

# Mississippi Adjustments And Contributions 2013

Taxpayer Name \_\_\_\_\_

SSN \_\_\_\_\_

**PART 1: SCHEDULE A - ITEMIZED DEDUCTIONS (ATTACH FEDERAL FORM 1040 SCHEDULE A)**

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.

<b>1</b> Federal AGI from Federal Form 1040, line 38	1 _____	.00	
<b>2</b> a Medical and dental expenses b Multiply line 1 by 10% (.10). But if either you or your spouse was born before January 2, 1949, multiply line 1 by 7.5% (.075) instead c Medical and dental expense deduction (line 2a minus line 2b)	2a _____	.00	2c _____
	2b _____	.00	
<b>3</b> a Total taxes paid b Less state income taxes (or other taxes in lieu of) c Total taxes paid deduction (line 3a minus line 3b)	3a _____	.00	3c _____
	3b _____	.00	
<b>4</b> Total interest paid			4 _____
<b>5</b> Charitable contributions			5 _____
<b>6</b> Total casualty or theft loss (attach Federal Form 4684)			6 _____
<b>7</b> a Employee business expenses (attach Federal Form 2106) b Miscellaneous itemized deductions c Multiply line 1 by 2% (.02) d Line 7a plus line 7b minus line 7c	7a _____	.00	7d _____
	7b _____	.00	
	7c _____	.00	
<b>8</b> a Other miscellaneous deductions b Less Mississippi gambling losses c Other miscellaneous deduction (line 8a minus line 8b)	8a _____	.00	8c _____
	8b _____	.00	
<b>9</b> Mississippi itemized deductions (add lines 2c, 3c, 4, 5, 6, 7d, and 8c; enter here and on Resident Form 80-105, page 1, line 14 or Non-Resident Form 80-205, page 1, line 14a)			9 _____
<b>10</b> Mississippi itemized deductions (Federal AGI over \$150,000); see worksheet in the instructions to figure amount. Enter here and on Form 80-105, Page 1, Line 14 or Form 80-205, Page 1, Line 14a			10 _____

**PART 2: SCHEDULE B - INTEREST AND DIVIDEND INCOME (FROM FEDERAL FORM 1040, SCHEDULE B)**

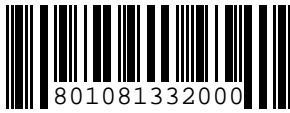
<b>1</b> Interest income from all sources	1	_____	.00
<b>2</b> Amount of Mississippi non-taxable interest in line 1	2	_____	.00
<b>3</b> Total Mississippi interest (line 1 minus line 2, enter here and on Form 80-105, line 40 or Form 80-205, line 41)	3	_____	.00
<b>4</b> Total dividends from all sources	4	_____	.00
<b>5</b> Amount of Mississippi nontaxable distributions reported in line 4	5	_____	.00
<b>6</b> Total Mississippi dividends (line 4 minus line 5, enter here and on Form 80-105, line 41 or Form 80-205, line 42)	6	_____	.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](http://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	_____	Bicentennial Celebration Fund	_____
Burn Care Fund	_____	Wildlife Fisheries and Parks Foundation	_____
Wildlife Heritage Fund	_____	Commission for Volunteer Service Fund	_____
Educational Trust Fund	_____		

Enter total of check-offs here and on Form 80-105, page 1, line 30 \_\_\_\_\_



# Mississippi Adjustments And Contributions 2013

SSN \_\_\_\_\_

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

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

- 1 Total rental real estate and royalty income (loss) (from Federal Schedule E, Part 1;  
**attach Federal Schedule E**) A1 \_\_\_\_\_ .00
- 2 Add: depletion claimed in excess of cost basis A2 \_\_\_\_\_ .00
- 3 Rental real estate and royalty income (loss) for Mississippi purposes (add line 1 plus line 2) A3 \_\_\_\_\_ .00

**B INCOME (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS**

(ATTACH MISSISSIPPI K-1'S AS APPLICABLE)

NAME OF ENTITY	FEIN (MUST INCLUDE FEIN)	INCOME(LOSS) MISSISSIPPI K-1'S
_____	_____	_____ .00
_____	_____	_____ .00
_____	_____	_____ .00
_____	_____	_____ .00
_____	_____	_____ .00
_____	_____	_____ .00
_____	_____	_____ .00
_____	_____	_____ .00
_____	_____	_____ .00
_____	_____	_____ .00
_____	_____	_____ .00
_____	_____	_____ .00
_____	_____	_____ .00
_____	_____	_____ .00
_____	_____	_____ .00
_____	_____	_____ .00
_____	_____	_____ .00
_____	_____	_____ .00
_____	_____	_____ .00
_____	_____	_____ .00
<b>Total for Section B</b>		_____ .00

**C Total of Section A and B (enter here and on Form 80-105, line 38 or Form 80-205, line 39)** \_\_\_\_\_ .00

**PART 5: SCHEDULE N - OTHER INCOME (LOSS) AND SUPPLEMENTAL INCOME**

- 1 Net operating loss (enter from Form 80-155, line 2) 1 \_\_\_\_\_ .00
- 
- List other types of income (loss)
- 2 \_\_\_\_\_ 2 \_\_\_\_\_ .00
  - 3 \_\_\_\_\_ 3 \_\_\_\_\_ .00
  - 4 \_\_\_\_\_ 4 \_\_\_\_\_ .00
  - 5 \_\_\_\_\_ 5 \_\_\_\_\_ .00
  - 6 \_\_\_\_\_ 6 \_\_\_\_\_ .00
  - 7 \_\_\_\_\_ 7 \_\_\_\_\_ .00
  - 8 \_\_\_\_\_ 8 \_\_\_\_\_ .00
  - 9 \_\_\_\_\_ 9 \_\_\_\_\_ .00
- 10 Total Schedule N Other Income (Loss); enter here and on Form 80-105, page 2, line 45 or  
Form 80-205, page 2, line 46 10 \_\_\_\_\_ .00

# Mississippi Adjustments And Contributions 2013



Taxpayer Name  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

SSN 999999999

### PART 1: SCHEDULE A - ITEMIZED DEDUCTIONS (ATTACH FEDERAL FORM 1040 SCHEDULE A)

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.

1	Federal AGI from Federal Form 1040, line 38	1	9999999999		
2	a Medical and dental expenses	2a	9999999999		
	b Multiply line 1 by 10% (.10). But if either you or your spouse was born before January 2, 1949, multiply line 1 by 7.5% (.075) instead	2b	9999999999		
	c Medical and dental expense deduction (line 2a minus line 2b)			2c	9999999999
3	a Total taxes paid	3a	9999999999		
	b Less state income taxes (or other taxes in lieu of)	3b	9999999999		
	c Total taxes paid deduction (line 3a minus line 3b)			3c	9999999999
4	Total interest paid			4	9999999999
5	Charitable contributions			5	9999999999
6	Total casualty or theft loss (attach Federal Form 4684)			6	9999999999
7	a Employee business expenses (attach Federal Form 2106)	7a	9999999999		
	b Miscellaneous itemized deductions	7b	9999999999		
	c Multiply line 1 by 2% (.02)	7c	9999999999		
	d Line 7a plus line 7b minus line 7c			7d	9999999999
8	a Other miscellaneous deductions	8a	9999999999		
	b Less Mississippi gambling losses	8b	9999999999		
	c Other miscellaneous deduction (line 8a minus line 8b)			8c	9999999999
9	Mississippi itemized deductions (add lines 2c, 3c, 4, 5, 6, 7d, and 8c; enter here and on Resident Form 80-105, page 1, line 14 or Non-Resident Form 80-205, page 1, line 14a)			9	9999999999
10	Mississippi itemized deductions (Federal AGI over \$150,000); see worksheet in the instructions to figure amount. Enter here and on Form 80-105, Page 1, Line 14 or Form 80-205, Page 1, Line 14a			10	9999999999

### PART 2: SCHEDULE B - INTEREST AND DIVIDEND INCOME (FROM FEDERAL FORM 1040, SCHEDULE B)

1	Interest income from all sources	1	9999999999
2	Amount of Mississippi non-taxable interest in line 1	2	9999999999
3	Total Mississippi interest (line 1 minus line 2, enter here and on Form 80-105, line 40 or Form 80-205, line 41)	3	9999999999
4	Total dividends from all sources	4	9999999999
5	Amount of Mississippi nontaxable distributions reported in line 4	5	9999999999
6	Total Mississippi dividends (line 4 minus line 5, enter here and on Form 80-105, line 41 or Form 80-205, line 42)	6	9999999999

### 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	9999999	Bicentennial Celebration Fund	9999999
Burn Care Fund	9999999	Wildlife Fisheries and Parks Foundation	9999999
Wildlife Heritage Fund	9999999	Commission for Volunteer Service Fund	9999999
Educational Trust Fund	9999999		

Enter total of check-offs here and on Form 80-105, page 1, line 30 999999999



# Mississippi Adjustments And Contributions 2013

SSN 999999999

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

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

1 Total rental real estate and royalty income (loss) (from Federal Schedule E, Part 1; <b>attach Federal Schedule E)</b>	A1	9999999999
2 Add: depletion claimed in excess of cost basis	A2	9999999999
3 Rental real estate and royalty income (loss) for Mississippi purposes (add line 1 plus line 2)	A3	9999999999

**B INCOME (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS**

(ATTACH MISSISSIPPI K-1'S AS APPLICABLE)

NAME OF ENTITY	FEIN (MUST INCLUDE FEIN)	INCOME(LOSS) MISSISSIPPI K-1'S
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999
X9X9X9X9X9X9X9X9X9X9X9X9X9	9999999999	9999999999
<b>Total for Section B</b>		9999999999

**C Total of Section A and B (enter here and on Form 80-105, line 38 or Form 80-205, line 39)**

**PART 5: SCHEDULE N - OTHER INCOME (LOSS) AND SUPPLEMENTAL INCOME**

1 Net operating loss (enter from Form 80-155, line 2)	1	9999999999
48 List other types of income (loss)		
2 XXX	2	9999999999
3 XXX	3	9999999999
4 XXX	4	9999999999
5 XXX	5	9999999999
6 XXX	6	9999999999
7 XXX	7	9999999999
8 XXX	8	9999999999
9 XXX	9	9999999999
10 Total Schedule N Other Income (Loss); enter here and on Form 80-105, page 2, line 45 or Form 80-205, page 2, line 46	10	9999999999

