	00 (Rev. 7/16) 4 15 16 17 18 19 20 21 22 23 24 25 26	27 28 29 30 31 32 33 34 35 36 37 Affidavit	38 WHSSISSIP 的H8 49 50 for Reservation	51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66	67 68 69 70 71 72 73	3 74 75 76 77 78 79
	Income			tate Income Taxes		
	mcome		iii mississippi o			
Taxpayer First Name		Initial Last Name			Tax Year	9999
XXXXXXXXX	XXXXXXXXXXXXXX	X XXXXXXXX	XXXXXXXXXXXXXX			
Spouse First Name		Initial Last Name		SSN	9999	999999
XXXXXXXXX	XXXXXXXXXXXXXX	X XXXXXXXX	xxxxxxxxxxxxx			
	ber and Street, Including Rural Ro			Spouse SSN	9999	999999
x9x9x9x9x	x9x9x9x9x9x9x9x	9x9x9x9x9x9	x9x9x9x9x9x9x9x			
City		State Zip	County Code			
	xxxxxxxxxxxx	XX 999	99 99			
	111111111111111111111111111111111111111					
INDIAN STAT	TUS (CHECK ONE)					
(a) Lama Missis	sippi Choctaw Indian.		X Yes X N	0		
(a) Tanta Missis	sippi chociaw indian.					
		h anahin in an Indian Tr			7 Voc 37	No
(b) I am a memb	er or am eligible for mem	persnip in an Indian Tri	be other than the Mississip	opi Band of Choctaws. X	Yes X	No
Name of Tribe	e XXXXXXXXXX	XXXXXXXXXXXX				
RESERVATIO	ON RESIDENCY					
a) During 999	39 I lived on the Missi	ssippi Choctaw Indian	Reservation for (check c	one box ONLY below)		
X The en	tire year					
X Jan Fe	b Mar Apr May June July	Aug Sept Oct Nov Dec	c (Circle months lived or	n reservation.)		
	ot live on the Choctaw Res					
	of residence on the Chocta	w Reconvetion during		ted on (check one or more boxes	s below)	
b) My place(s) c						
V A tribal	housing site lease					
	taw housing authority hou	JSE SILE				
X A BIA o	dormitory or house					
RESERVATIO						
(a) During the mo	onths I lived on the Choct	aw Reservation in 99	99, I earned the followi	ng income from work on the Cho	octaw Reserva	ation
X9X9X92	<9x9x9x9x9x9x 9x	9X9X9X9X9X9	x9x9x9x9x9x9x9x	9X9X9X9X9X9X9X9X9		
(b) My employer	(s) for my on-reservation v	work during 9999	was (were) the (che	eck one or more boxes below)		
		0				
X Mississ	sippi Band of Choctaw Ind	lians				
	of Indian Affairs					
X Rureau	Health Service, USPHS					
X Indian I						
X Indian I X Other						
X Indian I X Other				er Phone		
X Indian X X Other lame of Employer X9X9X9X9X9X	x9x9x9x9x9x9x9x	9x9x9x9x9x9		er Phone 9)999-9999		
X Indian I X Other	<u>(9x9x9x9x9x9x9x</u>	9x9x9x9x9x9x9				
X Indian X Other	<u>x9x9x9x9x9x9x9x</u> x9x9x9x9x9x9x9x9x		x9x9x (99		 XX 9	99999
X Indian X Other lame of Employer X9X9X9X9X92 Employer Address X9X9X9X9X92	x9x9x9x9x9x9x9x	9x9x9x9x9x9x9	x9x9x (99 x9x9x xxxxxx	9)999-9999 xxxxxxxxxxx		
X Indian I X Other Mame of Employer X9X9X9X9X92 Employer Address X9X9X9X9X92 do hereby claim th	X9X9X9X9X9X9X9X at the above described earne	9X9X9X9X9X9X9 ed income falls outside the	X9X9X (99 X9X9X XXXXXX taxing jurisdiction of the State	9)999–9999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	al principles est	ablished in
X Indian I X Other Mame of Employer X9X9X9X9X92 Employer Address X9X9X9X9X92 do hereby claim the McClanahan vs. Additional Additiona	X9X9X9X9X9X9X9X at the above described earne rizona Tax Commission , 41	9X9X9X9X9X9X9 ed income falls outside the 11 U.S. 164 (1973). THIS	X9X9X (99 X9X9X XXXXXX taxing jurisdiction of the State FORM MUST BE SIGNED. If	9)999-9999 xxxxxxxxxxx	gal principles est both of you mus	ablished in
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