)	
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
H	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	^^^^		AAAAAA.	ΛΛΛΛΛ	<u> </u>
	return may be discussed with the preparer X Yes X No					
	lare, under penalties of perjury, that I have examined this return and	d accompanying a	hadulas and statem	nto and to t	he heat of	my knowledge and beli
i	s a true, correct and complete return. Declaration of preparer (othe	r than taxpayer) is	based on all informa	tion of which	preparer	has any knowledge.
				99999		
	Taxpayer Signature Date	Taxpayer Phon	e Number F	Paid Preparer PT	ίΝ	
	Spouse Signature Date	Paid Preparer P	hone Number	Paid Preparer Er	mail Address	
ī	Paid Preparer Signature Date	Paid Preparer A	ddress	City		State Zip Code