			Affidavit :	for Rese	ervation Ir	ndian	64 65 66 67 68 69 70 71 72 73 74 75 76 77 78
	Income	Excl	usion Fro	m Missi	ssippi Sta	ate Income Taxo	es
Taxpayer First Name	+++++++	Initial L	ast Name	++++			Tax Year 9999
XXXXXXXXXXX	VVVVVVVVV	ХХ	,	YYYYYY	/YYYYYY		Tax Teal 9999
Spouse First Name		X XXXXXXXXXXXXXXXXXXXXXXXXXXInitial Last Name			XXXXXX	SSN	999999999
xxxxxxxxxx	xxxxxxxx	ХХ	XXXXXXX	XXXXXX	XXXXXX		
Mailing Address (Number and Street, Including Rural Ro		ute)				Spouse SSN	99999999
X9X9X9X9X9X9	<u> </u>			X9X9X92			
City		State	Zip		County Code		
XXXXXXXXXXX	XXXXXXXXX	XX	999	99	99		
INIDIANI OTATUO	(OUEOK ONE)						
INDIAN STATUS	(CHECK ONE)						
(a) I am a Mississippi Cł	nactow Indian			v \	′es χ No		
a) Talifa iviississippi Ci	iociaw indian.			ΧY	C3 X 110		
(b) I am a member or ar	n eligible for memb	ershin	in an Indian Tri	he other than	the Mississinn	i Band of Choctaws	χ Yes χ No
e, rama member or al	. Sigisto foi membe	Sisiip	a muan III	Jo Guior tridii	o wiiooiooipp	. Dana or Onoclaws.	V
Name of Tribe X	xxxxxxxx	XXXX	XXXXXXX				
20							
RESERVATION RE	SIDENCY						
a) During 9999	lived on the Missis	sippi C	Choctaw Indian	Reservation	for (check on	e box ONLY below)	
X The entire yea	r						
X Jan Feb Mar A	pr May June July A	ug Se	pt Oct Nov Dec	(Circle m	onths lived on i	reservation.)	
	the Choctaw Rese	ervatio	n durina 99	99			
			5 22.				
(b) My place(s) of reside	unce on the Chactay	w Rose	ervation during	9999 wa	s (were) locate	d on (check one or more	boxes below)
(b) My place(s) of reside	nice on the Chocia	WINCSC	sivation during .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o (word) locato	a on (oneon one or more	zexes ze.e.i,
X A tribal housin	n site lease						
	using authority hous	sa sita					
X A BIA dormitor		JC JIIC					
A A DIA dollilloi	y of flouse						
RESERVATION INC	OME						
RESERVATION INC	ONE						
(a) During the months I	ived on the Chacta	w Pos	envation in QQ	QQ Learn	ed the following	n income from work on th	ne Choctaw Reservation
						X9X9X9X9X9X9X9	
Α9Α9Α9Α9Α9	ΑΘΑΘΑΘΑΘΑΘ	2 A S A	LOADADAD.	Λ9Λ9Λ92	SAAAAAA	ΑθΑθΑθΑθΑθΑθ	723
(h) My amplayar(a) for n	,, an recompetion ,,	orle du	ring 0000	1400 (14000)	the (about	l, ana ar mara hayaa hal	200
(b) My employer(s) for n	ly on-reservation w	ork du	nng 9999	was (were)	tne (cnec	k one or more boxes bel	ow)
XZ Missississis Da							
	nd of Choctaw India	ans					
X Bureau of India							
	Service, USPHS						
X Other							
		444					
		Ш			Employer		
Name of Employer	X Q X Q X Q X Q X Q	ЭХ9Х	(9X9X9X9	x9x9x	(999)999-9999	
x9x9x9x9x9x9							
X9X9X9X9X9X9 Employer Address						XXXXXXXXXXX	
X9X9X9X9X9X9 Employer Address		9X9X	(9X9X9X9	X9X9X	XXXXXXX		XXX XX 99999
X9X9X9X9X9X9X9 Employer Address X9X9X9X9X9X9X9	x9x9x9x9x9						
X9X9X9X9X9X9 Employer Address X9X9X9X9X9X9X9 do hereby claim that the ab	X9X9X9X9X9X9 ove described earned ax Commission , 411	d income	e falls outside the 64 (1973). THIS I	taxing jurisdict	ion of the State o	f Mississippi on the basis of omeone else completed this	the legal principles established in form, both of you must sign the for
X9X9X9X9X9X9 Employer Address X9X9X9X9X9X9X9 do hereby claim that the ab	X9X9X9X9X9X9 ove described earned ax Commission , 411	d income	e falls outside the 64 (1973). THIS I	taxing jurisdict	ion of the State o	f Mississippi on the basis of	the legal principles established in form, both of you must sign the for
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