

## Mississippi Resident Individual Income Tax Return 2013

									Amended
Тахр	payer First Name	Initial	Last Name			SSI			
Spo	use First Name	Initial	Spouse Last Name			Spo	ouse SSN		
						1	Married - 0	Combin	ed or Joint Return (\$12,000)
Mail	ing Address (Number and Street, Including Rura	I Route)				2 3			Died in Tax Year (\$12,000)
City		State	Zip	Cou	nty Code	3 4	Head of F	•	eparate Returns (\$12,000)
						5	Single (\$6		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_									
E	XEMPTIONS								
Dep	cendents (In column B, enter "C" for chi	ild, "P" for p	parent or "R" for relative)	8	Та	xpayer	Age 65 or Over		Spouse Age 65 or Over
-	(A) Name	(B)	(C) Dependent SSN			ixpayer	-		Spouse Blind
_									
		_		9	Total de	pender	nts line 7 plus nur	nber of	boxes checked line 8
		-		10		¢1 500			
		_			Line 9 x Enter fili		us exemption		
7	Total number of dependents (from	line 6 and	Form 80-491)			-	lus line 11)		.00
			,				,	12	
M	ISSISSIPPI INCOME TAX				Colum	nn A (Ta	axpayer)		Column B (Spouse)
12	Mississippi adjusted gross income	(from non	o 2 lino 59)						
13 14	Mississippi adjusted gross income Standard or itemized deductions (if		,				00		
15	Exemptions (from line 12; if marrie		,				00		
16	Mississippi taxable income (line	•	• •	10/			00		00
17	Income tax due (from Schedule of			10/	1		00		00
18	Credit for tax paid to another state	(attach Fo	orm 80-160)						00
19	Other credits (from Form 80-401, li	ne 1)							.00
20	Net income tax due (line 17 minus	s line 18 a	nd line 19)						
21	Consumer use tax (see instructions	s, Form 80	D-100)						.00
22	Total Mississippi income tax due	e (line 20	olus line 21)					22_	
P	AYMENTS								
23	Mississippi income tax withheld (cc	•	•						
24	Estimated tax payments, payments			•	0		1		
25 26	Refund received and/or amount ca Total payments (line 23 plus line 24			ended	a return c	oniy)			
26	rotal payments (ime 25 plus ime 24	+ 11111105 111	le 25)					26 _	00
R	EFUND OR BALANCE DUE								
27	Interest on underestimated tax and	late filing	penalty (from Form 80-320	line	15)	Farm	ers or Fishermen	07	
28	<b>Overpayment</b> (if line 26 (payments	-			·		instructions)		.00
29	Overpayment to be applied to next	, 0			,				00
30	Voluntary contribution (from Form 8	-							00
31	Overpayment refund (line 28 minu	s line 29 a	and line 30)				REFUND		00
32	Balance due (if line 22 plus line 27		(tax, penalty and interest),					_	
	subtract line 26 from line 22 plus lir					В	ALANCE DUE		
33	Late payment interest and penalty	(from For	m 80-320, line 19)						
34	Total due (line 32 plus line 33)							34 _	00
	Installment Agreement Regu	est							

(see instructions for eligibility; attach Form 71-661)





## Mississippi Resident Individual Income Tax Return 2013

SSN

IN	ICOME	Column	A (Taxpayer)	Cc	olumn B (Spouse)
_					
5	Wages, salaries, tips, etc. (complete Form 80-107)		00		
6	Business income (loss) (attach Federal Schedule C or C-EZ)		00		. 0
7	Capital gain (loss) (attach Federal Schedule D)	37A		37B	« C
8	Rent, royalties, partnerships, S corporation trusts, etc. (from Form 80-108, part 4)				
9	Farm income (loss) (attach Federal Schedule F)		00		
0	Interest income (from Form 80-108, part 2, line 3)		00		(
1	Dividend income (from Form 80-108, part 2, line 6)		00		° C
2	Alimony received				
3	Taxable pensions and annuities (complete Form 80-107)				
4	Unemployment compensation (complete Form 80-107)				
5	Other income (loss) (from Form 80-108, part 5)		.00		C
6	<b>Total income</b> (add line 35 through line 45)		00		0
		40A		40D	# U
A	DJUSTMENTS	Column	A (Taxpayer)	Cc	olumn B (Spouse)
7	Payments to IRA				
/ 8	Payments to self-employed SEP, SIMPLE and qualified retirement plar		00		
9	Interest penalty on early withdrawal of savings		00		
0	Alimony paid (complete schedule below)				0
U	Alimony paid (complete schedule below)	50A	00	50B	0
	Name SSN	Sta	ate:		
	Name SSN	Sta	ate:		
	Name SSN	Sta	ate:		
1	Moving expense (attach Federal Form 3903)	51A	00	51B	.0
2	National Guard or Reserve pay (enter the lesser of amount or \$15,000)		.00		.0
3	Mississippi Prepaid Affordable College Tuition (MPACT)		.00		.0
4	Mississippi Affordable College Savings (MACS)				.0
5	Self-employed health insurance deduction				.0
6	Health savings account deduction		.00		
7	Total adjustments (add line 47 through line 56)	57A	00	57B	0
8	<b>Mississippi adjusted gross income</b> (line 46 minus line 57; enter here and on page 1, line 13)		00	58B	0
_					
A	MENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RI	ETURN (attach ad	iditional statement i	r needed)	
his	return may be discussed with the preparer Yes No				
de	clare, under penalties of perjury, that I have examined this return and accomp is a true, correct and complete return. Declaration of preparer (other than ta	panying schedules a	and statements, and to	the best of m	y knowledge and belief,
		ixpayer is based on		in propurer ne	is any knowledge.
	Taxpayer Signature Date Tax	xpayer Phone Number	Paid Prepare	r PTIN	
	Chouse Signature	id Designer Dia attaci	Delid Dece	r Emoil Addres	
	Spouse Signature Date Pai	id Preparer Phone Numb	er Paid Prepare	r Email Address	1
	Paid Preparer Signature Date Pai	id Preparer Address	City		State Zip Code

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801051331000										Х	Amen	ded	
											Amen	ucu	
Taxpayer First Name	Initial	Last Name				SS	N			99	99999	999	
******	X	*****	vvv		zvv		ouse S	SSN			99999		
Spouse First Name	Initial	Spouse Last Name		1/1/	1AA	Opt	ouse (			99	22222	,,,,	
	x	xxxxxxxxxxxxxx	vvv		777	1	Х	Married - C	ombin	od or loir	ot Doturn	(\$12)	000
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			<u> </u>	<u>\</u> \/		2	X	Married - S					
		<u> </u>	<b>37 O 3</b>	703	7037	3							
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City			000				Х	Head of Fa		8,000)			
xxxxxxxxxxxxxxxxxxxxxx	XX	99999		99	1	5	Х	Single (\$6,	000)				
EXEMPTIONS													_
Dependents (In column B, enter "C" for child,	"P" for	parent or "R" for relative)	8	Х			- F	65 or Over	Х		e Age 65	or O	/er
6 (A) Name	(B)	(C) Dependent SSN		Х	Tax	bayer	r Blind		Х	Spous	e Blind		
XXXXXXXXXXXXXXXXXXXXXXXX	Х	9999999999											
XXXXXXXXXXXXXXXXXXXXXXXX	Х	999999999	9	To	tal depe	ender	nts line	e 7 plus num	nber of	boxes ch	ecked lin	e 8 🧕	99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Х	999999999											
xxxxxxxxxxxxxxxxxxxx	Х	999999999	10	Lin	ne 9 x <b>\$</b>	1,500	)		10	99	99999	9999	9
			11					emption	11		99999		
Total number of dependents (from lin	e 6 an	d Form 80-491) XX	12		tal (line	-			12		99999		
								- /	14				-
MISSISSIPPI INCOME TAX				C	Column	Δ (Τ	้ลงกลง	ver)		Colum	n B (Spo	use)	÷
						<u> </u>	алрај			Golulii		430)	T
3 Mississippi adjusted gross income (fr	om na	ne 2 line 58)			00	000	999	000	100	00	99999	000	0
	· · ·		13/						13B				
4 Standard or itemized deductions (if ite			14/	-			9999		14B		99999		
5 Exemptions (from line 12; if married			107				9999		15B		99999		
6 Mississippi taxable income (line 13			16/	Ą	99	999	9999	999	16B		99999		
7 Income tax due (from Schedule of Ta									17		99999		
8 Credit for tax paid to another state (at		orm 80-160)							18		99999		
9 Other credits (from Form 80-401, line	1)								19		99999		
0 Net income tax due (line 17 minus li	ne 18	and line 19)							20	99	99999	9999	9
1 Consumer use tax (see instructions, I	Form 8	80-100)							21	99	99999	9999	9
2 Total Mississippi income tax due (I	ine 20	plus line 21)							22	99	99999	9999	9
PAYMENTS													
													Т
3 Mississippi income tax withheld (com	plete	Form 80-107)							23	99	99999	9999	9
4 Estimated tax payments, payments m			paid	on o	riginal r	eturr	1		24		99999		
5 Refund received and/or amount carrie			•		0				25		99999		
6 Total payments (line 23 plus line 24 n						.,					99999		
		···							26				1
REFUND OR BALANCE DUE													_
													-
	1. EV.		lie -		37	E am		Fisherman		0.0	0000		0
7 Interest on underestimated tax and la							instruc	Fishermen ctions)	27		99999		
<b>B</b> Overpayment (if line 26 (payments) i			om line	e 26)		,			28		99999		
9 Overpayment to be applied to next ye									29		99999		
0 Voluntary contribution (from Form 80-	· · ·								30		99999		
1 Overpayment refund (line 28 minus l	ine 29	and line 30)					F	REFUND	31	99	99999	9999	9
2 Balance due (if line 22 plus line 27 is		(tax, penalty and interest),											
subtract line 26 from line 22 plus line						E	BALAI	NCE DUE	32	99	99999	9999	9
3 Late payment interest and penalty (fro	om Fo	rm 80-320, line 19)							33	99	99999	9999	9
4 Total due (line 32 plus line 33)									34	99	99999	9999	9
X Installment Agreement Request													
X Installment Agreement Request (see instructions for eligibility; a		orm 71-661)											

5				2013			
	801051332000				SS	N	999999999
3							
INC	COME				Column A (Taxpayer)		Column B (Spouse)
	Wages, salaries, tips, etc. (complete Form 80-1	-		35A	99999999999	35B	9999999999
	Business income (loss) (attach Federal Schedu		C-EZ)	36A	99999999999	36B	99999999999
37	Capital gain (loss) (attach Federal Schedule D)	)		37A	99999999999	37B	99999999999
	Rent, royalties, partnerships, S corporation trust	s, etc.					
	(from Form 80-108, part 4)			38A	99999999999	38B	9999999999
	Farm income (loss) (attach Federal Schedule F	•		39A	99999999999	39B	9999999999
	Interest income (from Form 80-108, part 2, line 3	•		40A	99999999999	40B	9999999999
41	Dividend income (from Form 80-108, part 2, line	6)		41A	99999999999	41B	99999999999
42	Alimony received			42A	99999999999	42B	99999999999
43	Taxable pensions and annuities (complete Forr	n 80-10	7)	43A	99999999999	43B	99999999999
44	Unemployment compensation (complete Form	80-107)		44A	99999999999	44B	99999999999
45	Other income (loss) (from Form 80-108, part 5)			45A	99999999999	45B	9999999999
46	Total income (add line 35 through line 45)			46A	99999999999	46B	9999999999
1							
	JUSTMENTS				Column A (Taxpayer)		Column B (Spouse)
47					0000000000		0000000000
	Payments to IRA		natiroment place	47A	9999999999	47B	9999999999
	Payments to self-employed SEP, SIMPLE and q	luaimed	reurement plans		99999999999	48B	99999999999
	Interest penalty on early withdrawal of savings			49A	99999999999	49B	99999999999
	Alimony paid <b>(complete schedule below)</b>			50A	99999999999	50B	99999999999
,	Inna WWWWWWWWWWWWWW	CON	0000000	0.0	Ctoto: VV		
		SSN	9999999		State: XX		
		SSN	9999999		State: XX		
	Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	SSN	9999999	99	State: XX		
5					0000000000		0000000000
-	Moving expense (attach Federal Form 3903)			51A	99999999999	51B	99999999999
	National Guard or Reserve pay (enter the lesser Mississippi Prepaid Affordable College Tuition (N			52A	999999999999	52B	99999999999
53				52A		53D	

50 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXXX	XXXXX	XXXX	XXXX	XXXXX	XXXX	XXXXXX	XX
51													
52 This return may be discussed with the preparer	Х	Yes	Х	No									

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<sub>40</sub> 55

<sub>41</sub> 56

42 **57** 

<sup>43</sup> 58

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46

Mississippi Affordable College Savings (MACS)

Total adjustments (add line 47 through line 56)

Mississippi adjusted gross income (line 46 minus line 57; enter here

Self-employed health insurance deduction

Health savings account deduction

and on page 1, line 13)

Paid Preparer Signature

reparer	x	Yes	x

Date

AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN (attach additional statement if needed)

53					5
<sup>54</sup> t	declare, under penalties of perjury, that his is a true, correct and complete return	I have examined this return . Declaration of preparer (o	and accompanying schedules and sta ther than taxpaver) is based on all info	tements, and to the best of my knowledge ormation of which preparer has any knowle	and belief, adde.
55					5
56				999999999	50
57	Taxpayer Signature	Date	Taxpayer Phone Number	Paid Preparer PTIN	5
58					58
59	Spouse Signature	Date	Paid Preparer Phone Number	Paid Preparer Email Address	59

54A

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	Mail REFUNE	) returns to:	Department o	f Revenue. P.	O. Box 23058	. Jackson.	MS 39225-3058	
00 10 11 10 10 14 15								

63 69 70 71 72 73 74 75 76 77 78 79 80 °**Maif air 5thêr 7 et th his 't 3**° Départmentes (1986) (1986) (1987) (1986) (1986) (1986) (1987) (1987) (1987) (1987)

Paid Preparer Address

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