4	5 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 Mississippi	70 00 01 02 00 04 00 00 07 00 08 00 01 02 03 04 0	, 55 51 55 55 15 11 12 13 14 13 16 11 18 19 8
	Affidavit for Reservation	n Indian	
	Exclusion From Mississippi		
income	Exclusion From Wilssissippi	i State income raxes	
Taxpayer First Name	Initial Last Name		Tax Year 9999
xxxxxxxxxxxxxxxxxxx	x xxxxxxxxxxxxxxxxxx	xx	
Spouse First Name	Initial Last Name	SSN	999999999
XXXXXXXXXXXXXXXXXXXXXX	x xxxxxxxxxxxxxxxxxx	xx	
Mailing Address (Number and Street, Including Rural Ro	oute)	Spouse SSN	999999999
	x9x9x9x9x9x9x9x9x9x9x		33333333
City	State Zip County Cod		
xxxxxxxxxxxxxxxxxx	xx 99999 99		
	1 1111 33333 333		
INDIAN STATUS (CHECK ONE)			
3 ,(a) I am a Mississippi Choctaw Indian.	X Yes X	No	
	A		
(h) I am a member or am eligible for mem	bership in an Indian Tribe other than the Miss	sissippi Band of Choctaws	χ Yes χ No
	Solomb in an indian tribe outer than the Miss	Joseph Balla of Offoctaws.	Δ
Name of Tribe XXXXXXXXXX	xxxxxxxxxx		
, Name of Tibe XXXXXXXXX			
RESERVATION RESIDENCY			
RESERVATION RESIDENCY			
(a) During 0.000 Llived on the Miss	issinni Chastaw Indian Bassastian for 1-b-	ock one how ONII V helevy	
(a) During 9999 I lived on the Miss	issippi Choctaw Indian Reservation for (che	ck one box ONLY below)	
X The entire year			
X Jan Feb Mar Apr May June July		ed on reservation)	
X I did not live on the Choctaw Re	servation during 9999		
(b) My place(s) of residence on the Choct	aw Reservation during 9999 was (were) l	located on (check one or more bo	kes below)
X A tribal housing site lease			
$_{3}$ X A Choctaw housing authority ho	use site		
X A BIA dormitory or house			
RESERVATION INCOME			
(a) During the months I lived on the Choct	taw Reservation in 9999 , I earned the fol	llowing income from work on the C	Choctaw Reservation
x9x9x9x9x9x9x9x9x9x	x9x9x9x9x9x9x9x9x9x9x	9x9x9x9x9x9x9x9x	9
(b) My employer(s) for my on-reservation	work during 9999 was (were) the	(check one or more boxes below)	
X Mississippi Band of Choctaw Inc	dians		
X Bureau of Indian Affairs			
25			
Name of Employer	+++++++++++++++++++++++++++++++++++++++	malayar Dhana	
Name of Employer		mployer Phone	
<u>X9X9X9X9X9X9X9X9X9X9X</u>	.yxyxyxyxyxyxyxy (999)999-9999	+++++++++++++++++++++++++++++++++++++++
Employer Address			
<u> </u>	<u> </u>	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	x xx 99999
I do hereby claim that the above described earne	ed income falls outside the taxing jurisdiction of the S	State of Mississippi on the basis of the	legal principles established in
McClanahan vs. Arizona Tax Commission , 4	11 U.S. 164 (1973). THIS FORM MUST BE SIGNED	D. If someone else completed this form	n, both of you must sign the form.
Under penalties of perjury, I declare that I have e	examined this form and to the best of my knowledge	and belief this form is true, correct, an	a complete.
		Date	
3 Signature			
Signature			
Signature		Date	
		Date	