Scanband Version of Form 80-105-12-5 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, form number and most text.
- 2) Duplex or Photocopies not Acceptable move to the bottom of page.
- 3) New Form Design for the scanband page.
- 4) Scanband box for pages one and two move to just one page

Form 80-105-12-5-0-000 (Rev. 07/1	²⁾ MS	Mississippi Resident Individual Income Tax Return 2012	Page 0

Form 80-105-12-5		07/12) 0	MS F	Mis Resident Indiv	ssissippi vidual Income 2012	e Tax Return	Page 0
5A	7Þ	11	15A	15B	22	29	36
64	RC	12	16A	16B	23	30	37
6В	FS	13	17A	17B	24	31	38
6¢	8	14	18A	18B	25	32	DS1
74	9		19A	19B	26	33	DS2
78	10		20A	20B	27	34	DS3
7¢			21A	21B	28	35	TS
							SS
N1			N2		N3		TY
N4			N5		N6		
A							
C1		C2	C3				

39A	48A	53E	39B	48B	57B
40A	49A	53F	40B	49B	58B
41A	50A	54A	41B	50B	59B
42A	51A	55A	42B	51B	60B
43A	52A	56A	43B	52B	IAR
44A	53A	57A	44B	53B	TRMDP
45A	53C	58A	45B	54B	PS
46A	53D	59A	46B	55B	
47A		60A	47B	56B	

Form 80-105-12-5-0-000 (Rev. 07/12)	MS Re:	Page 0			
9/1 0 A 15/10 19/10to 23/10	27/10to 33/10	37/10to 43/10	48/10to 54/10	59/10to 65/10	72/10to 78/10
9/12 14+15/12 19/12to23/12	27/12to 33/12	37/12to 43/12	48/12to 54/12	59/12to 65/12	72/12to 78/12
9/14 15/14 19/14to 23/14	27/14to 33/14	37/14to 43/14	48/14to 54/14	59/14to 65/14	72/14to 78/14
9/16 14+15/16 19/16to 23/16	27/16to 33/16	37/16to 43/16	48/16to 54/16	59/16to 65/16	70/16to 78/16
9/18 14+15/18	27/18to 33/18	37/18to 43/18	48/18to 54/18	59/18to 65/18	70/18to 78/18
9/20 14+15/20	27/20to 33/20	37/20to 43/20	48/20to 54/20	59/20to 65/20	70/20to 78/20
9/22	27/22to 33/22	37/22to 43/22	48/22to 54/22	59/22to 65/22	70/22to 78/22
					70/24to 78/24
9/26to 28/26	31/26to 4	12/26	45/26to 45/26		75/26to 78/26
9/28to 28/28	31/28to 4	2/28	45/28to 45/28		
9/30to 36/30					
9/32to 20/32 23+24/3					

0/40to 15/40	21/40to27/40	39/40to40/40	44/40to50/40	55/40to61/40	65/40to71/40
9/40to 15/40	21/401027/40	33/401040[40]	++/+01050/+0	55/40(001/40	03/4010/ 1/40
9/42to 15/42	21/42to27/42	39/42to40/42	44/42to50/42	55/42to61/42	65/42to71/42
9/44to 15/44	21/44to27/44	34/44to40/44	44/44to50/44	55/44to61/44	65/44to71/44
9/46to 15/46	21/46to27/46	34/46to40/46	44/46to50/46	55/46to61/46	65/46to71/46
9/48to 15/48	21/48to27/48	34/48to40/48	44/48to50/48	55/48to61/48	71/48to71/48
9/50to 15/50	21/50to27/50	34/50to40/50	44/50to50/50	55/50to61/50	71/50to71/50
9/52to 15/52	19/52to27/52	32/52to40/52	44/52to50/52	55/52to61/52	63/52to71/52
9/54to 15/54	19/54to27/54	39/54to40/54	44/54to50/54	55/54to61/54	
9/56to 15/56		34/56to 40/56	44/56to50/56	55/56to61/56	

Form 80-105-1	2-5-0-000 (Rev	07/12)	MS Resi	Missis dent Individu 201	sippi al Income Tax F 2	Return	Page 0
N	N	3000	106000	28000	3413	0	0
С	25	12000	-3000	-2000	7500	0	0
С	1	15000	0	9000	0	0	0
Ν	0	0	103000	16205	0	0	123451111
Ν	2		30000	0	900	0	456482222
Ν	2		15000	0	0	0	0
Ν			58000	16205	0	0	321456789
							132466789
Joh	n		Doe	Т			2012
Jea	.n		Doe	P			
123	Redbu	ıd Lane					
Jac	kson	MS	398787830				

0	0	0	MS	0	-3000
0	0	0	GA	0	0
0	0	2500	0	0	0
28000	0	0	0	0	0
Y	0	0	0	0	0
N	0	0	0	0	0
P24922055	0	7500	0	321456789	7500
	0	28000	0	132466789	58000
	0	0	0		0

Form 80-105-12-5-1-000 (Rev. 07/12) MS	Mississippi Resident Individual Inco 2012	me Tax Return Page 1
Taxpayer Last Name Doe	First Name Middle Initial John T	YOU MUST ENTER SSN
Spouse Last Name DOC	Spouse First Name Middle Initial Jean P	SSN 321 - 45 - 6789
Mailing Address (Number & Street, Including Rural Route)		Spouse SSN 132 - 46 - 6789
<u>123 Redbud Lane</u> ^{City} Jackson	State Zip	Residence County Code - See Instructions 25
1. Š	MS 398787830	7. Mark "X" ONLY if:
2 Married - Spouse Died in Tax Year	- Enter surviving spouse first as taxpayer.	Taxpayer Age 65 or Over
Married - Filing Separate Returns	Enter \$12,000 on Line 12. Enter Spouse Name and	Spouse Age 65 or Over
4. E Head of Family (Enter \$8,000 on Line 12.	Provide Name, SSN, and Relationship of the	8. Number of Boxes Marked "X" on Line 7. 0
Dependent Living in the Home with You on Lin 5. Single (Enter \$6,000 on Line 12.)	e 6.)	9. Number of Dependents Listed on Line 6. (List additional dependents on Form 80-491)
	for child, P for parent, or R for relative)	10. Total of Line 8 plus Line 9. 2
(A) Name (B) Jon Doe C 1	(C) Dependent SSN .23 - 45 - 1111	11. Line 10 x \$1,500 3,000 12. Enter Amount from 10,000
		Lines 1 through 5. $12,000$
Jan Doe C 4	.56 - 48 - 2222	13. Total (Line 11 plus 12). 15,000 14. If Filing MFS Returns, Enter 1/2 of Line 13. 00
If Filing a Combined Return, Use Column A for Taxpayer and Column Spouse, Otherwise Use Column A ONLY. See instructions in booklet.	B for Column A (Taxpayer) Ro	und to Nearest Dollar Column B (Spouse)
15. Wages, Salaries, Tips, etc. (Complete Form 80-107) 106,00	0 28,000
16. Other Income (Amount from Line 49, Page 2 of this Form)	-3,00	
17. Adjustments to Gross Income (Amount	.C	00 9,000
from Line 60, Page 2 of this form) 18. Mississippi Adjusted Gross Income (Line 15. plus Line 16 minut Line 17.	103,00	0 16,205
15 plus Line 16 minus Line 17) 19. Standard or Itemized Deductions (For Itemized	30,00	0 .00
Deductions , Must Attach Form 80-108) 20. Amount of Exemption Line 13 (Line 14 if	15,00	
Married Filing Separately) 21. Mississippi Taxable Income	58,00	
22. Total Income Tax Due (From Schedule of Tax Com		3,413
23. Credit for Tax Paid to Another State		7,500
24. Other Credits (From Form 80-401, Line 1)		. 00
25. Net Income Tax Due (Line 22 minus Line 23 and 24	•)	. 00
26. Consumer Use Tax (See Instructions, Form 80-100)		900
27. Total Tax Due (Line 25 plus Line 26)		. 00
28. Mississippi Income Tax Withheld (Must Complete F	Form 80-107)	. 00
29. Estimated Tax Payments and/or Amount Paid on Or	iginal Return	. 00
30. Total Payments (Line 28 plus Line 29)		. 00
31. Refund Received And/Or Amount Carried Forward f	rom Original Return (Amended Return Only)	. 00
32. Overpayment (If Line 30 is larger than Line 27 plus	Line 31)	. 00
33. Overpayment to be Applied to Next Year Estimated		. 00
34. Voluntary Contribution (From Form 80-108, Part 3)		. 00
35. Refund (Line 32 minus Line 33 and Line 34)		
36. Balance Due (If Line 27 plus 31 is larger than Line 3	30)	. 00
		. 00
37. Interest and Penalty (Including Interest on Underpay	ment of Estimated Tax, Form 80-320)	. 00
38. Total Due (Line 36 plus Line 37)		. 00



MS

Mississippi Resident Individual Income Tax Return 2012

Round To Nearest Dollar

Page 2

SSN	Round To Nearest Dollar				
SSN	Column A (Taxpayer)	Column B (Spouse)			
9. Business Income (Loss) (Must Attach Federal Schedule C or C-EZ	-3,000	.00			
0. Capital Gain (Loss) (Must Attach Federal Schedule D)	.00	.00			
1. Rent, Royalties, Partnerships, S-Corp Trusts, etc. (From Form 80-108, Part 4)	.00	2,500			
2. Farm Income (Loss) (Must Attach Federal Schedule F)	.00	.00			
3. Interest Income (From Form 80-108, Part 2, Line 3)	.00	.00			
4. Dividend Income (From Form 80-108, Part 2, Line 6)	.00	.00			
5. Alimony Received	7,500	7,500			
 Taxable Pensions and Annuities (Complete Form 80-107) 	58,000	28,000			
7. Unemployment Compensation (Complete Form 80-107)	.00	.00			
8. Other Income(Loss) (From Form 80-108, Part 5)	.00	.00			
9. Total Other Income (Add Lines 39 through 48 carry amounts to Page 1, Line 16)	.00	.00			
0. Payments to IRA	.00	.00			
 Payments to Self-Employed SEP, SIMPLE, & Qualified Retirement Plans 	.00	.00			
2. Interest Penalty on Early Withdrawal of Savings	.00	.00			
3. Alimony Paid (Must Complete Below)	.00	.00			
Name: <u>Jean Doe</u> SSN	321 - 45 - 6789	State MS			
Name: John Doe SSN	132 - 46 - 6789	State GA			
4. Moving Expense (Must Attach Federal Form 3903)	.00	.00			
 National Guard or Reserve Pay (Enter the Lesser of the Guard/ Reserve Pay or the \$15,000 Statutory Exclusion Per Taxpayer) 	.00	.00			
6. MS Prepaid Affordable College Tuition (MPACT)	.00	.00			
7. MS Affordable College Savings (MACS)	.00	.00			
8. Self-Employed Health Insurance Deduction	.00	.00			
9. Health Savings Account Deduction	.00	.00			
0. Total Adjustments (Add Lines 50 through 59 carry amounts to Page 1, Line 17)	.00	28,000			

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

			P24922055			
Taxpayer Signature	Date	Taxpayer Phone Number	Paid Preparer PTIN			
	1					
Spouse Signature	Date	Paid Preparer Phone Number	Paid Preparer Email Address			
	1					
Paid Preparer Signature	Date	Paid Preparer Address	City	State	Zip Code	

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

Form 80-105-12-5-1-000 (Rev. 07/12) 801051251000		Mississippi Resident Individual Income Tax Return 2012				
Taxpayer Last Name		First Name	Middle Initial		YOU	
Spouse Last Name		Spouse First Name	Middle Initial	SSN		
Mailing Address (Number & Street, Including Ru	ral Route)			Spouse SSN		

Page	1
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__, ____, ____, ____. 00

Amended

Taxpayer Last Name	First Name	Middle Initial	YOU MUS	T ENTER SSN	
Spouse Last Name	Spouse First Name	Middle Initial	SSN		
Mailing Address (Number & Street, Including Rural Route)			Spouse SSN		
City State Zip			Residence County Code - See Instructions		
1. g Married - Combined or Joint Return	l (Enter \$12,000 on Line 12.)		7. Mark "X" ONLY if:		
2. Enter \$12,000 en Line 12 Enter Shouse Name	- Enter surviving spouse fir	st as taxpayer		Over Taxpayer Blind	
Married - Filing Separate Returns (Enter \$12,000 on Line 12. Enter Spouse Name and			Spouse Age 65 or C	over Spouse Blind	
 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 Development the security the security the security of the Sec			8. Number of Boxes Marked ">		
Dependent Living in the Home with You on Line 5. Single - (Enter \$6,000 on Line 12.)	9 6.)		9. Number of Dependents List (List additional dependents		
6. Dependents (In column (B) Must enter C for child, P for parent, or R for relative) (A) Name (B) (C) Dependent SSN		10. Total of Line 8 plus Line 9.			
			11. Line 10 x \$1,50012. Enter Amount from	, 00	
			Lines 1 through 5.	, 00	
			 Total (Line 11 plus 12). If Filing MFS Returns, 	, 00	
			Enter 1/2 of Line 13.	, 00	
If Filing a Combined Return, Use Column A for Taxpayer and Column Spouse, Otherwise Use Column A ONLY. See instructions in booklet.	B for Column A (Tax	bayer) R	Round to Nearest Dollar Col	umn B (Spouse)	
15. Wages, Salaries, Tips, etc. (Complete Form 80-107), ,, .			, 00	
 Other Income (Amount from Line 49, Page 2 of this Form) 	,,,,			, 00	
 Adjustments to Gross Income (Amount from Line 60, Page 2 of this form) 	77 .			, 00	
18. Mississippi Adjusted Gross Income (Line 15 plus Line 16 minus Line 17)	777 .			, 00	
19. Standard or Itemized Deductions (For Itemized Deductions, Must Attach Form 80-108)	, ,,, .		00,	, 00	
20. Amount of Exemption Line 13 (Line 14 if Married Filing Separately)	,,,		00,	, 00	
21. Mississippi Taxable Income	33		00,	, 00	
22. Total Income Tax Due (From Schedule of Tax Com	putation, Form 80-100)		7	, 00	
23. Credit for Tax Paid to Another State			7	, 00	
24. Other Credits (From Form 80-401, Line 1)			3	, 00	
25. Net Income Tax Due (Line 22 minus Line 23 and 24)				, 00	
26. Consumer Use Tax (See Instructions, Form 80-100)			2	, 00	
27. Total Tax Due (Line 25 plus Line 26)				, 00	
28. Mississippi Income Tax Withheld (Must Complete Form 80-107)				, 00	
29. Estimated Tax Payments and/or Amount Paid on Original Return				, 00	
30. Total Payments (Line 28 plus Line 29)				, 00	
31. Refund Received And/Or Amount Carried Forward fr	om Original Return (Amended	Return Only)		, 00	
32. Overpayment (If Line 30 is larger than Line 27 plus	Line 31)			, 00	
33. Overpayment to be Applied to Next Year Estimated Tax Account					
34. Voluntary Contribution (From Form 80-108, Part 3)					
			` `		
36 Relance Due (If Line 27 plus 31 is larger than Line 30)					
37. Interest and Penalty (Including Interest on Underpay	ment of Estimated Tax, Form 8	0-320)		, 00	

38. Total Due (Line 36 plus Line 37)



MS

Mississippi Resident Individual Income Tax Return 2012

Page 2

Round To Nearest Dollar		
SSN	Column A (Taxpayer)	Column B (Spouse)
39. Business Income (Loss) (Must Attach Federal Schedule C or C-EZ)	,,00	,,,00
40. Capital Gain (Loss) (Must Attach Federal Schedule D)	,,,00	
 Rent, Royalties, Partnerships, S-Corp Trusts, etc. (From Form 80-108, Part 4) 		.00
42. Farm Income (Loss) (Must Attach Federal Schedule F)	,,,00	
43. Interest Income (From Form 80-108, Part 2, Line 3)	,,00	,,00
44. Dividend Income (From Form 80-108, Part 2, Line 6)	, , ,00	,,00
45. Alimony Received	, , ,00	,,00
46. Taxable Pensions and Annuities (Complete Form 80-107)	, , ,00	,,00
47. Unemployment Compensation (Complete Form 80-107)	, , ,00	,,00
48. Other Income(Loss) (From Form 80-108, Part 5)	,,00	,,00
49. Total Other Income (Add Lines 39 through 48 carry amounts to Page 1, Line 16)		,,00
50. Payments to IRA	,,,00	,,00
 Payments to Self-Employed SEP, SIMPLE, & Qualified Retirement Plans 	,,00	,,00
52. Interest Penalty on Early Withdrawal of Savings	,,,00	,,00
53. Alimony Paid (Must Complete Below)	,,00	,,00
Name: SSN	S	tate
Name: SSN	s	tate
54. Moving Expense (Must Attach Federal Form 3903)	, , ,00	,,00
55. National Guard or Reserve Pay (Enter the Lesser of the Guard/ Reserve Pay or the \$15,000 Statutory Exclusion Per Taxpayer)	, , ,00	,,00
56. MS Prepaid Affordable College Tuition (MPACT)	, , ,00	,,00
57. MS Affordable College Savings (MACS)	,,00	,,00
58. Self-Employed Health Insurance Deduction	,,00	,,00
59. Health Savings Account Deduction	, ,,00	,,00
 Total Adjustments (Add Lines 50 through 59 carry amounts to Page 1, Line 17) 	, ,,00	
Installment Agreement Request (See Instructions for eligibility).	Yes No This Ret	urn may be discussed with the preparer.

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Taxpayer Signature	Date	Taxpayer Phone Number	Paid Preparer PTIN		
Spouse Signature	Date	Paid Preparer Phone Number	Paid Preparer Email Addres	s	
Paid Preparer Signature	Date	Paid Preparer Address	City	State	Zip Code

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 2012

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=33. "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 New 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 Description
- 5A This field is an alpha field and is 1 character long. In the scanband box the character Y will appear if form 80-105 or 80-205 is being amended .The amended check box is located top right corner left of the page number. In the body of the return an X is placed in the appropriate box. This field should be Y or N in the scanband, X or blank in the body of form. If the taxpayer is filing an amended return the character X <u>MUST</u> be enter.
- 6A 6C 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.
- 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.
- 8 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.

- 9 This is a numeric field indicating the number of dependents listed on line 6 in the body of the return plus any additional dependents listed on Form 80-491. 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. This field is 2 characters 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 5 characters long. This field cannot be minus.
- 12 This is a numeric field that is a money field. This field is 5 characters long. This field cannot be minus.
- 13 This is a numeric field and is a money field. This field is 5 characters long. This field cannot be minus.
- 14 This is a numeric field and is a money field. This field is 5 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 7 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 7 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 7 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 7 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 7 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 7 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 7 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 7 characters long.
- 23 This is a number field and is a money field. Taxpayer provides information on **"Credit for Tax Paid to Another State"**. This field is 7 characters long. Taxpayer must attach other state returns.
- This is a numeric field and a money field. Taxpayer provides information in this field for "**Other Credit** ". See form 80-401 for list of tax credits. This field is 7 characters long.
- This is a numeric field and a money field. The taxpayer provides information in this field for "**Net Income Tax Due**". This field is 7 characters long.
- 26 This is a numeric field and a money field. The taxpayer provides information in this field for **"Consumer Use Tax"**. This field is 7 characters long. See Instructions, Form 80-100 for more information.
- This is a numeric field and a money field. The taxpayer provides information use to calculate "**Total Tax Due**" using line 25 plus line 26. This field is 7 characters long.
- 28 This is a number field and is a money field. Taxpayer provides information in this field per the "Mississippi Income Tax Withheld" from W-2s or other documentation. This field is 7 characters long. Taxpayers <u>MUST Attach</u> form 80-107. This field is 7 characters long.

- 29 This is a numeric field and a money field. The taxpayer provides information in this field for **Estimated Tax Payments**. This field is 7 characters long.
- 30 This is a numeric field and a money field. The taxpayer provides information use to calculate **Total Payments** using line 28 plus line 29. This field is 7 characters long.
- 31 This is a numeric field and a money field. The taxpayer provides information use to calculate Total **"Refund"**. This field is 7 characters long.
- This is a numeric field and a money field. The taxpayer provides information use to calculate "**Overpayment**". If Line 30 is larger than Line 27 plus Line 31. This field is 7 characters long.
- ³³ This is a numeric field and a money field. The taxpayer provides information use to calculate "**Overpayment**" Payments to be applied to next year Estimated Tax Account. This field is 7 characters long.
- 34 This is a numeric field and a money field. The taxpayer provides information use to calculate "**Voluntary Contribution**" from form 80-108, part 3. This field is 7 characters long.
- This is a numeric field and a money field. The taxpayer provides information use to calculate **"Refund"** using line 32 minus line 33 and line 34. This field is 7 characters long.
- This is a numeric field and a money field. The taxpayer provides information use to calculate "**Balance Due**" This field is 7 characters long.
- 37 This is a numeric field and a money field. The taxpayer provides information use to calculate "Interest and Penalty". This field is 7 characters long.
- This is a numeric field and a money field. The taxpayer provides information use to calculate "**Total Due**" using line 36 plus line 37. This field is 7 characters long.
- DS1-DS3 These are numeric fields. They are the dependents' social security numbers. These fields are each 9 characters long.
- TS This is a numeric field. This is the taxpayer's Social Security Number. This field is 9 characters long.
- SS This is a numeric field. This is the spouse's Social Security Number. This field is 9 characters long.
- TY This is a numeric field. This is the Tax Year being filed. This field is 4 characters long.
- 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. Taxpayer's current address. This is an alpha and numeric field. This field is 28 characters long.
- 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 long.
- 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 should be left justified. This field is 9 characters long.

Page 2:

The top right corner of the scanband box for Page 2 is located at the top right corner of grid box x=80, y=38. The lower left corner of the scanband box must be located on the left and bottom edge of grid space x=6, y=58.

Field Name	Description
39A & 39B	These fields are numeric fields and money fields, "A" being the Taxpayer's Business Income and "B" being the Spouse's Business Income . These fields are each 7 characters long.
40A & 40B	These fields are numeric fields and money fields, "A" being the Taxpayer's Capital Gain and "B" being the Spouse's Capital Gain . These fields are each 7 characters long.
41A & 41B	These fields are numeric fields and money fields, "A" being the Taxpayer's Rent, Royalties, Partnership, S-Corp Trust, etc . and "B" being the Spouse's Rent, Royalties, Partnership, S-Corp Trust, etc . Enter the totals from form 80-108, Part 4. These fields are each 7 characters long.
42A & 42B	These fields are numeric fields and money fields, "A" being the Taxpayer's Farm Income and "B" being the Spouse's Farm Income . These fields are each 7 characters long.
43A & 43B	These fields are numeric fields and money fields, "A" being the Taxpayer's Interest Income and "B" being the Spouse's Interest Income . These fields are each 7 characters long.
44A & 44B	These fields are numeric fields and money fields, "A" being the Taxpayer's Dividend Income and "B" being the Spouse's Dividend Income . These fields are each 7 characters long.
45A & 45B	These fields are numeric fields and money fields, "A" being the Taxpayer's Alimony Received and "B" being the Spouse's Alimony Received . These fields are each 7 characters long.
46A & 46B	These fields are numeric fields and money fields, "A" being the Taxpayer's Taxable Pensions and Annuities and "B" being the Spouse's Taxable Pensions and Annuities . These fields are each 7 characters long.
47A & 47B	These fields are numeric fields and money fields, "A" being the Taxpayer's Unemployment Compensation and "B" being the Spouse's Unemployment Compensation . These fields are each 7 characters long.
48A & 48B	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 7 characters long.
49A & 49B	These fields are numeric fields and money fields, "A" being the Taxpayer's Total Other Income and "B" being the Spouse's Total Other Income . These fields are each 7 characters long.

- 50A & 50B These fields are numeric fields and money fields, "A" being the **Taxpayer's Payment to IRA** and "B" being the **Spouse's Payment to IRA**. These fields are each 7 characters long.
- 51A & 51B These fields are numeric fields and money fields, "A" being the **Taxpayer's Payments to Self-Employed SEP and Qualified Retirement Plans** and "B" being the **Spouse's Payments to Self-Employed SEP and Qualified Retirement Plans**. These fields are each 7 characters long.
- 52A & 52B These fields are numeric fields and money fields, "A" being the **Taxpayer's Interest Penalty on Early Withdrawal** and "B" being the **Spouse's Interest Penalty on Early Withdrawa**. These fields are each 7 characters long.
- 53A & 53B These fields are numeric fields and money fields, "A" being the **Taxpayer's Alimony Payment** and "B" being the **Spouse's Alimony Payment**. These fields are each 7 characters long.
- 53C & 53D These fields are numeric fields, "C and D" being the **Alimony Payment recipient's SSN**. These fields are 9 characters long.
- 53E & 53F These fields are alpha fields, "E and F" being the State of Residency for the recipient of the Alimony Payment. These fields are 2 characters long.
- 54A & 54B These fields are numeric fields and money fields, "A" being the **Taxpayer's Moving Expense** and "B" being the **Spouse's Moving Expense**. These fields are each 7 characters long. Taxpayer must attach Form 3903.
- 55A & 55B These fields are numeric fields and money fields, "A" being the **Taxpayer's National Guard or Reserve Pay** and "B" being the **Spouse's National Guard or Reserve Pay**. These fields are each 7 characters long.
- 56A & 56B These fields are numeric fields and money fields, "A" being the **Taxpayer's MS Prepaid Affordable College Tuition** and "B" being the **Spouse's MS Prepaid Affordable College Tuition**. These fields are each 7 characters long.
- 57A & 57B These fields are numeric fields and money fields, "A" being the **Taxpayer's MS Affordable College Savings** and "B" being the **Spouse's MS Affordable College Savings.** These fields are each 7 characters long.
- 58A & 58B These fields are numeric fields and money fields, "A" being the **Taxpayer's Self-Employed Health** Insurance Deduction and "B" being the **Spouse's Self-Employed Health Insurance Deduction**. These fields are each 7 characters long.
- 59A & 59B These fields are numeric fields and money fields, "A" being the **Taxpayer's Health Savings Account Deduction** and "B" being the **Spouse's Health Savings Account Deduction**. These fields are each 7 characters long.
- ^{60A & 60B} These fields are numeric fields and money fields, "A" being the **Taxpayer's Total Adjustments** and "B" being the **Spouse's Total Adjustments**. These fields are each 7 characters long.
- IAR This field is an alpha field for taxpayer's Installment Agreement Request **(IAR) check box**. This field is 1 character long. In the scanband box the character Y or N will appear. The check box is located on page 2 bottom left corner of the page. In the body of the return an X is placed in the appropriate box. This field should be Y or N in the scanband, X or blank in the body of form.
- TRMDP These fields indicate that this return may be discussed with the preparer. This field should be Y or N in the scanband, X or blank in the body of form. These fields are 1 character long.
- PS This is an alphanumeric field. This is the preparer's identification number. The body of the form has one field (page 2 bottom right) for **PTIN ONL**Y. If the preparer is using a preparer tax identification number (PTIN) it may be placed in this fields. This field is 9 characters long.