

Scanband Version of Form 80-108-12-5 Adjustments & Contributions

- 1) Complete redesign for 2012. See bottom for form specific instructions.
- 2) Submit five (5) copies with variable data, one (1) copy blank for approval.



Mississippi Adjustments & Contributions 2012

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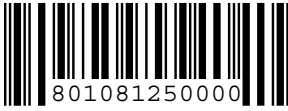
Mississippi Adjustments & Contributions 2012

A1a	A2c	A6cAGI	A8	B6	P3f
A1bAGI	A3	A6c	B1	P3a	P3g
A1b	A4	A6d	B2	P3b	
A1c	A5	A7a	B3	P3c	
A2a	A6a	A7b	B4	P3d	
A2b	A6b	A7c	B5	P3e	

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RR1	F1	I1	F9	I9	P4C
RR2	F2	I2	F10	I10	SNI-1
RR3	F3	I3	F11	I11	SNI-2
	F4	I4	F12	I12	SNI-3
	F5	I5	F13	I13	SNI-4
	F6	I6		I14	SNI-5
	F7	I7			SNI-6
	F8	I8			SNI-7

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Mississippi Adjustments & Contributions 2012

08/11 to 14/11	21/11 to 27/11	34/11 to 40/11	47/11 to 53/11	58/11 to 64/11	71/11 to 74/11
08/13 to 14/13	21/13 to 27/13	34/13 to 40/13	47/13 to 53/13	61/13 to 64/13	71/13 to 74/13
08/15 to 14/15	21/15 to 27/15	34/15 to 40/15	47/15 to 53/15	61/15 to 64/15	
08/17 to 14/17	21/17 to 27/17	34/17 to 40/17	47/17 to 53/17	61/17 to 64/17	
08/19 to 14/19	21/19 to 27/19	34/19 to 40/19	47/19 to 53/19	61/19 to 64/19	
08/21 to 14/21	21/21 to 27/21	34/21 to 40/21	47/21 to 53/21	61/21 to 64/21	

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08/30 to 14/30	20/30 to 28/30	34/30 to 40/30	46/30 to 54/30	60/30 to 66/30	72/30 to 78/30
08/32 to 14/32	20/32 to 28/32	34/32 to 40/32	46/32 to 54/32	60/32 to 66/32	72/32 to 78/32
08/34 to 14/34	20/34 to 28/34	34/34 to 40/34	46/34 to 54/34	60/34 to 66/34	72/34 to 78/34
	20/36 to 28/36	34/36 to 40/36	46/36 to 54/36	60/36 to 66/36	72/36 to 78/36
	20/38 to 28/38	34/38 to 40/38	46/38 to 54/38	60/38 to 66/38	72/38 to 78/38
	20/40 to 28/40	34/40 to 40/40		60/40 to 66/40	72/40 to 78/40
	20/42 to 28/42	34/42 to 40/42			72/42 to 78/42
	20/44 to 28/44	34/44 to 40/44			72/44 to 78/44

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MS

Mississippi Adjustments & Contributions 2012

4243	1346	0	5243	5399	70
224933	3397	0	67	30	0
16870	500	0	0	0	
0	0	0	67	0	
7093	0	0	5399	0	
5747	0	0	0	0	

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600	987654321	700	0	0	1300
0	0	0	0	0	0
600	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0		700	0
	0	0			0
	0	0			0

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MS

Mississippi Adjustments & Contributions 2012

Taxpayer Name John Doe

SSN 123-456-789

PART 1: SCHEDULE A - Itemized Deductions (From Federal Form 1040 Schedule A) (MUST COMPLETE FULLY.)

In the event you filed using the standard deduction on your Federal Return and wish to itemize for Mississippi purposes, use Federal Form 1040 Schedule A as a worksheet and transfer the information from the specific lines indicated to this Schedule A.

ROUND TO THE NEAREST DOLLAR

1.	a. Medical and Dental Expenses (Must Attach Federal Form 1040 Schedule A)	4,243.00
	b. AGI from Federal Form 1040 \$ <u>224,933.00</u> X 7.5%(.075)	16,870.00
	c. Medical & Dental Expense Deduction (Subtract line 1b from line 1a)	.00
2.	a. Total Taxes Paid	7,093.00
	b. Less State Income Taxes (or other taxes in lieu of)	5,747.00
	c. Total Taxes Paid Deduction (Line 2a minus Line 2b)	1,346.00
3.	Total Interest Paid	3,397.00
4.	Charitable Contributions	500.00
5.	Total Casualty or Theft Loss (Must Attach Federal Form 4684)	.00
6.	a. Employee Business Expenses (Must Attach Federal Form 2106)	.00
	b. Miscellaneous Itemized Deductions (6a & 6b subject to 2% limitation)	.00
	c. AGI from Federal Form 1040 \$ _____ X 2%(.02)	.00
	d. Line 6a plus 6b minus 6c	.00
7.	a. Other Miscellaneous Deductions	.00
	b. Less MS Gambling Losses	.00
	c. Other Miscellaneous Deduction (Line 7a minus Line 7b)	.00
8.	Mississippi Itemized Deductions - (Add Lines 1c, 2c, 3, 4, 5, 6d, and 7c.) Enter the amount here and on Resident Form 80-105, Page 1, Line 19 or Non-Resident Form 80-205, Page 1, Line 16a.	5,243.00

PART 2: SCHEDULE B - Interest and Dividend Income (From Federal Form 1040 Schedule B, enter the amount from the line indicated)

1.	Interest Income From All Sources	67.00
2.	Amount of MS Non-Taxable Interest in Line 1	.00
3.	Total MS Interest (Line 1 minus Line 2, Enter here and on Form 80-105, Line 43 or Form 80-205, Line 43)	67.00
4.	Total Dividends From All Sources	5,399.00
5.	Amount of MS Nontaxable Distributions Reported in Line 4	.00
6.	Total MS Dividends (Line 4 minus Line 5, Enter here and on Form 80-105, Line 44 or Form 80-205, Line 44)	5,399.00

PART 3: VOLUNTARY CONTRIBUTION CHECK-OFFS (Residents Only)

You may elect to voluntarily contribute all or part (at least \$1) of your income tax refund to one or more of the funds listed below. Refer to the instruction booklet 80-100 (may be downloaded from our website www.dor.ms.gov) for an explanation of the purpose of each of these funds and how the refund donations will be used.

Military Family Relief Fund	30.00	Bicentennial Celebration Fund	.00
Burn Care Fund	.00	Wildlife Fisheries and Parks Foundation	70.00
Wildlife Heritage Fund	.00	Commission for Volunteer Service Fund	.00
Educational Trust Fund	.00		

Enter Total of Check-Offs here and on Form 80-105, Page 1, Line 34 100.00



Mississippi
Adjustments & Contributions
2012

SSN
123-456-789

PART 4: INCOME (LOSS) FROM RENTS, ROYALTIES, PARTNERSHIPS, S CORPORATIONS, TRUSTS & ESTATES

A. INCOME (LOSS) FROM RENTAL REAL ESTATE AND ROYALTIES

- 1. Total Rental Real Estate and Royalty Income (Loss) from Part 1 (Must Attach Federal Schedule E) 600.00
2. Add: Depletion claimed in excess of cost basis .00
3. Rental Real Estate and Royalty Income (Loss) for Mississippi purposes. Add Line 1 plus Line 2. 600.00

B. INCOME (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS (Must Attach MS K-1 as applicable)

Table with 3 columns: Name of Entity, FEIN (Must include FEIN), INCOME(LOSS) Mississippi K-1's. Row 1: ABC Company, 98-7654321, 700.00. Total for Section B: 700.00

C. Total of Section A & B. Enter here and on Form 80-105, Line 41 or Form 80-205, Line 41. 1300.00

PART 5: SCHEDULE N - Other Income (Loss) and Supplemental Income

List type of Income (Loss)

- 1. Net Operating Loss (Enter From Form 80-155, Line 2) .00
2. .00
3. .00
4. .00
5. .00
6. .00

Total Schedule N Other Income (Loss) Enter here and on Form 80-105, Line 48 or Form 80-205, Line 48. .00



MS

Mississippi Adjustments & Contributions 2012

Taxpayer Name _____

SSN _____

PART 1: SCHEDULE A - Itemized Deductions (From Federal Form 1040 Schedule A) (MUST COMPLETE FULLY.)

In the event you filed using the standard deduction on your Federal Return and wish to itemize for Mississippi purposes, use Federal Form 1040 Schedule A as a worksheet and transfer the information from the specific lines indicated to this Schedule A.

ROUND TO THE NEAREST DOLLAR

- | | | | |
|----|---|------------|-----|
| 1. | a. Medical and Dental Expenses (Must Attach Federal Form 1040 Schedule A) | ____, ____ | .00 |
| | b. AGI from Federal Form 1040 \$ _____ X 7.5%(.075) | ____, ____ | .00 |
| | c. Medical & Dental Expense Deduction (Subtract line 1b from line 1a) | ____, ____ | .00 |
| 2. | a. Total Taxes Paid | ____, ____ | .00 |
| | b. Less State Income Taxes (or other taxes in lieu of) | ____, ____ | .00 |
| | c. Total Taxes Paid Deduction (Line 2a minus Line 2b) | ____, ____ | .00 |
| 3. | Total Interest Paid | ____, ____ | .00 |
| 4. | Charitable Contributions | ____, ____ | .00 |
| 5. | Total Casualty or Theft Loss (Must Attach Federal Form 4684) | ____, ____ | .00 |
| 6. | a. Employee Business Expenses (Must Attach Federal Form 2106) | ____, ____ | .00 |
| | b. Miscellaneous Itemized Deductions (6a & 6b subject to 2% limitation) | ____, ____ | .00 |
| | c. AGI from Federal Form 1040 \$ _____ X 2%(.02) | ____, ____ | .00 |
| | d. Line 6a plus 6b minus 6c | ____, ____ | .00 |
| 7. | a. Other Miscellaneous Deductions | ____, ____ | .00 |
| | b. Less MS Gambling Losses | ____, ____ | .00 |
| | c. Other Miscellaneous Deduction (Line 7a minus Line 7b) | ____, ____ | .00 |
| 8. | Mississippi Itemized Deductions - (Add Lines 1c, 2c, 3, 4, 5, 6d, and 7c.) Enter the amount here and on Resident Form 80-105, Page 1, Line 19 or Non-Resident Form 80-205, Page 1, Line 16a. | ____, ____ | .00 |

PART 2: SCHEDULE B - Interest and Dividend Income (From Federal Form 1040 Schedule B, enter the amount from the line indicated)

- | | | | |
|----|--|------------|-----|
| 1. | Interest Income From All Sources | ____, ____ | .00 |
| 2. | Amount of MS Non-Taxable Interest in Line 1 | ____, ____ | .00 |
| 3. | Total MS Interest (Line 1 minus Line 2, Enter here and on Form 80-105, Line 43 or Form 80-205, Line 43) | ____, ____ | .00 |
| 4. | Total Dividends From All Sources | ____, ____ | .00 |
| 5. | Amount of MS Nontaxable Distributions Reported in Line 4 | ____, ____ | .00 |
| 6. | Total MS Dividends (Line 4 minus Line 5, Enter here and on Form 80-105, Line 44 or Form 80-205, Line 44) | ____, ____ | .00 |

PART 3: VOLUNTARY CONTRIBUTION CHECK-OFFS (Residents Only)

You may elect to voluntarily contribute all or part (at least \$1) of your income tax refund to one or more of the funds listed below. Refer to the instruction booklet 80-100 (may be downloaded from our website www.dor.ms.gov) for an explanation of the purpose of each of these funds and how the refund donations will be used.

- | | | | | | |
|-----------------------------|------------|-----|---|------------|-----|
| Military Family Relief Fund | ____, ____ | .00 | Bicentennial Celebration Fund | ____, ____ | .00 |
| Burn Care Fund | ____, ____ | .00 | Wildlife Fisheries and Parks Foundation | ____, ____ | .00 |
| Wildlife Heritage Fund | ____, ____ | .00 | Commission for Volunteer Service Fund | ____, ____ | .00 |
| Educational Trust Fund | ____, ____ | .00 | | | |

Enter Total of Check-Offs here and on Form 80-105, Page 1, Line 34 ____, ____ .00



Mississippi
Adjustments & Contributions
2012

SSN

PART 4: INCOME (LOSS) FROM RENTS, ROYALTIES, PARTNERSHIPS, S CORPORATIONS, TRUSTS & ESTATES

A. INCOME (LOSS) FROM RENTAL REAL ESTATE AND ROYALTIES

- 1. Total Rental Real Estate and Royalty Income (Loss) from Part 1 (Must Attach Federal Schedule E)
2. Add: Depletion claimed in excess of cost basis
3. Rental Real Estate and Royalty Income (Loss) for Mississippi purposes. Add Line 1 plus Line 2.

B. INCOME (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS (Must Attach MS K-1 as applicable)

Table with 3 columns: Name of Entity, FEIN (Must include FEIN), INCOME(LOSS) Mississippi K-1's. Includes a Total for Section B row.

C. Total of Section A & B. Enter here and on Form 80-105, Line 41 or Form 80-205, Line 41.

PART 5: SCHEDULE N - Other Income (Loss) and Supplemental Income

List type of Income (Loss)

- 1. Net Operating Loss (Enter From Form 80-155, Line 2)
2.
3.
4.
5.
6.

Total Schedule N Other Income (Loss) Enter here and on Form 80-105, Line 48 or Form 80-205, Line 48.

Key to Data Fields for Adjustments and Contributions scanband for 2012.

The form number is 80-108. This form must be approved by the Mississippi Department of Revenue.

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 datafield. (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 New 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. 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, unless noted in the specific instructions below.** 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. Example: The amount of negative \$123,456 would be listed as -123456 in the scanband.

The top left corner of the barcode is located at position x=6, y=4 on the 10/6 grid. "MS" to the left of the header must begin in grid space 27/4 and end in grid space 28/4 and be in a Courier New 12pt. The top right registration mark is located at the top right corner of grid box x=80, y=4.

NOTE: All Fields below must be populated for deductions to be allowed.

Page 1 Scanband:

The upper left corner of the Page 1 scanband must be located on the left and top edge of grid space x=6, y=9. The lower left corner of the Page 1 scanband must be located on the left and bottom edge of grid space x=6, y=18. The upper right corner of the Page 1 scanband must be located on the right and top edge of grid space x=80, y=9. The lower right corner of the Page 1 scanband must be located on the right and bottom edge of grid space x=80, y=18.

Field Name	Description
A1a - A8	These are numeric fields. They are the Itemized Deductions from Federal Form 1040 These fields are 7 characters long.
B1 - B6	These are numeric fields. They are the Interest and Dividend Income from Federal Form 1040, Schedule B. These fields are 7 characters long.
P3a - P3g	These are numeric fields. They are the Voluntary Contribution Check-offs available to Mississippi residents. These fields are 4 characters long.

Page 2 Scanband:

The upper left corner of the Page 2 scanband must be located on the left and bottom edge of grid space x=6, y=28. The lower left corner of the Page 2 scanband must be located on the left and bottom edge of grid space x=6, y=46. The upper right corner of the Page 2 scanband must be located on the right and top edge of grid space x=80, y=28. The lower right corner of the Page 2 scanband must be located on the right and bottom edge of grid space x=80, y=46.

Field Name	Description
RR1 - RR3	These are numeric fields and are money fields. These are the income (loss) amount, adjustment for excess depletion and the net total income or loss From rental real estate and royalty activities. These fields are 7 characters long.
F1 - F13	These are numeric fields. These are the FEINs of the entities in Section B of Part 4. These fields are 9 characters long. For each INCOME (LOSS) entry, a FEIN must be entered.
I1 - I14	These are the income or loss amounts from the Partnerships, S Corporations, Estates and Trusts in Part B: Income or Loss From Partnerships, S Corporations, Estates and Trusts. These are numeric fields that are money fields. They are 7 characters long. I14 is the total of fields I1 - I13.
P4C	This is a numeric/money field. This is the total of lines RR3 & I14 & and represents the total income or loss from Part 4 and is 7 characters long
SNI-1 - SNI-7	These are numeric fields and money fields. These are the separate Schedule N adjustments. For each item of income (loss) or adjustment a separate entry is made. These fields are 7 characters long. For each entry, a description MUST be entered into the body of the form. SNI-7 is the total of fields SNI-1 through SNI-6.