

MS

Mississippi Individual Income Tax Declaration For Electronic Filing 2012

Electronic Return Originator (ERO)

IRS DECLARATION CONTROL NUMBER

00- [] -3

MS8453

Form with fields for Taxpayer Last Name, First Name, Middle Initial, Spouse Last Name, Spouse First Name, Middle Initial, Mailing Address, City, State, Zip, and Residence County Code. Includes a section for SSN with the instruction 'YOU MUST ENTER SSN'.

PART I: TAX RETURN INFORMATION

(Round to the Nearest Dollar)

- 1. Mississippi Taxable Income
2. Total Mississippi Tax
3. Mississippi Tax Payments & Credits
4. Refund
5. Amount You Owe

PART II: DIRECT DEPOSIT

- 1. Routing Number
2. Account Number
3. Type of Account: Checking [] Savings []

My request for direct deposit of my refund includes my authorization for the Mississippi Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to insure my refund is properly deposited.

PART III: DECLARATION OF TAXPAYER

Under penalties of perjury, I declare that I have compared the information contained on my income tax return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my Mississippi income tax return.

Signature of Taxpayer Date Signature of Spouse Date

PART IV: DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

Under penalties of perjury, I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correctly represented to the best of my knowledge.

ERO USE ONLY

Form for ERO with fields for ERO Signature, Date, Firm Name & Address, and checkboxes for Paid Preparer and Self-Employed. Includes Social Security Number or PTIN and Employer Identification Number or PTIN fields.

Paid Preparer Use Only

Form for Paid Preparer with fields for Paid Preparer Signature, Date, Firm Name & Address, and checkboxes for Self-Employed. Includes Social Security Number or PTIN and Employer Identification Number or PTIN fields.

DO NOT Mail this Document to the Mississippi Department of Revenue