50 cm 6003 95-14-3≥130001(Rev 110616) 20 21 22 23 24 25 04 	5 26 27 28 29 30	31 32 33 34 35 36 37 38 39 4 M I S Resident Indivi						63 64 65 66	67 68 69 70 71 72 73 74 75 76	77 78 <u>79</u> 80
05			201		JIIIE	Iax	Netuiii			
06			20	7					V 0	
07									X Amende	d
expayer First Name Initial Last Name SSN						CNI			0000000	
09				CCNI	999999999					
Spouse First Name Initial Last Name						SSIN		9999999	9	
11 12XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxx	xxxxxxxxxx	XΧΣ	XXXX	1	Х	Married - 0	Combin	ed or Joint Return (\$	12,000)
Mailing Address (Number and Street, Including Rura					2	X			Died in Tax Year (\$1	
14X9X9X9X9X9X9X9X9X9X9	x9x9x	9X9X9X9X9X9X9	Х9Σ	(9X9X	3	X	Married - F	iling Se	eparate Returns (\$12	(000,
City State Zip				nty Code	4	X	Head of Fa	amily (\$	8,000)	
$_{16}$ XXXXXXXXXXXXXXXXXXXX	XX XX	99999		99	5	X	Single (\$6	,000)		
17										
8 EXEMPTIONS										
19										
Dependents (in column B, enter "C" for chi	ld, "P" for pa	arent or "R" for relative)	8	X T	axpaye	er Age	65 or Over	X	Spouse Age 65 or	Over
21 6 (A) Name	(B)	(C) Dependent SSN		X T	axpaye	er Blind	i i	X	Spouse Blind	
$_{22}$ XXXXXXXXXXXXXXXXXXXXXX	X	999999999								
23 XXXXXXXXXXXXXXXXXXXX	X	999999999	9	Total d	epende	ents lin	e 7 plus nun	nber of	boxes checked line 8	99
24 XXXXXXXXXXXXXXXXXXXX	X	999999999								
25 XXXXXXXXXXXXXXXXXXXX	X	999999999	10	Line 9	x \$1,50	00		10	99999999	99
26			11	Enter fi	iling sta	atus ex	emption	11	9999999	99
7 Total number of dependents (from	line 6 and	Form 80-491) XX	12	Total (I	ine 10	plus lir	ne 11)	12	9999999	99
28										
9 MISSISSIPPI INCOME TAX				Colu	mn A (Тахра	yer)		Column B (Spouse	e)
0										
11 13 Mississippi adjusted gross income	(from page	2, line 59)	13/	4 9	999	999	999	13B	99999999	99
Standard or itemized deductions (if itemized, attach Form 80-108)					999	999	999	14B	9999999	99
315 Exemptions (from line 12; if marrie	d filing se	parately use 1/2 amount)	15/	Δ 9	999	999	999	15B	9999999	99
34 16 Mississippi taxable income (line 13 minus line 14 and line 15) 16A 99999999999999999999999999999999999						999	16B	9999999	99	
17 Income tax due (from Schedule of Tax Computation, see instructions)								17	99999999	99
36 18 Credit for tax paid to another state (attach Form 80-160)							18	99999999	99	
77 19 Other credits (from Form 80-401, line 1)							19	99999999	99	
Net income tax due (line 17 minus line 18 and line 19)							20	99999999	99	
39 21 Consumer use tax (see instructions)							21	99999999	99	
40 22 Total Mississippi income tax due (line 20 plus line 21)							22	99999999	99	
1										
PAYMENTS										
3										
423 Mississippi income tax withheld (co	mplete F	orm 80-107)						23	99999999	99
24 Estimated tax payments, extension payments and/or amount paid on original return							24	99999999	99	
Refund received and/or amount carried forward from original return (amended return only)								25	99999999	
26 Total payments (line 23 plus line 24	4 minus lin	e 25)						26	99999999	
8										
9 REFUND OR BALANCE DUE										
50										
27 Overpayment (if line 26 is more th	an line 22,	subtract line 22 from line 2	6)	X			Fishermen	27	99999999	99
28 Interest on underestimated tax (from					(see	e instru	ctions)	28	9999999	
29 Adjusted overpayment (line 27 min								29	9999999	
30 Overpayment to be applied to next								30	9999999	
531 Voluntary contribution (from Form 8								31	99999999	
32 Overpayment refund (line 29 minu							REFUND	32	99999999	
33 Balance due (if line 22 is more than line 26, subtract line 26 from line 22 BALANCE						NCE DUE	33	99999999		
34 Interest, penalty and interest on underestimated tax (from Form 80-320, line 19)							34	99999999		
935 Total due (line 33 plus line 34)					AMO	UNT Y	OU OWE	35	99999999	
						Ш		0.0		
V Installment Agreement Requi	est									
90		m 71-661)								

22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 4 M ISSISSIDADI 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 Resident Individual Income Tax Return 2014 06 SSN 99999999 07 08 INCOME Column A (Taxpayer) Column B (Spouse) 10 10 11 36 Wages, salaries, tips, etc. (complete Form 80-107) 999999999 999999999 36A 36B 11 ₁₂37 Business income (loss) (attach Federal Schedule C or C-EZ) 999999999 999999999 37A 37B 12 Capital gain (loss) (attach Federal Schedule D) 13 38 999999999 999999999 38A 38B 13 14 39 Rent, royalties, partnerships, S corporation trusts, etc. (from Form 80-108, part IV) 999999999 999999999 15 394 15 ₁₆40 Farm income (loss) (attach Federal Schedule F) 999999999 999999999 40A 40B 16 ₁₇41 Interest income (from Form 80-108, part II, line 3) 999999999 999999999 41A 41B 17 ₁₈ 42 Dividend income (from Form 80-108, part II, line 6) 999999999 999999999 42A 42B 18 ₁₉43 Alimony received 999999999 999999999 43A 43B 19 ₂₀44 Taxable pensions and annuities (complete Form 80-107) 999999999 44A 999999999 44B 20 ₂₁ 45 Unemployment compensation (complete Form 80-107) 999999999 999999999 45A 45B 21 ₂₂46 Other income (loss) (from Form 80-108, part V, line 10) 999999999 999999999 46A 46B 22 Total income (add lines 36 through 46) 999999999 999999999 47A 47B 23 **ADJUSTMENTS** Column A (Taxpayer) Column B (Spouse) 2 26 26 ₂₇48 Payments to IRA 999999999 999999999 48A 48B 27 ₂₈49 Payments to self-employed SEP, SIMPLE and qualified retirement plans 999999999 999999999 49A 49B 28 Interest penalty on early withdrawal of savings ₂₉50 999999999 999999999 50A 50B 29 ₃₀51 Alimony paid (complete below) 999999999 999999999 51A 51B 30 31 31 Name XXXXXXXXXXXXXXXXX SSN 999999999 State: XX32 32 SSN 99999999 XXName XXXXXXXXXXXXXXXXXXX State: 33 33 XXXXXXXXXXXXXXXXX SSN 99999999 XXName State: 34 34 35 35 ₃₆ **52** Moving expense (attach Federal Form 3903) 999999999 999999999 52A 52B 36 ₃₇ 53 National Guard or Reserve pay (enter the lesser of amount or \$15,000) 999999999 999999999 53A 53B 37 Mississippi Prepaid Affordable College Tuition (MPACT) 999999999 999999999 ₃₈ 54 54A 54B 38 ₃₉ **55** Mississippi Affordable College Savings (MACS) 999999999 999999999 55A 55B ₄₀ 56 Self-employed health insurance deduction 999999999 999999999 56A 56B 40 ₄₁ 57 Health savings account deduction 999999999 999999999 57A 57B ₄₂ 58 Total adjustments (add lines 48 through 57) 999999999 999999999 58A 58B 42 ⁴³ 59 43 Mississippi adjusted gross income (line 47 minus line 58; enter 999999999 999999999 on page 1, line 13) 59A 59B 44 44 AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN (attach additional statement if needed) 51 51 52 This return may be discussed with the preparer X X No 52 53 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. 55 55 999999999 56 56 Taxpayer Signature Date Taxpayer Phone Number Paid Preparer PTIN 57 57 58 58 Spouse Signature Date Paid Preparer Phone Number Paid Preparer Email Address 59 59 60 60 Paid Preparer Signature Date Paid Preparer Address State Zip Code 61 61 62 62 Mail REFUND returns to: Department of Revenue, P.O. Box 23058, Jackson, MS 39225-3058