Scanband Version of Form 80-105-11-5 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.



MS Mississippi Resident Individual Income Tax Return 2011 Page 1 of 2

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Fo	r Computer Use Only - Do not Write Above This Line Duplex or Photocopies NOT Acceptable		SSN	
1	Married - Combined or Joint Return - Enter \$12,000 on Line 12.	7. Mark "X" if	Spouse SSN	
	Married - Spouse Died in Tax Year - Please enter surviving spouse first as taxpayer.		County Code	
2.	Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above.	65 or Över		`
3.	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.)	Spouse Age 65 or Over	Taxpayer	Spouse Blind
4	Head of Family - Enter \$8,000 on Line 12. Provide Name, SSN, and Relationship of the		Blind	'
٠.	Dependent Living in the Home with You on Line 6.	8. Number of Dependen		
5.	Single - Enter \$6,000 on Line 12.	9. Number of Boxes Ma	rked "X" on Line	7 9
6.	Dependents (In column (b) Must enter C for child, P for parent or R for relative).	10. Total of Line 8 plus Li		10.
	(a) Name (b) Relationship (c) Dependent SSN	11. Line 10 x \$ 1,500	=	11. [
	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	12. Enter Amount from Li	nes 1-5.	12.
		13. Total (Line 11 plus 12	?).	13.
	+			
	·	 If Married-Filing Sepa Enter 1/2 of Line 13. 	rate Returns,	14.
		Column A (Taxpay	(or)	Column B (Spouse)
45		Columnia A (Taxpay		Column B (Obouse)
15.	Wages, salaries, tips, etc. (Must Attach W-2s)		15.	
16.	Other Income (Amount from Line 46, Page 2 of this Form)		16.	I
17.	Adjustments to Gross Income (Amount from line 56, Page 2 of this Form)		17.	1
				<u> </u>
18.	Mississippi Adjusted Gross Income (Line 15 plus Line 16 minus line 17) ► (P)		' 18. ▶ ((B) (
19.	Standard or Itemized Deductions (For Itemized Deductions, Must Attach Sch. A, Form 80-108) (F)		19. ▶ ((H) :
20.	Amount of Exemption Line 13 (Line 14 if Married Filing Separately)		20.	
	·			
21.	Mississippi Taxable Income (Line 18 Less Lines 19 and 20).		21.	
22.	See Instructions. If less than 0, enter 0. Total Income Tax Due		22.	
				240
23.	Mississippi Income Tax Withheld (Must Attach W-2s)		23.	
24.	Estimated Tax Payments and/or Amount Paid with Extension			(E)
25.	Credit for Income Tax Paid to Another State (Must Attach Copy of Return filed with other State (Must Attach Copy o			(S)
26.	Other Credits (See Instructions) Enter code for each type of credit claimed. $26A_{\perp}^{\parallel} - \frac{1}{2} 26B_{\perp}^{\parallel}$ (Must Attach Form 80-492)	_ 26C _ 26D		
	· · · · · · · · · · · · · · · · · · ·		26. (O)
27.	Total Credits (Add Lines 23 through 26)		27.	
28.	Enter the Amount of Overpayment if Line 27 is Larger than Line 22.	OVERPAYMENT	28.	
29.	Amount of Overpayment to be Applied to Your Next Year Estimate Tax Account.		29.	(C)
	Voluntary Contribution Check-offs (From Form 80-108, Page 1) Enter Total of J, K, L, M, N, Q at	nd Z in Right Column	•	
	(1)	· ·		
20	(J) (L) (N) (Z)			
30.	(K)			
	(K) (M) (Q)		30.	
31.	Amount of Overpayment to be Refunded to You (Subtract Lines 29 and 30 from Line 28)	REFUND	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.	Late Payments - Interest @ 1% Per Month and Penalty @ 1/2 % Per Month.			(T)
35.	TOTAL DUE (Add Lines 32, 33, and 34) Must Attach Check or Money Order for Total	TOTAL DUE		(V)
55.	Due payable to: Department of Revenue (ENCLOSE PAYMENT VOUCHER 80-106)	IOTAL DUE		/·/



Page	2	of	2
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	ER INCOME			Column A (Taxpayer)		Column B (Spouse)
36.	Business Income (Loss) (Must Attach Federal Sci	•		<u> </u>		36.	<u> </u>
37.	Capital Gain (Loss) (Must Attach Federal Schedul	•				37.	
38.	Rent, Royalties, P-Ship, S-Corps, Trusts, etc. (Must	t Attach Federal Schedul	e E)	 		38.	
39.	Farm Income (Loss) (Must Attach Federal Schedu	ıle F)		 		39.	
40.	Interest Income			 		40.	I L
41.	Dividend Income			l L	I	41.	I L
42.	Alimony Received			l L		42.	l L
43.	Taxable Pensions and Annuities (Must Attach 109	9-R) Taxab	le Amount	l L		43.	l L
44.	Unemployment Compensation (Must Attach Form((s) 1099-G)				44.	
45.	Other Income (Loss) - (Must Attach MS Schedule	N)		 		45.	
46.	Total Income (Add Lines 36 through 45, Carry An	nts. to Page 1, Line 16)		 		46.	
ADJ	USTMENTS TO GROSS INCOME			'	,		'
47.	Payments to an IRA			 		47.	
48.	Payments to Self-employed SEP, SIMPLE, & Qualif	ied Retirement Plans		 		48.	 !
49.	Interest Penalty on Early Withdrawal of Savings			<u></u>		49.	
50.	Alimony Paid (Must Complete Schedule P Below)	1		<u> </u>		50.	<u>L</u> I
51.	Moving Expense (Must Attach Federal Form 3903			<u> </u>		51.	L
01.	• • •	•				01.	
52.	National Guard or Reserve Pay (Enter the Lesser of or the \$15,000 Statutory Exclusion Per Taxpayer)	the Guard/Reserve Pay				F0	
					i	52.	
53.	MS Prepaid Affordable College Tuition (MPACT) an MS Affordable College Savings (MACS)	d/or				50	
				<u></u>		53.	L
54.	Self-Employed Health Insurance Deduction			<u></u>		54.	L
55.	Health Savings Account Deduction					55.	
56.	Total Adjustments (Add Lines 47 through 55 carry amt	-				56.	
G = 5.5		Schedule P	- Alimony	Paid		SSN of	
	duction is claimed for Alimony Paid, please furnish me, SSN, and the state of residency of the individual	Name				<u>Recipient</u>	
to who	om the amount was paid.					State of Residency	
THIS state	RETURN MUST BE SIGNED. Under penaltic ments, and to the best of my knowledge and b	es of perjury, I declare t elief it is true, correct ar	hat I have end complete	examined this re e.	eturn, including	accompa	anying schedules and
Тахра	yer Signature	Taxpayer Phone		Return may	Paid Firm Ider	tification Nu	mber or PTIN
	!	1		scussed with reparer.	1		
Spous	e Signature (If joint, BOTH must sign)	Date	- ' ' met		Paid Preparer	Social Secu	rity Number or PTIN
		1		Yes LNo	1		
			1	Paid Preparer (P	rint Firm Name)		
Paid P	reparer Signature	Date					
1 - T -	_'	1		Paid Preparer Ad	Idress		
Paid P	reparer Phone		1				
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MS Mississippi Resident Individual Income Tax Return 2011 Page 1 of 2

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6B	FS 12	16A	16B	23		28		DS1
6C	8 13	17A	17B	24	I I	29	I I	DS2
6D	9 14	18A	18B	25		130J		DS3
7A	10	19A	-	'	26A	30K		DS4
7B	1 = =1	20A	20B	<u>i</u>	26B	30L		TS
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10	r -	e Above This Line Duple	ox or 1 notocopies 140 i	Acceptable	7. Mark "X" if	Spouse S	SN -	
1.	Married - Combined or Joint Re				Taxpayer Age	County Co	ι_	·
2.	Married - Spouse Died in Tax \ Enter \$12,000 on Line 12. Enter				65 or Over	County Co	bue	'
3.	Married - Filing Separate Retur	ns - Enter \$12,000 on Line	12. Enter Spouse Nan	ne and SSN	Spouse Age 65	Taxpay	er	Spouse Blind
٠.	in boxes provided above. (c	Cannot change from Joint	to Separate after due da	ate.)	or Over	L' Blind	į_	'
4.	Dependent Living in the Home v		ame, SSN, and Relationsi	nip of the	8. Number of De	ependents Listed	on Line 6	8.
5.	Single - Enter \$6,000 on Line 1	2.			9. Number of Bo	oxes Marked "X"	on Line 7	9.
6.	Dependents (In column (b) Must enter C for child,	P for parent or R for re	lative).	10. Total of Line	8 plus Line 9.		10.
	(a) Name	(b) Relation	onship (c) Deper	ndent SSN	11. Line 10 x \$ 1	,500 =	11	. [
	,				12. Enter Amoun	t from Lines 1-5.	12	. [
	<u>+</u>				13. Total (Line 11	plus 12).	13	
	+							
	+				14. If Married-Fili Enter 1/2 of L		ırns, 14	
					Column A (T			Column B (Spouse)
15.	Wages, salaries, tips, etc. (Must	Attach W-2s)			, -	15.		
16.	Other Income (Amount from Line	46, Page 2 of this Form))		1	16.		l
17.	Adjustments to Gross Income (Ar	nount from line 56, Page	2 of this Form)		1	17.		l
	,	, 3	,		l l			l I
18.	Mississippi Adjusted Gross Inc	ome (Line 15 plus Line	16 minus line 17)	▶ (P)		18.	▶ (B)	l
19.	Standard or Itemized Deductions (For	•	,			19.	. ,	[
20.	Amount of Exemption Line 13 (Lir	ne 14 if Married Filing Se	enarately)	(.)	ï	20.	. ,	I
20.	Autount of Exemption Enter 15 (En	ic 14 ii Mairica i iiiig Oc	paratory)					
21.	Mississippi Taxable Income (Li		d 20).		-			
	See Instructions. If less than 0, or Total Income Tax Due	enter 0.				22.		
22.		(Must Attach M 25)						I
23.	Mississippi Income Tax Withheld	` ,	ion			23.	► (W)	,
24.	Estimated Tax Payments and/or A			with ather Co	ato(a))	24.		
25. 26.	Credit for Income Tax Paid to And Other Credits (See Instructions) En	•	Constitution of			25.	▶ (S)	
0.	(Must Attach Form 80-492)	Jour for Guori type 0	r credit claimed. 26A	A¦; 26B¦	_ 26C _ 26	SD¦¦	. (0)	
	T . 10 III / 1	1.00)				26.	▶ (O)	
27.	Total Credits (Add Lines 23 throu	• ,				27.		<u> </u>
28.	Enter the Amount of Overpaymer	· ·			OVERPAY			
29.	Amount of Overpayment to be Ap					29.	▶ (C)
	Voluntary Contribution Check-offs	s (From Form 80-108, Pa	age 1) Enter Total of J,	<u>Қ, L, Щ, N,</u> Q а	and Z in Right Col	umn		
	(J) (L)	(N)	(Z)					
30.	► ;====================================	- + +	++					
	(K) (M)	(Q)				30.		
31.	Amount of Overpayment to be Re	efunded to You (Subtract	Lines 29 and 30 from	Line 28)	DE	FUND 31.	▶ (R	
32.	Enter Balance Due if Line 22 Is L	,		/	BALANC	0.110		~
33.	Interest on Underpayment of Esti	· ·	ust Attach Form 80-33	20)	DALANC	E DUE 32.	(I)	
34.	Late Payments - Interest @ 1% F	•		,		34.	(T)	
34. 35.	TOTAL DUE (Add Lines 32, 33,	•		for Total				<u> </u>
JJ.	Due payable to: Department of				IOTA	L DUE 35.	• (V	″



MS Mississippi Resident Individual Income Tax Return 2011 Page 1 of 2

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6A	RC 11	15A	15B	22		27	7	35
6B	FS 12	16A	16B	23		28		DS1
6C	8 13	17A	17B	24		29		DS2
6D	9 14	18A	18B	25		130J		DS3
64 64 64 64 74 74 74 75 7D	10	19A	19B		26A	30K		DS4
7B	'1	20A	20B		26B	30L		TS
7C		¹ 21A	21B		26C	30M		SS
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Fo	r Computer Use Only - Do not Write	•	•	1 Acceptable	7. Mark "X" if	SSN		
1.	Married - Combined or Joint Return Harried - Spouse Died in Tax Ye			ver		Spouse SS	ι	·
2.	Enter \$12,000 on Line 12. Enter	Spouse Name and SSI	I in boxes provided ab	ove.	Taxpayer Age 65 or Over	County Cod	ie	i
3.	in boxes provided above. (Ca	s - Enter \$12,000 on Line	12. Enter Spouse Nar	me and SSN	Spouse Age 65	Taxpaye	r '	Spouse Blind
4.	Head of Family - Enter \$8,000	on Line 12. Provide Na			or Over	L' Blind		-'
-	Dependent Living in the Home wi					ependents Listed o		8.
5.			D f == == == t == D f == =	-1-4:>		oxes Marked "X" or	Line 7	9.
6.	Dependents (In column (b)		•	*	10. Total of Line	•		10.
	(a) Name	(b) Relation	puzulb (c) Debe	endent SSN	11. Line 10 x \$	•	11.	
	·				12. Enter Amoun		12.	
	<u>+</u>				13. Total (Line 1)	1 plus 12).	13. ¦	
	<u>+</u>				14. If Married-Fil	ing Separate Return	ns,	
					Enter 1/2 of I	Line 13.	14.	Saluman D (Cmausa)
45	Managara dina ata (Marat A				Column A (T		اِ	Column B (Spouse)
15.	Wages, salaries, tips, etc. (Must A	· ·			[15.	_	
16.	Other Income (Amount from Line 4	,			 	16.	-	
17.	Adjustments to Gross Income (Ame	ount from Line 56, Pag	e 2 of this Form)		I	17.		
40	Mississippi Adiusted Cross Inco	ma /Line 45 plue Line	46 minus line 47)	► (D)			, (B) =	
18. 19.	Mississippi Adjusted Gross Inco Standard or Itemized Deductions (For I		·	(P) • 80-108) ► (E)		18. 19.	► (B) _	
20.	Amount of Exemption Line 13 (Line		•	1 80-108) (F)	¦	20.	► (H)	
20.	Amount of Exemption Line 13 (Line	: 14 II Married Filling Se	:parately)					
21.	Mississippi Taxable Income (Lin		d 20)			21.	<u> </u>	
22.	See Instructions. If less than 0, en Total Income Tax Due	nter 0.			<u></u>	22.	-	
22. 23.	Mississippi Income Tax Withheld (I	Must Attach W-2e)				22.	▶ (W)	
23. 24.	Estimated Tax Payments and/or A	•	ion			23.	► (V) _	
25.	Credit for Income Tax Paid to Anot			d with other St	ato(s))	25.	(S)	
26.	Other Credits (See Instructions) Enter	•		SA 26B	` ''	6D	- (3) -	
	(Must Attach Form 80-492)				_		▶ (O)	
27.	Total Credits (Add Lines 23 throug	h 26)				26. 27.	(1)	
28.	Enter the Amount of Overpayment	,	an Line 22.		OVERPAY		Ė	3,850
29.	Amount of Overpayment to be App	ŭ				29.	▶ (C),	
- •	Voluntary Contribution Check-offs				and Z in Right Col		- \-/-	
	(J) (L)	(N)	(Z)	1 1 1	<u>J</u>			
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	(K) (M)	(Q)				30.	ļ-	
31.	Amount of Overpayment to be Ref	<u>iii</u>	Lines 20 and 20 from	line 29\			(P)	
	Enter Balance Due if Line 22 Is La	•	. Liii65 23 allu 30 110111	LITIC 20)			▶ (R)_	
32. 33.	Interest on Underpayment of Estim	•	ust Attach Form 80-2	320)	BALANC	32. 33.	, m	
34.	Late Payments - Interest @ 1% Pe	, ,		,_0,		33. 34.	▶ (I) ⊢	
34. 35.	TOTAL DUE (Add Lines 32, 33, a	•		r for Total	TAT:		► (T) _	
JJ.	Due payable to: Department of				TOTA	L DUE 35.	► (\)_	



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Page 1 of 2

14/9to22/9	$\begin{bmatrix} 25/9 \text{to} 33/9 \end{bmatrix}$ $\begin{bmatrix} 36/9 \text{to} 44/9 \end{bmatrix}$ $\begin{bmatrix} 47/9 \text{to} 55/9 \end{bmatrix}$	58/9to66/9	70/9to78/9
11/10 14/10to22/10	25/10to33/10 36/10to44/10 47/10to55/10	58/10to66/10	69/10 TO 78/10
14/11to22/11	25/11to33/11 36/11to44/11 47/11to55/11	58/11to66/11	69/11 TO 78/11
14/12to22/12	25/12to33/12 36/12to44/12 47/12to55/12	58/12to66/12	69/12 TO 78/12
10-11-13	25/13to33/13 36/13to44/13 54/13to59/13	58/13to66/13	69/13 TO 78/13
-,'	25/14to33/14 36/14to44/14 54/14to55/14	58/14to66/14	69/14 TO 78/14
-ī	25/15to33/15 36/15to44/15 54/15to55/15	58/15to66/15	69/15 TO 78/15
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▶ [9/19to28/19	31/19to42/19 45/19	58/19to66/19	
▶ 9/20to28/20	31/20to42/20 45/20	58/20to66/20	
·	(3/	58/21to66/21	
Þ/22to36/22		58/22to66/22	
> 9/23to20/23 23/23to24	723ı 27/23to35/23	58/23to66/23	

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.



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Page 1 of 2

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C C N N N N N N A A A	25 3000 1 12000 2 15000 0 0 2 Doe Doe 123 Redbud Lane Jackson MS	106000 -3000 0 103000 30000 15000 58000 John Jean	28000 -2500 9250 16250 0 0 16250	3413 7500 0 0 0 0 0 7500	4087 0 0 0 0 0 0 0 0 800 3287 0	0 1234569877 1236547897 0 0 3214567897 1324657988 2006 99999999999
Fo 1. 2. 3. 4. 5.	Married - Combined or Joint Return Married - Spouse Died in Tax Year Enter \$12,000 on Line 12. Enter Sp Married - Filing Separate Returns - E in boxes provided above. (Canno Dependent Living in the Home with Single - Enter \$6,000 on Line 12. Dependents (In column (b) M (a) Name Jon Doe Jan Doe	- Enter \$12,000 on Line 12. Please enter surviving spouse fiouse Name and SSN in boxes inter \$12,000 on Line 12. Enter to change from Joint to Separate Line 12. Provide Name, SSN, a	rst as taxpayer. provided above. Spouse Name and SSN e after due date.) nd Relationship of the	7. Mark "X" if S Taxpayer Age 65 or Over Spouse Age 65 or Over 8. Number of Dependents 9. Number of Boxes Mark 10. Total of Line 8 plus Line 11. Line 10 x \$ 1,500 = 12. Enter Amount from Line 13. Total (Line 11 plus 12).	ed "X" on Line e 9. es 1-5.	
				14. If Married-Filing Separa Enter 1/2 of Line 13.	te Returns,	14.
				Column A (Taxpaye		Column B (Spouse)
15. 16.	Wages, salaries, tips, etc. (Must Atta Other Income (Amount from Line 46,	•		106,000		28,000 -2,500
17.	Adjustments to Gross Income (Amou	,	Form)	3,000	-	9,250
18. 19.	Mississippi Adjusted Gross Incom Standard or Itemized Deductions (For Iter	•	, , , , , , , , , , , , , , , , , , ,	103,000	j 18. ▶ (
20.	Amount of Exemption Line 13 (Line 1	4 if Married Filing Separately)		15,000		0
21.	Mississippi Taxable Income (Line See Instructions. If less than 0, ente Total Income Tax Due			58,000	•	16,250
22. 23.	Mississippi Income Tax Withheld (Mu	st Attach W-2s)			22. 23. ▶ (3,413 (W) 7,500
24.	Estimated Tax Payments and/or Amo	unt Paid with Extension			-	(E)
25.	Credit for Income Tax Paid to Anothe	• • • • • • • • • • • • • • • • • • • •			25.	(S)
26.	Other Credits (See Instructions) Enter (Must Attach Form 80-492)		imed. 26A 26B		26.	'
27.	Total Credits (Add Lines 23 through 2			OVEDDAVMENT	27. 29	4,087
28. 29.	Enter the Amount of Overpayment if Amount of Overpayment to be Applie	ŭ		OVERPAYMENT	28. 29.	(C)
30.	Voluntary Contribution Check-offs (Fi	om Form 80-108, Page 1) Ente		and Z in Right Column	ŕ	(C)
	(K) (M)	(Q)	- J		30.	800
31. 32.	Amount of Overpayment to be Refun Enter Balance Due if Line 22 Is Large	•	and 30 from Line 28)	REFUND	31. > 32.	(R) 3,287
32. 33.	Interest on Underpayment of Estimat		h Form 80-320)	BALANCE DUE	32. 33.	(1)
34.	Late Payments - Interest @ 1% Per M	,	•			(T)
35.	TOTAL DUE (Add Lines 32, 33, and	34) Must Attach Check or M	loney Order for Total	TOTAL DUE		(V)



Page 2 of 2

SSN				
36A		 ¦ 47B		 !RS
F				'
F	18A 37B	48B		ST ;
F	19A 38B	i 49B 		
+	50A 39B	50B		
+	51A 40B	i 51B		
41A	52A 41B	52B		
42A 5	53A 42B	53B		
43A 5	54A 43B	54B		
44A 5	55A 44B	55B		
45A 5	66A 45B	56B		
46A	46B			
or Computer Use Only - Do not Write Above This Line [Duplex or Photocopies NOT Acceptable			
OTHER INCOME		Column A (Taxpayer)		Column B (Spouse)
36. Business Income (Loss) (Must Attach Federal S	chedule C or C-EZ)		36.	
37. Capital Gain (Loss) (Must Attach Federal Sched	•	<u> </u>	. 37.	I
38. Rent, Royalties, P-Ship, S-Corps, Trusts, etc. (Mu	•	I	∃ ! 38.	<u> </u>
39. Farm Income (Loss) (Must Attach Federal Sched	·	<u> </u>	_ 39.	<u></u>
40. Interest Income	uuio : ,	l	40.	
41. Dividend Income			41.	
		L		<u> </u>
•	200 P) Tayahla Amayınt	<u> </u>	4	<u> </u>
43. Taxable Pensions and Annuities (Must Attach 10	•	<u></u>	43.	L
44. Unemployment Compensation (Must Attach Form		<u></u>	44.	<u></u>
45. Other Income (Loss) - (Must Attach MS Schedul	•	<u></u>	45.	Ĺ
46. Total Income (Add Lines 36 through 45 carry ar	mts. to Page 1, Line 16)	i	<u>46.</u>	İ
ADJUSTMENTS TO GROSS INCOME			¬.	
47. Payments to an IRA			. d7.	
48. Payments to Self-employed SEP, SIMPLE, & Qua	lified Retirement Plans	<u> </u>	_ 48.	<u></u>
49. Interest Penalty on Early Withdrawal of Savings		 	^¹ 49.	
50. Alimony Paid (Must Complete Schedule P Below	w)		50.	L
51. Moving Expense (Must Attach Federal Form 390	03)		51.	1
52. National Guard or Reserve Pay (Enter the Lesser or the \$15,000 Statutory Exclusion Per Taxpayer)	of the Guard/Reserve Pay		52.	
MC Dranaid Affordable College Tuition (MDACT) o	and/ar	'	1	'
53. MS Prepaid Affordable College Tuition (MPACT) a MS Affordable College Savings (MACS)	and/or		53.	
54. Self-Employed Health Insurance Deduction			」 55. ! 54.	
		<u>L</u>	→ 55.	L
· ·	este te Done (Line (7)	<u> </u>	4	L
56. Total Adjustments (Add Lines 47 through 55 carry an	Schedule P - Alimony	Paid	56.	İ
f a deduction is claimed for Alimony Paid, please furnish he name, SSN, and the state of residency of the individu	NI		SSN of Recipient	
o whom the amount was paid.			State of Residency	
THIS RETURN MUST BE SIGNED. Under penalitatements, and to the best of my knowledge and	ties of perjury, I declare that I have belief it is true, correct and complet	examined this return, includi e.	ng accomp	panying schedules and
axpayer Signature		Return may Paid Firm Id	lentification N	umber or PTIN
	the	preparer.		
Spouse Signature (If joint, BOTH must sign)	Date	Yes No Paid Prepa	er Social Secu	urity Number or PTIN
I				
		Paid Preparer (Print Firm Name)		
Paid Preparer Signature	Date			
i	L	Paid Preparer Address		
Paid Preparer Phone				



Page 2 of 2

18/10to2	6/10	30/10to38/10	42/10to50/10	55/10to63/10	67/10to76/10
18/11to2	6/11	30/11to38/11	42/11to50/11	55/11to63/11	75/11to7 <mark>6/11</mark>
18/12to2	6/12	30/12to38/12	42/12to50/12	55/12to63/12	'= = ·
18/13to2	6/13	30/13to38/13	42/13to50/13	55/13to63/13	
18/14to2	6/14	30/14to38/14	42/14to50/14	55/14to63/14	
18/15to2	6/15	30/15to38/15	42/15to50/15	55/15to63/15	
18/16to2	6/16	30/16to38/16	42/16to50/16	55/16to63/16	
⊩ 18/17to2	6/17	30/17to38/17	42/17to50/17	55/17to63/17	
18/18to2	6/18	30/18to38/18	42/18to50/18	55/18to63/18	
18/19to2	6/19	30/19to38/19	42/19to50/19	55/19to63/19	
18/20to2	6/20	1=======	42/20to50/20	1	

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.



SSN | 321-45-6789

MS Mississippi Resident Individual Income Tax Return 2011

Page 2 of 2

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ı	0	0	0	9250	
	-3000	-	2500	9230	
For C	omputer Use Only - Do not Write Above This Line Du	plex or Photocopies NOT Acceptable	е		
ОТН	ER INCOME		Column A (1	axpayer)	Column B (Spouse)
36.	Business Income (Loss) (Must Attach Federal Sc	hedule C or C-EZ)	1	-3000; 36.	
37.	Capital Gain (Loss) (Must Attach Federal Schedu	le D)	 	0 37.	0
38.	Rent, Royalties, P-Ship, S-Corps, Trusts, etc. (Mus	t Attach Federal Schedule E)	 	0 38.	-2500
39.	Farm Income (Loss) (Must Attach Federal Schedu	ıle F)	1	0 39.	0
40.	Interest Income		I	0 40.	0
41.	Dividend Income		1	0 41.	0
42.	Alimony Received		1	0 42.	0
43.	Taxable Pensions and Annuities (Must Attach 109	9-R) Taxable Amount	. I	0 43.	0
44.	Unemployment Compensation (Must Attach Form	(s) 1099-G)	1	0 44.	0
45.	Other Income (Loss) - (Must Attach MS Schedule	N)	1	0 45.	0
46.	Total Income (Add Lines 36 through 45, carry am	nts. to Page 1, Line 16)	1	-3000 46.	-2500
AD.	JUSTMENTS TO GROSS INCOME			,	
47.	Payments to an IRA		 	0 47.	. ; 0
48.	Payments to Self-employed SEP, SIMPLE, & Qualif	ied Retirement Plans	 	0 48.	9250
49.	Interest Penalty on Early Withdrawal of Savings		 	0 49.	0
50.	Alimony Paid (Must Complete Schedule P Below))	1	0, 50.	0
51.	Moving Expense (Must Attach Federal Form 3903)	1	0, 51.	0
52.	National Guard or Reserve Pay (Enter the Lesser of or the \$15,000 Statutory Exclusion Per Taxpayer)	f the Guard/Reserve Pay		0 52.	0
53.	MS Prepaid Affordable College Tuition (MPACT) an MS Affordable College Savings (MACS)	d/or			
50.	мS Affordable College Savings (MACS)		l L	<u>O</u> ¦ 53.	
54.	Self-Employed Health Insurance Deduction		l L	<u>0</u> ¦ 54.	
55.	Health Savings Account Deduction		l L	O¦ 55.	
56.	Total Adjustments (Add Lines 47 through 55 carry am		ļ !	O¦ 56.	9250
the na	eduction is claimed for Alimony Paid, please furnish ame, SSN, and the state of residency of the individua om the amount was paid.	Schedule P - Alimon	y Paid 	SSN (Recip State	i <u>ent</u>
THIS	RETURN MUST BE SIGNED. Under penaltic ments, and to the best of my knowledge and b	es of perjury, I declare that I have elief it is true, correct and compl	e examined this refete.		
	yer Signature	Taxpayer Phone The beautiful beautif	nis Return may	Paid Firm Identificatio	on Number or PTIN
Spous	e Signature (If joint, BOTH must sign)	Date	e preparer.	Paid Preparer Social	Security Number or PTIN
			YesNo		
			Paid Preparer (Pri	nt Firm Name)	
Paid F	Preparer Signature	Date			
			Paid Preparer Add	iress	
Paid F	Preparer Phone				



55. Health Savings Account Deduction

Taxpayer Signature

MS Mississippi Resident Individual Income Tax Return 2011

Page 2 of 2

SSN	321-45-6789				-	uge 2 01 2
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	-3000	_	2500			
For C	omputer Use Only - Do not Write Above This Line Duplex or	Photocopies NOT Acceptable	2			
	IER INCOME			(Taxpayer)		Column B (Spouse)
36.	Business Income (Loss) (Must Attach Federal Schedule	C or C-EZ)		-3000	36.	
37.	Capital Gain (Loss) (Must Attach Federal Schedule D)	•	<u> </u>	0'	37.	. 0'
38.	Rent, Royalties, P-Ship, S-Corps, Trusts, etc. (Must Attac	h Federal Schedule E)	<u> </u>	0	38.	-2500
39.	Farm Income (Loss) (Must Attach Federal Schedule F)	,	!	0	39.	! 0'
40.	Interest Income		! !	0'	40.	. 0
41.	Dividend Income		!	0	41.	0
42.	Alimony Received		<u></u>	0	42.	0
43.	Taxable Pensions and Annuities (Must Attach 1099-R)	Taxable Amount	<u> </u>		43.	. 0
44.	Unemployment Compensation (Must Attach Form(s) 109			0	44.	. 0
45.	Other Income (Loss) - (Must Attach MS Schedule N)	,	<u></u>	0	45.	. 0

46.	Total Income	(Add Lines 36 through 45, Carry Amts. to Page 1, Line 16)	-3000	46.	
D.I	IUSTMENT:	S TO GROSS INCOME			

47.	Payments to an IRA	0	47.	0
48.	Payments to Self-employed SEP, SIMPLE, & Qualified Retirement Plans	0	48.	9250
49.	Interest Penalty on Early Withdrawal of Savings	0	49.	0
50.	Alimony Paid (Must Complete Schedule P Below)	0	50.	0
51.	Moving Expense (Must Attach Federal Form 3903)	0,	51.	¦0
52.	National Guard or Reserve Pay (Enter the Lesser of the Guard/Reserve Pay or the \$15,000 Statutory Exclusion Per Taxpayer)		52.	
		'	02.	' <u>-</u> '

52.	or the \$15,000 Statutory Exclusion Per Taxpayer)	0	52.	<u> </u>
53.	MS Prepaid Affordable College Tuition (MPACT) and/or MS Affordable College Savings (MACS)			
53.	MS Affordable College Savings (MACS)	O	53.	<u> </u>
54.	Self-Employed Health Insurance Deduction	! 0	54.	!

0

55.

Paid Firm Identification Number or PTIN

0

56. Total Adjustments (Add Lines 47 through 55 carry amts. to Page 1, Lin	e 17)	0	56.	9250
Schedule P - Alimony Paid				
If a deduction is claimed for Alimony Paid, please furnish the name, SSN, and the state of residency of the individual	Name		SSN of Recipient	
to whom the amount was paid.	!		State of Residency	,

THIS RETURN MUST BE SIGNED. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete.

Spouse Signature (If joint, BOTH must sign)	Date	 be discussed with the preparer.	Paid Preparer Social Security Number or PTIN	
		 Paid Preparer (P	Print Firm Name)	
Paid Preparer Signature	Date			1
		 Paid Preparer Ad	ddress	
Paid Preparer Phone	_			_ I
	:			

This Return may

Taxpayer Phone

Key to the data fields for the Resident Individual Income tax form scanband version for 2011. 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 or	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
	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. These fields are numeric fields and money fields, "A" being the taxpayer's other income and "B" being the 16A & 16B 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. This is a number field and is a money field. Taxpayer provides information in this field per the 23 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. Credit Code - Each of these four fields is a numeric field. A separate code is entered for each type of 26A - 26D 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.