

Resident Individual Income Tax Return 2014



X Amended

Taxpayer First Name, Spouse First Name, Mailing Address, City, State, Zip, County Code

SSN 999999999, Spouse SSN 999999999

- 1 X Married - Combined or Joint Return (\$12,000)
2 X Married - Spouse Died in Tax Year (\$12,000)
3 X Married - Filing Separate Returns (\$12,000)
4 X Head of Family (\$8,000)
5 X Single (\$6,000)

EXEMPTIONS

Table with columns: (A) Name, (B), (C) Dependent SSN. Includes total number of dependents (7).

Table with columns: 8, 9, 10, 11, 12. Includes checkboxes for Taxpayer Age 65 or Over, Spouse Age 65 or Over, Taxpayer Blind, Spouse Blind, and Total dependents (9).

MISSISSIPPI INCOME TAX

Column A (Taxpayer) Column B (Spouse)

Table with columns: Line number, Description, Column A, Column B. Includes lines 13-22 for income, deductions, and tax due.

PAYMENTS

Table with columns: Line number, Description, Column A, Column B. Includes lines 23-26 for tax withheld, payments, and refund.

REFUND OR BALANCE DUE

Table with columns: Line number, Description, Column A, Column B. Includes lines 27-35 for overpayment, interest, and total due.

X Installment Agreement Request (see instructions for eligibility; attach Form 71-661)

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Table with 4 columns: Line Number, Description, Column A (Taxpayer), Column B (Spouse). Rows 36-47 include Wages, Business income, Capital gain, Rent, Farm income, Interest income, Dividend income, Alimony received, Taxable pensions, Unemployment compensation, Other income, and Total income.

Table with 4 columns: Line Number, Description, Column A (Taxpayer), Column B (Spouse). Rows 48-59 include Adjustments: Payments to IRA, Payments to self-employed SEP, Interest penalty, Alimony paid, Moving expense, National Guard pay, Mississippi Prepaid Tuition, Mississippi Savings, Self-employed health insurance, Health savings account, Total adjustments, and Mississippi adjusted gross income.

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

This return may be discussed with the preparer [X] Yes [X] No

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.

Signature and contact information fields for Taxpayer, Spouse, and Paid Preparer, including fields for Date, Phone Number, PTIN, Email Address, Address, City, State, and Zip Code.