Scanband Version of Form 80-105-10-5 Regular Individual Income Tax Resident Return.

There must be data in all fields of the scanband. There cannot be any handwritten information on these forms. The preparer or taxpayer should not be able to print this form with data missing from the scanband. (Except for Spouse's Name)

We have tried to include the changes from the previous year in this list, but we may have missed a few. Please check the form as well as this list.

- 1) Updated barcode, year, and form number.
- 2) Added Duplex or Photocopies not Acceptable.
- 3) We added and bold "Must Attach schedule" when needed.
- 4) We updated line 19 and 30 on page 1.
- 5) We updated line 6 "(c) Relationship and (b) Dependent SSN".
- 6) Updated the agency name State Tax Commission to Department of Revenue.

Form 8	MS Mississippi Resident Individual Income Tax Return 20105 1051000 Page 1 of 2	IS B
<pre></pre>		
•		' '
Fo 1. 2. 3. 4. 5. 6.	Married - Combined or Joint Return - Enter \$12,000 on Line 12. Taxpayer Age Court Married - Spouse Died in Tax Year - Please enter surviving spouse first as taxpayer. Taxpayer Age Court Enter \$12,000 on Line 12. Enter \$12,000 on Line 12. Taxpayer Age Court Married - Filing Separate Returns - Enter \$12,000 on Line 12. Enter \$pouse Name and SSN in boxes provided above. Spouse Age 65 Taxpayer Age Head of Family - Enter \$8,000 on Line 12. Provide Name, SSN, and Relationship of the Spouse Age 65 Taxpayer Age Dependent Living in the Home with You on Line 6. Single - Enter \$6,000 on Line 12. Number of Dependents Li Married - Spouse Name (b) Relationship (c) Dependent SSN Number of Boxes Marked 10. Total of Line 8 plus Line 9 11. Line 10 x \$ 1,500 = 12. Enter Amount from Lines 13. Total (Line 11 plus 12). 14. If Married-Filing Separate Enter 1/2 of Line 13.	uuse SSN unty Code axpayer Spouse Blind ind ' isted on Line 6 8. 9. 10. 11.
15.	Wages, salaries, tips, etc. (Must Attach W-2s)) Column B (Spouse) 15.
16. 17.	Other Income (Amount from Line 46, Page 2 of this Form) Adjustments to Gross Income (Amount from line 56, Page 2 of this Form)	16. 17.
18. 19. 20.	Mississippi Adjusted Gross Income (Line 15 plus Line 16 minus line 17) (P) Standard or Itemized Deductions (For Itemized Deductions, Must Attach Sch. A, Form 80-108) (F) Amount of Exemption Line 13 (Line 14 if Married Filing Separately)	18. ► (B) 19. ► (H) 20.
21. 22.	Mississippi Taxable Income (Line 18 Less Lines 19 and 20). See Instructions. If less than 0, enter 0. Total Income Tax Due	21.
23.	Mississippi Income Tax Withheld (Must Attach W-2s)	23. ▶ (W)
24. 25. 26.	Estimated Tax Payments and/or Amount Paid with Extension Credit for Income Tax Paid to Another State (Must Attach Copy of Return filed with other State(s)) Other Credits (See Instructions) Enter code for each type of credit claimed. $26A_{1-1}^{-1}$ $26B_{1-1}^{-1}$ $26B_{1-1}^{-1}$ $26D_{1-1}^{-1}$ (Must Attach Form 80-492)	$24. \qquad (E)$
27.	Total Credits (Add Lines 23 through 26)	26. ► (⁰) 27.
28.	Enter the Amount of Overpayment if Line 27 is Larger than Line 22. OVERPAYMENT	28.
29. 30.	Amount of Overpayment to be Applied to Your Next Year Estimate Tax Account. Voluntary Contribution Check-offs (From Form 80-108, Page 1) Enter Total of J, K, L, M, N, Q and Z in Right Column (J) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	29. ▶ (C) 30.
31.	Amount of Overpayment to be Refunded to You (Subtract Lines 29 and 30 from Line 28)	30. 31. ▶ (R)
32.	Enter Balance Due if Line 22 Is Larger Than Line 27. BALANCE DUE	32.
33.	Interest on Underpayment of Estimated Tax Payments (Must Attach Form 80-320)	33. • (I)
34. 35.	Late Payments - Interest @ 1% Per Month and Penalty @ 1/2 % Per Month. TOTAL DUE (Add Lines 32, 33, and 34) Must Attach Check or Money Order for Total Due payable to: Department of Revenue. (ENCLOSE PAYMENT VOUCHER 80-106) TOTAL DUE	34. ► (T) 35. ► (V)

PLEASE SIGN THIS TAX RETURN IN THE SIGNATURE AREA PROVIDED ON THE BOTTOM OF PAGE 2



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MS Mississippi Resident Individual Income Tax Return 2010

Pag	е	2	of	2
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For Computer Use O OTHER INCOM		e This Line Duplex o	Photocopies NOT Acce	column A (Ta		Column B (Spouse)
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OTH			Column A (Ta	xpayer)	Column B (Spouse)
36.	Business Income (Loss) (Must Attach Federal Sch	edule C or C-EZ)	I L	36.	
37.	Capital Gain (Loss) (Must Attach Federal Schedule	e D)	I L	37.	
38.	Rent, Royalties, P-Ship, S-Corps, Trusts, etc. (Must	Attach Federal Schedule E)	I L	38.	
39.	Farm Income (Loss) (Must Attach Federal Schedul	le F)	I L	39.	
40.	Interest Income		 	40.	
41.	Dividend Income		 	41.	
42.	Alimony Received		 	42.	
43.	Taxable Pensions and Annuities (Must Attach 1099	-R) Taxable Amo	unt	43.	
44.	Unemployment Compensation (Must Attach Form(s	s) 1099-G)	 	44.	
45.	Other Income (Loss) - (Must Attach MS Schedule N	۷)	 	45.	
46.	Total Income (Add Lines 36 through 45, Carry Am	ts. to Page 1, Line 16)	 	46.	
AD.	JUSTMENTS TO GROSS INCOME				
47.	Payments to an IRA			47.	
48.	Payments to Self-employed SEP, SIMPLE, & Qualified	ed Retirement Plans	 	48.	
49.	Interest Penalty on Early Withdrawal of Savings			49.	
50.	Alimony Paid (Must Complete Schedule P Below)		I L	50.	
51.	Moving Expense (Must Attach Federal Form 3903)		I I	51.	
50	National Guard or Reserve Pay (Enter the Lesser of	the Guard/Reserve Pay			
52.	or the \$15,000 Statutory Exclusion Per Taxpayer)	I I	52.		
53.	MS Prepaid Affordable College Tuition (MPACT) and	l/or			
55.	MS Affordable College Savings (MACS)		I L	53.	
54.	Self-Employed Health Insurance Deduction		I L	54.	
55.	Health Savings Account Deduction		I L	55.	
56.	Total Adjustments (Add Lines 47 through 55 carry amts	s. to Page 1, Line 17)	 	56.	
		Schedule P - Alim	ony Paid		
	eduction is claimed for Alimony Paid, please furnish ame, SSN, and the state of residency of the individual	Name		SSN of Recipient	
	om the amount was paid.	 		State of Residency	
THIS state	RETURN MUST BE SIGNED. Under penalties ments, and to the best of my knowledge and be	s of perjury, I declare that I have the state of the strue, correct and com	ave examined this retur	n, including accompa	anying schedules and
Taxpa	yer Signature	Taxpayer Phone	This Return may be discussed with	Paid Firm Identification Nu	mber or PTIN
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Spous	e Signature (If joint, BOTH must sign)	Date	Yes No	Paid Preparer Social Secu	ity Number or PTIN
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			Paid Preparer (Print I	Firm Name)	
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Mail **REFUND** 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

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Form 8	0-105-10-5-1-000 (Rev.5/10) MS Mississippi Resident Individual Income Ta 2010	AX Return Page 1 of 2		IS B
	RC 11 15A 15B 22 FS 12 16A 16B 23 9 14 17A 17B 24 19 14 18A 18B 25 10 19A 19B 20A 20B 21A 21B 21B 26 N1 N2 N3 N6 A C1 C2 C3	27 28 29 30J 26A 30K 26B 30L 26D 30N 30Q 30Q 30Z 30 31 32 33 34		135 DS1 DS2 DS3 DS4 TS SS TY PS
Fo 1. 2. 3. 4. 5. 6.	r Computer Use Only - Do not Write Above This Line Duplex or Photocopies NOT Acceptable Married - Combined or Joint Return - Enter \$12,000 on Line 12. Married - Spouse Died in Tax Year - Please enter surviving spouse first as taxpayer. Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above. Married - Filing Separate Returns - Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above. (Cannot change from Joint to Separate after due date.) Head of Family - Enter \$8,000 on Line 12. Provide Name, SSN, and Relationship of the Dependent Living in the Home with You on Line 6. Single - Enter \$6,000 on Line 12. Dependents (In column (b) Must enter C for child, P for parent or R for relative). (a) Name (b) Relationship (c) Dependent SSN	SSN 7. Mark "X" if Spouse Taxpayer Age County 65 or Over Spouse Age 65 or Over Blind 8. Number of Dependents Liste 9. Number of Boxes Marked "X 10. Total of Line 8 plus Line 9. 11. Line 10 x \$ 1,500 = 12. Enter Amount from Lines 1-1 13. Total (Line 11 plus 12).	Code	
15. 16.	Wages, salaries, tips, etc. (Must Attach W-2s) Other Income (Amount from Line 46, Page 2 of this Form)		eturns, 14 15. 16.	Column B (Spouse)
10. 17.	Adjustments to Gross Income (Amount from line 56, Page 2 of this Form)		17.	
18. 19.	Mississippi Adjusted Gross Income (Line 15 plus Line 16 minus line 17) Standard or Itemized Deductions (For Itemized Deductions, Must Attach Sch. A, Form 80-108) (F		18. ► (B) 19. ► (H)	
20.	Amount of Exemption Line 13 (Line 14 if Married Filing Separately)	'manana di second	20.	
21. 22.	Mississippi Taxable Income (Line 18 Less Lines 19 and 20). See Instructions. If less than 0, enter 0. Total Income Tax Due		21. 22.	
23. 24	Mississippi Income Tax Withheld (Must Attach W-2s)		23. ► (W	
24. 25.	Estimated Tax Payments and/or Amount Paid with Extension Credit for Income Tax Paid to Another State (Must Attach Copy of Return filed with other S		24. ▶ (E) 25. ▶ (S)	
25. 26.	Other Credits (See Instructions) Enter code for each type of credit claimed. $26A_{1-1}^{-1}$ $26B_{1}^{-1}$ (Must Attach Form 80-492)	' 26C'' 26D''	26. ► (O)	`'
27. 29	Total Credits (Add Lines 23 through 26)		27.	
28. 29.	Enter the Amount of Overpayment if Line 27 is Larger than Line 22. Amount of Overpayment to be Applied to Your Next Year Estimate Tax Account.		28. 29. ▶ (C	, ,
20.	Voluntary Contribution Check-offs (From Form 80-108, Page 1) Enter Total of J, K, L, M, N, Q			/
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31. 22	Amount of Overpayment to be Refunded to You (Subtract Lines 29 and 30 from Line 28)	REFORE	81. ▶ (R)
32. 33.	Enter Balance Due if Line 22 Is Larger Than Line 27. Interest on Underpayment of Estimated Tax Payments (Must Attach Form 80-320)	DALANCE DUL	32. 33. ⊾ (I)	
34. 35.	Late Payments - Interest @ 1% Per Month and Penalty @ 1/2 % Per Month. TOTAL DUE (Add Lines 32, 33, and 34) Must Attach Check or Money Order for Total Due payable to: Department of Revenue. (ENCLOSE PAYMENT VOUCHER 80-106)	з	34. ► (T) 35. ► (V)
	PLEASE SIGN THIS TAX RETURN IN THE SIGNATURE AREA PROVID	ED ON THE BOTTOM OF PA	AGE 2	

Form 8	10-105-10-5-1-000 (Rev.5/10) MS Mississippi Resident Individual Income Tax Return 2010 Page 1 of 2			IS B
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For 1. 2. 3. 4.	 Married - Combined or Joint Return - Enter \$12,000 on Line 12. Married - Spouse Died in Tax Year - Please enter surviving spouse first as taxpayer. Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above. Married - Filing Separate Returns - Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above. Married - Filing Separate Returns - Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above. Head of Family - Enter \$8,000 on Line 12. Provide Name, SSN, and Relationship of the 	SN pouse SSN county Code Taxpayer Blind	e	
5.	Dependent Living in the Home with You on Line 6. 8. Number of Dependent Single - Enter \$6,000 on Line 12. 9. Number of Boxes Mark	ked "X" on		8. 9.
6.	Dependents (In column (b) Must enter C for child, P for parent or R for relative). 10. Total of Line 8 plus Line (a) Name (b) Relationship (c) Dependent SSN 11. Line 10 x \$ 1,500 =		11.	10.
		ate Return	12. 13. ^{IS,} 14.	Column B (Spouse)
15.	Wages, salaries, tips, etc. (Must Attach W-2s)	15.		CP55552
16. 17.	Other Income (Amount from Line 46, Page 2 of this Form) Adjustments to Gross Income (Amount from Line 56, Page 2 of this Form)	16. 17.		
18. 19.	Mississippi Adjusted Gross Income (Line 15 plus Line 16 minus line 17) (P) Standard or Itemized Deductions (For Itemized Deductions, Must Attach Sch. A, Form 80-108) (F)	18. 19.	► (B) ► (H)	
20. 21.	Amount of Exemption Line 13 (Line 14 if Married Filing Separately) Mississippi Taxable Income (Line 18 Less Lines 19 and 20) See Instructions. If less than 0, enter 0.	20. 21.		
22.	Total Income Tax Due	22.	 	
23. 24.	Mississippi Income Tax Withheld (Must Attach W-2s) Estimated Tax Payments and/or Amount Paid with Extension	23. 24.	► (W)	י ע ו
25.	Credit for Income Tax Paid to Another State (Must Attach Copy of Return filed with other State(s))	25.	► (S)	
26.	Other Credits (See Instructions) Enter code for each type of credit claimed. $26A_{1}^{\dagger}$ $26B_{1}^{\dagger}$ $26B_{1}^{\dagger}$ $26C_{1}^{\dagger}$ $26D_{1}^{\dagger}$ (Must Attach Form 80-492)	26.	▶ (O)	
27. 28.	Total Credits (Add Lines 23 through 26) Enter the Amount of Overpayment if Line 27 is Larger than Line 22. OVERPAYMENT	27. 28.		3,850
28. 29.	Amount of Overpayment to be Applied to Your Next Year Estimate Tax Account.	20. 29.	► (C)	
30.	Voluntary Contribution Check-offs (From Form 80-108, Page 1) Enter Total of J, K, L, M, N, Q and Z in Right Column (J) (J) (K) (K) (K) (M) (J) (K) (J) (L) (K) (L) (K) (L) (K) (L) (K) (L) (K) (L) (K) (L) $(L$	30.		
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32. 33.	Enter Balance Due if Line 22 Is Larger Than Line 27. BALANCE DUE Interest on Underpayment of Estimated Tax Payments (Must Attach Form 80-320)	32. 33.	, (1)	ا لــــــــــــــــــــــــــــــــــــ
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		Page 1 of 2
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For Computer Use Only - Do not Write Above This Line Duplex or Photocopies NOT Acceptable

The beginning and ending positions of each data box above are referenced in the box.

There must be data in all fields of the scanband. There cannot be any handwritten information on these forms. The preparer or taxpayer should not be able to print this form with data missing from the scanband.

	30-105-10-5-1-000 (Rev.5/10)	MS Resident Indiv	Mississippi idual Income Ta 2010	x Return		IS B Page 1 of 2
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15. 16. 17.	Wages, salaries, tips, etc. (Mu Other Income (Amount from L Adjustments to Gross Income		s Form)	14. If Married-Filing Separa Enter 1/2 of Line 13. Column A (Taxpaye 106,000 -3,000	r) 15. 16. 17.	14. Column B (Spouse) 28,000 -2,500 9,250
18. 19. 20.	Standard or Itemized Deductions Amount of Exemption Line 13	Income (Line 15 plus Line 16 minu (For Itemized Deductions, Must Attack (Line 14 if Married Filing Separately e (Line 18 Less Lines 19 and 20)	h Sch. A, Form 80-108) (F)	103,000 30,000 15,000	19. 🕨 (B) 16,250 H) 0
21. 22. 23. 24. 25. 26.	See Instructions. If less than Total Income Tax Due Mississippi Income Tax Withh Estimated Tax Payments and Credit for Income Tax Paid to Other Credits (See Instructions	0, enter 0.		ate(s))	22. 23. ▶ (24. ▶ (16,250 3,413 W) 7,500 E)
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32. 33. 34. 35.	Late Payments - Interest @ 1 TOTAL DUE (Add Lines 32, Due payable to: Department	Is Larger Than Line 27. Estimated Tax Payments (Must Atta % Per Month and Penalty @ 1/2 % 33, and 34) Must Attach Check or It of Revenue. (ENCLOSE PAYMET IS TAX RETURN IN THE SIGN	Per Month. Money Order for Total NT VOUCHER 80-106)	BALANCE DUE TOTAL DUE	34. 35.	(I) T) (V)



MS Mississippi Resident Individual Income Tax Return 2010

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36.	Business Income (Loss) (Must Attach Federal S	Schedule C or C-EZ)	I L			I L
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49.	Interest Penalty on Early Withdrawal of Savings					
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52.	National Guard or Reserve Pay (Enter the Lesser or the \$15,000 Statutory Exclusion Per Taxpayer	of the Guard/Reserve Pay)	-		52.	
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53.	MS Affordable College Savings (MACS)		-			!
54.	Self-Employed Health Insurance Deduction		1		54.	1
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Mail **REFUND** 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

				Page 2 of 2
				-
18/10to26/10	30/10to38/10	42/10to50/10	55/10to63/10	67/10to76/10
18/11to26/11	30/11to38/11	42/11to50/11	55/11to63/11	75/11to7 <mark>6/11</mark>
18/12to26/12	30/12to38/12	42/12to50/12	55/12to63/12	
18/13to26/13	30/13to38/13	42/13to50/13	55/13to63/13	
18/14to26/14	30/14to38/14	42/14to50/14	55/14to63/14	
18/15to26/15	30/15to38/15	42/15to50/15	55/15to63/15	
18/16to26/16	30/16to38/16	42/16to50/16	55/16to63/16	
18/17to26/17	30/17to38/17	42/17to50/17	55/17to63/17	
18/18to26/18	30/18to38/18	42/18to50/18	55/18to63/18	
18/19to26/19	30/19to38/19	42/19to50/19	55/19to63/19	
18/20to26/20	·'	42/20to50/20	·'	

For Computer Use Only - Do not Write Above This Line Duplex or Photocopies NOT Acceptable

The beginning and ending positions of each data box above are referenced in the box.

There must be data in all fields of the scanband. There cannot be any handwritten information on these forms. The preparer or taxpayer should not be able to print this form with data missing from the scanband.



MS Mississippi Resident Individual Income Tax Return 2010

N _ 321-45-6789				Page 2 of 2
-3000	0	0	0	99999999999
0	0	0	9250	MS
0	0	-2500	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	9250	
-3000		-2500		

For Computer Use Only - Do not Write Above This Line Duplex or Photocopies NOT Acceptable

OTH	ER INCOME		Column A	(Taxpayer)		Column B (Spouse)
36.	Business Income (Loss) (Must Attach Federal	Schedule C or C-EZ)	I L	-3000	36.	0
37.	Capital Gain (Loss) (Must Attach Federal Sche	dule D)	 	0	37.	0
38.	Rent, Royalties, P-Ship, S-Corps, Trusts, etc. (M	ust Attach Federal Schedule E)	I L	0	38.	-2500
39.	Farm Income (Loss) (Must Attach Federal School	edule F)	 	0	39.	0
40.	Interest Income			0	40.	0
41.	Dividend Income		 	0	41.	0
42.	Alimony Received		 	0	42.	0
43.	Taxable Pensions and Annuities (Must Attach 1	iount	0	43.	0	
44.	Unemployment Compensation (Must Attach For	rm(s) 1099-G)	 	0	44.	0
45.	Other Income (Loss) - (Must Attach MS Schedu	ule N)	 	0	45.	0
46.	Total Income (Add Lines 36 through 45, carry	amts. to Page 1, Line 16)	 	-3000	46.	-2500
AD.	USTMENTS TO GROSS INCOME					
47.	Payments to an IRA			0	47.	0
48.	Payments to Self-employed SEP, SIMPLE, & Qu	alified Retirement Plans	 	0	48.	9250
49.	Interest Penalty on Early Withdrawal of Savings		 	0	49.	0
50.	Alimony Paid (Must Complete Schedule P Belo	w)	 	0	50.	0
51.	Moving Expense (Must Attach Federal Form 39	903)	I I	0	51.	0
52.	National Guard or Reserve Pay (Enter the Lesse or the \$15,000 Statutory Exclusion Per Taxpaye		 !	0	52.	O;
53.	MS Prepaid Affordable College Tuition (MPACT) MS Affordable College Savings (MACS)	and/or		0	53.	0
54.	Self-Employed Health Insurance Deduction			0	54.	0
55.	Health Savings Account Deduction			0	55.	0
56.	Total Adjustments (Add Lines 47 through 55 carry a	amts. to Page 1, Line 17)	 	0	56.	9250
		Schedule P - Ali	mony Paid			
the na	duction is claimed for Alimony Paid, please furnis ime, SSN, and the state of residency of the individ om the amount was paid.				SSN of Recipient State of Residency	
THIS state	RETURN MUST BE SIGNED. Under pena ments, and to the best of my knowledge and	alties of perjury, I declare that I d belief it is true, correct and co	have examined this r mplete.	eturn, including	accomp	anying schedules and
Тахра	yer Signature	Taxpayer Phone	This Return may	Paid Firm Ider	tification Nu	mber or PTIN
			be discussed with the preparer.			
Spous	e Signature (If joint, BOTH must sign)	Date		Paid Preparer	Social Secu	rity Number or PTIN
			YesNo	 		
		,	Paid Preparer (F	Print Firm Name)		/
Paid F	Preparer Signature	Date	1			
 			Paid Preparer A	ddress		
Paid F	Preparer Phone	''	 			
 						· I
		1				

Mail **REFUND** 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



MS Mississippi Resident Individual Income Tax Return 2010

321-45-6789				Page 2 of 2
-3000	0	0	0	99999999999
0	0	0	9250	MS
0	0	-2500	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	9250	
-3000		-2500		

For Computer Use Only - Do not Write Above This Line Duplex or Photocopies NOT Acceptable

отн	ER INCOME		Column A (Tax	apayer)		Column B (Spouse)
36.	 Business Income (Loss) (Must Attach Federal Schedule C or C-EZ) 		· · · · · · · · · · · · · · · · · · ·	-3000	36.	0
37.	Capital Gain (Loss) (Must Attach Federal Schedu	 	0	37.	0	
38.	Rent, Royalties, P-Ship, S-Corps, Trusts, etc. (Mus	 	0	38.	-2500	
39.	Farm Income (Loss) (Must Attach Federal Schedu	 	0	39.	0	
40.	Interest Income			0	40.	0
41.	Dividend Income			0	41.	0
42.	Alimony Received		I I	0	42.	0
43.	Taxable Pensions and Annuities (Must Attach 109	t ¦	0	43.	0	
44.	Unemployment Compensation (Must Attach Form	I I	0	44.	0	
45.	Other Income (Loss) - (Must Attach MS Schedule	I I	0	45.	0	
46.	Total Income (Add Lines 36 through 45, Carry A	I .	-3000	46.	-2500	
AD.	USTMENTS TO GROSS INCOME					/
47.	Payments to an IRA		 	0	47.	0
48.	Payments to Self-employed SEP, SIMPLE, & Quality	I L	0	48.	9250	
49.	Interest Penalty on Early Withdrawal of Savings	I L	0	49.	0	
50.	Alimony Paid (Must Complete Schedule P Below	 	0	50.	0	
51.	Moving Expense (Must Attach Federal Form 3903	I I	0;	51.	O'	
52.	National Guard or Reserve Pay (Enter the Lesser o or the \$15,000 Statutory Exclusion Per Taxpayer)	 I I	0	52.	0;	
53.	MS Prepaid Affordable College Tuition (MPACT) ar MS Affordable College Savings (MACS)	nd/or		0	53. ¦	0;
54.	Self-Employed Health Insurance Deduction	 	0	54.	0	
55.	Health Savings Account Deduction	0 55.			0	
56.	Total Adjustments (Add Lines 47 through 55 carry am	ts. to Page 1, Line 17)	I I I	0	56.	9250
		Schedule P - Alimor	y Paid			
the na	eduction is claimed for Alimony Paid, please furnish one, SSN, and the state of residency of the individua for the amount was paid.	<u>Name</u>			SSN of Recipient State of Residency	
THIS state	RETURN MUST BE SIGNED. Under penaltiments, and to the best of my knowledge and b	es of perjury, I declare that I hav elief it is true, correct and comp	e examined this return ete.	n, including	accompa	anying schedules and
Тахра	yer Signature		his Return may	Paid Firm Iden	ification Nur	nber or PTIN
		th	e preparer.			ا ا ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ
Spous	e Signature (If joint, BOTH must sign)		Yes No	Paid Preparer	Social Secur	ity Number or PTIN
	i	·	Paid Preparer (Print F	irm Name)		j
Paid F	Preparer Signature	Date	1			, I
	 !		Paid Preparer Addres	s		
Paid F	Preparer Phone	/	 			

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Mail **REFUND** 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 Key to the data fields for the Resident Individual Income tax form scanband version for 2010. The form number is 80-105. This form must be approved by the Mississippi Department of Revenue.

Page 1:

The top left corner of the barcode is located at position x=6, y=4 on the 10/6 grid. The top right registration mark is located at the top right corner of grid box x=80, y=4.

The lower left corner of the scanband must be located on the left and bottom edge of grid space x=6, y=24.

"MS" to the left of the header must begin in grid space 27/4 and end in grid space 28/4 and be in an Courier 12 pt.

The "IS B" in the right hand corner should be at grids 71/5 to 75/6 and be in an Arial 18 pt.

Page 2:

The top left corner of the barcode is located at position x=6, y=4 on the 10/6 grid.

The top right registration mark is located at the top right corner of grid box x=80, y=4.

The lower left corner of the scanband must be located on the left and bottom edge of grid space x=6, y=21.

"MS" to the left of the header must begin in grid space 27/4 and end in grid space 28/4 and be in an Courier 12 pt.

The following is the labeling and the description of the items to be included in the Scanband of this form. The beginning and ending data positions are included in one of the templates for the form. The field length is included in this key for each data position. Grid positioning given is from the first grid space to the last grid space included in a data field. (Example 22/9 to 29/9 is 8 grid spaces) You should use this information to position the data on the returns. Do not use a grid overlay to determine the positions from a printed paper form. The field length specified assumes using a **Courier 12 point font**, which is the required font. **In the Scanband, the name and address fields should be left justified.** All other fields should be right justified. All fields in the scanband must be filled, except fields N4, N5 and N6 if there is no spouse. If a field is Blank in the scanband, your software should fill the field using a "0" (zero) for numeric fields and an "N" for alpha or alphanumeric fields. The money field in the scanband should not contain any commas, cents, decimals or other formatting information except for the negative signs (-) as a leading indicator for any negative amount. The amounts in the body of the return should contain commas. Example -123,456 in the body of the form would appear as -123456 in the scanband.

Front (Page 1) of the form:

Field Name	Description
RC	Resident County Code - This code is a numeric field with the codes ranging from 01 to 82 or enter 83 for Non-Resident and 90 for Resident Living Out-of-State. These codes are found in the instructions booklets to the taxpayer for this form
or	on our Website at WWW.DOR.MS.GOV/DOWNLOADFORMS/INDIV/04INDIV/COUNTY%20CODES.PDF. This field is 2 characters long.
FS	Filing Status - This field is a numeric field ranging from 1 to 5. In the scanband the number is entered in the field. In the body of the return an X is placed in the appropriate box. This field is 1 character long. Married Filing Separate must have spouse's name and ssn in blanks.
6A - 6D	These fields are alpha, for dependents and indicate relationship. A code should be entered: C for child, P for parent, and R for relative. The code should go in the scanband and in the body of the form under relationship. These fields are 1 character long.
7A,7C	These fields indicate that the Taxpayer or the Spouse of the taxpayer is 65 years of age or older. These fields should be Y or N in the scanband, X or blank in the body of form. These fields are each 1 character long.
7B,7D	These fields indicate that the Taxpayer or the Spouse of the taxpayer is blind. These fields should be Y or N in the scanband, X or blank in the body of form. These fields are 1 character long.

- 8 This is a numeric field indicating the number of dependents listed on line 6 in the body of the return. The dependents' social security numbers are also listed in the scanband of the return. In the scanband this number is either 0 or greater. In the body of the return the dependents are listed by name, social security number, and relationship to the taxpayer. The number of dependents listed should match the number in this field. This field is 2 characters long.
- 9 This field is a numeric field indicating the number of Y in the scanband for items 7A 7D or the number of X in line 7 of the body of the return. This numeric field will range from 1 to 4. This field is 1 character long.
- 10 This is a numeric field. This field is 2 characters long.
- 11 This is a numeric field that is a money field. This field is 9 characters long. This field cannot be minus.
- 12 This is a numeric field that is a money field. This field is 9 characters long. This field cannot be minus.
- 13 This is a numeric field and is a money field. This field is 9 characters long. This field cannot be minus.
- 14 This is a numeric field and is a money field. This field is 9 characters long. This field cannot ne minus.
- 15A & 15B These fields are numeric fields and money fields, "A" being the taxpayer's wages and "B" being the spouse's wages. These fields are each 9 characters long.
- 16A & 16B These fields are numeric fields and money fields, "A" being the taxpayer's other income and "B" being the spouse's other income. These fields are each 9 characters long.
- 17A & 17B These fields are numeric fields and money fields, "A" being the taxpayer's adjustments to gross income, and "B" being the spouse's adjustments to gross income. These fields are each 9 characters long.
- 18A & 18B These fields are numeric fields and money fields, "A" being the taxpayer's Mississippi adjusted gross income and "B" being the spouse's Mississippi adjusted gross income. These fields are each 9 characters long.
- 19A & 19B These fields are numeric fields and money fields, "A" being the taxpayer's standard or itemized deduction and "B" being the spouse's standard or itemized deduction. These fields are 9 characters long.
- 20A & 20B These fields are numeric fields and money fields, "A" being the taxpayer's exemption and "B" being the spouse's exemption. These fields are 9 characters long.
- 21A & 21B These fields are numeric fields and money fields, "A" being the taxpayer's Mississippi taxable income and "B" being the spouse's Mississippi taxable income. These fields are each 9 characters long.
- 22 This is a numeric field and is a money field, total income tax due per the schedule of tax computation. This field is 9 characters long.
- 23 This is a number field and is a money field. Taxpayer provides information in this field per the W-2 or other documentation. This field is 9 characters long. Taxpayers must attach W2's.
- 24 This is a numeric field and a money field. Taxpayer provides information in this field per estimates paid or payment with extension. This field is 9 characters long.
- 25 This is a numeric field and a money field. The taxpayer provides information in this field for tax paid to other states. This field is 9 characters long. Taxpayer must attach other state returns.
- 26 This is a numeric field and a money field. The taxpayer provides information in this field for other tax credit allowed. This field is 9 characters long.
- 26A 26D Credit Code Each of these four fields is a numeric field. A separate code is entered for each type of credit taken. The fields are populated using the credit code table found in the Individual Income Tax Instruction Booklet (80-100). Each field is two characters long.

- 27 This is a numeric field and a money field. This field is 9 characters long. 28 This is a numeric field and a money field. This field is 9 characters long. 29 This is a numeric field and a money field. This field is 9 characters long. 30J This is a numeric field and a money field. These fields are 9 characters long. 30K This is a numeric field and a money field. These fields are 9 characters long. 30L This is a numeric field and a money field. These fields are 9 characters long. 30M This is a numeric field and a money field. This field is 9 characters long. 30N This is a numeric field and a money field. This field is 9 characters long. 30Q This is a numeric field and a money field. This field is 9 characters long. 30Z This is a numeric field and a money field. This field is 9 characters long. 31 This is a numeric field and a money field. This field is 9 characters long. 32 This is a numeric field and a money field. This field is 9 characters long. 33 This is a numeric field and a money field. This field is 9 characters long.
 - 34 This is a numeric field and a money field. This field is 9 characters long.
- 35 This is a numeric field and a money field. This field is 9 characters long.
- DS1-DS4 These are numeric fields. They are the dependents' social security numbers. These fields are each 10 characters long. The last digit in each of these fields will be the check digit. The check digit is in the scanband but not in the body of the form. Check digits should be calculated using Modulus 10 Self-check Digit Computation found in the Mississippi Guidelines for Provider of Substitute Forms.
- TS This is a numeric field. This is the taxpayer's Social Security Number. This field is 10 characters long. The last digit in this field is a check digit. This check digit is in the scanband but not in the body of the form. Check digits should be calculated using Modulus 10 Self-check Digit Computation found in the Mississippi Guidelines for Provider of Substitute Forms.
- SS This is a numeric field. This is the spouse's Social Security Number. This field is 10 characters long. The last digit in this field is a check digit. This check digit is in the scanband but not in the body of the form. Check digits should be calculated using Modulus 10 Self-check Digit Computation found in the Mississippi Guidelines for Provider of Substitute Forms.
- TY This is a numeric field. This is the Tax Year being filed. This field is 4 characters long.
- PS This is an alphanumeric field. This is the preparer's identification number. The body of the form has two fields one for SSN and one for FEIN. If the preparer is using a preparer tax identification number (PTIN) it may be placed in either of the two fields. For whichever one is completed (preparer FEIN or SSN) the value is entered in this field. This field is 10 characters long. The last digit in this field is a check digit provided the preparer is not using a PTIN. This check digit is in the scanband but not in the body of the form. Check digits should be calculated using Modulus 10 Self-check Digit Computation found in the Mississippi Guidelines for Provider of Substitute Forms.
- N1 Taxpayer's last name. This is an alpha field. This field is 20 characters long.
- N2 Taxpayer's first name. This is an alpha field. This field is 12 characters long.
- N3 Taxpayer's middle initial. This is an alpha field. This field is 1 character long.
- N4 Spouse's last name. This is an alpha field. This field is 20 characters long. This field should be completed if there is a spouse (including married filing separate) and left blank if there is no spouse.
- N5 Spouse's first name. This is an alpha field. This field is 12 characters long. This field should be completed if there is a spouse (including married filing separate) and left blank if there is no spouse.

- N6 Spouse's middle initial. This is an alpha field. This field is 1 character long. This field should be completed if there is a spouse (including married filing spouse (including married filing separate) and left blank if there is no spouse.
- A Taxpayer's current address. This is an alpha and numeric field. This field is 28 characters long.
- C1 Taxpayer's city of residency. This is an alpha field. This field is 12 characters lon
- C2 Taxpayer's state of residency. This is an alpha field and contains the state two letter abbreviation of the taxpayer's residency. This field is 2 characters long.
- C3 Taxpayer's Zip Code. This is a numeric field and contains the taxpayer's zip code (Zip plus 4). If you do not have the plus 4, leave that portion blank and only enter the 5 digit Zip Code. This field is 9 characters long.

Back (Page 2) of the Form:

Field Name Description

All Grid Positions are on page 6 of this Package. Use Courier 12 pt. and all fields must be filled.

- 36A to 56A These fields are numeric fields and money fields. Column "A" is the taxpayer's income and Column "B" is the spouse's income. This field is 9 characters long. Taxpayers must attach any required Federal Forms.
- 36B to 56B These fields are numeric fields and money fields. Column "A" is the taxpayer's adjustments and Column "B" is the spouse's adjustments. This field is 9 characters long.
- RS This is numeric field. This is the recipient's social security number. This field is 10 characters long. The last digit in this field is a check digit. This check digit is in the scanband but not in the body of the form. Check digits should be calculated using Modulus 10 Self-check Digit Computation found in the Mississippi Guidelines for Provider of Substitute Forms. This field may be blank if there is no Alimony Paid.
- ST This is an alphanumeric field. This is the state of residency for the recipient of the Alimony Paid. This field is 2 characters long.