MS8453

## Mississippi Individual Income Tax Declaration For Electronic Filing 2013

Submission Number								

					2013			
axpayer First N	lame	Initial	Last Name				YOU MUST ENT	ER SSN
Spouse First Nar	me	Initial	Spouse Last N	ame		Taxpayer SSN		
Mailing Address	(Number and Street, Including Rural Ro	ute)				Spouse SSN		
City				State	Zip	Residence	County Code - See	e instructions
PART I: TA	X RETURN INFORMATION						(ROUND TO THE	NEAREST DOLLAR)
-	opi taxable income					1		.00
	ssissippi tax  ppi tax payments and credits					2	•	.00
3 Iviississip 4 Refund	ppi tax payments and credits					3		.00
5 Amount	vou owe					4 5	•	.00
, , , , , , , , , , , , , , , , , , , ,	,					5		.00
PART II: DII	RECT DEPOSIT							
1 Routing r	number							
2 Account								
3 Type of a	account:							
	Checking	S	avings					
	r direct deposit of my refund incluer, account type, and social securi						nish my financial insti	tution with my routing number,
PART III: DI	<b>ECLARATION OF TAXPAYE</b>	R						
Revenue on re					<u> </u>			
Signature of	taxpayer		Date		S	ignature of spouse		Date
PART IV: D	ECLARATION OF ELECTRO	NIC F	RETURN OR	IGINAT	OR (ERO) AN	D PAID PREPARER		
knowledge. I he dequest, I will fequest, I will fe the Mississippi specified by the schedules and preparer has a	es of perjury, I declare that I have represented the taxpayer's signaturn for the Mississippoi Department of Revenue and have the Mississippi Department of Revenue and to the best of rany knowledge.	ature a pi Depa re follo renue.	and will mainta artment of Rev wed all other r If I am the pa	in this re venue. I he equirement aid preparation elief, the	eturn for the Miss have provided the ents described in arer, under pena	issippi Department of Reve e taxpayer with a copy of al the Mississippi Handbook Ities of perjury, I declare the	enue as part of my pe Il forms and information for Electronic Filers a that I have examined	ermanent records. Upon writter on to be filed electronically with and any additional requirements this return and accompanying
Only	m's Name (or yours if self-					r ala i ropalo.	EIN	
	nployed), address and ZIP							
							Phone No.	
Inder penaltic	es of perjury, I declare that I have	ovamin	and the above	tavnavor	c return and acco	ompanying schodulos and s	tatements, and to the	host of my knowledge and
	e true, correct, and complete. This						statements, and to the	best of my knowledge and
Paid Preparer's	Preparer's Signature				Date		Check if Self- Employed	Preparer's SSN or PTIN
Use Only	Firm's Name (or yours if self-employed), address and ZIP code					1	EIN	
1							Phone No.	
1								

MCOAE	2		1		lississi		1		
MS845	3		Individ			Declarat	tion	Submission Numl	per
				FOI EI	ectronic 2013	riling			999999999999
					2013			33333333	9999999999
Taxpayer First Name		Initial	Last Name					YOU MUST EN	TED CON
	XXXXXXXXXXX				XXXXXXX	XXXX		TOU MUST EN	TER SSIN
Spouse First Name		Initial					axpayer SS	6N	99999999
	XXXXXXXXXXXXXXX ber and Street, Including Rural F		XXXXX	XXXXXX	XXXXXX		Spouse SSN		99999999
X9X9X9X9 City	x9x9x9x9x9x9	X9X:	9X9X92	X9X9X9 State	X9X9X9X Zip		Residenc	e County Code - Se	ee instructions 9
XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X		XX	999				E NEAREST DOLLAR)
7000								(NOONE TO III	
1 Mississippi ta	axable income						1		999999999
2 Total Mississ	ippi tax						2		9999999999
	ax payments and credits						3		9999999999
4 Refund							4		9999999999
5 Amount you	owe						5		999999999
	T DEPOSIT								
PART II: DIREC	DEFUSII								
1 Routing num	ber 99999999	0							
<ol> <li>Routing num</li> <li>Account num</li> </ol>			9999						
3 Type of acco	222222	<b>フ</b> フソ:	フフフフ						
, po o acco	Checking X		Savings	X					
				77					
My request for dire	ect deposit of my refund incocount type, and social secu	ludes r	my authoriza	ation for the I	Mississippi Dep	artment of Reve	enue to fu	rnish my financial ins	titution with my routing nu
originator and that	perjury, I declare that I have the amounts described in F	Part I al	oove agree	with the amo	unts shown on	the correspondi	ng lines o	f my Mississippi incor	ne tax return. To the best
knowledge and bel Revenue on reque	ef, my return is true, correct st.	and co	omplete. This	s declaration	is to be maintai	ned by the elect	ronic retui	n originator and provi	ded to Mississippi Departm
Signature of taxp	payer		Da	ite	5	signature of sp	ouse		Date
PART IV: DECL	ARATION OF ELECTR	ONIC	RETURN (	ORIGINATO	OR (ERO) AN	D PAID PREP	PARER		
knowledge. I have request, I will furnis the Mississippi De specified by the N	0	nature ippi Del ave follo evenue	and will mai partment of owed all oth . If I am the	intain this reti Revenue. I had a requirement e paid prepart d belief, they	urn for the Miss ave provided th nts described in er, under pena	sissippi Departm e taxpayer with I the Mississippi Ilties of perjury,	nent of Re a copy of Handboo I declare e. Declara	venue as part of my p all forms and informa k for Electronic Filers that I have examine	permanent records. Upon value to be filed electronically and any additional required this return and accompa
Use						Paid Preparer	X	Employed	9999999
	ame (or yours if self-							EIN	1 222229
employe code	d), address and ZIP	XXX	XXXXX	XXX XX	XXXXXX	XXXXX	xx 99	999 99999	9999
	AAA	21/1/\	(2424XXX	77777 VV	7777777VVV	7777777 A	222 23	Phone No.	
									999-9999
			ined the abo	ve taxpayer's	return and acc	ompanying sche	edules and		
Under penalties of	perjury, I declare that I have correct, and complete. The	e exami	ration is had	sed on all info	rmation of which	h I have anv kno			
belief, they are true	e, correct, and complete. Th	e exami is decla	aration is bas					Check if Self-	Preparer's SSN or PTIN
belief, they are true Paid Pr	perjury, I declare that I have e, correct, and complete. Th eparer's Signature	e exami is decla	aration is bas		rmation of whice	h I have any kno Check if Also Paid Preparer	X	Check if Self- Employed X	Preparer's SSN or PTIN
Paid Preparer's	e, correct, and complete. Th	e exami is decla	aration is bas			Check if Also	X	Employed	Preparer's SSN or PTIN 9999999
Under penalties of belief, they are true Paid Preparer's Use Only Fire	e, correct, and complete. The eparer's Signature m's Name (or yours if femployed), address	is decla	aration is bas		Date	Check if Also Paid Preparer	X	Employed A EIN	9999999
Under penalties of belief, they are true Paid Preparer's Use Only Fire an	e, correct, and complete. The eparer's Signature m's Name (or yours if femployed), address	is decla	aration is bas			Check if Also Paid Preparer	X	Employed	9999999
Preparer's Use Only Fire	e, correct, and complete. The eparer's Signature m's Name (or yours if femployed), address	is decla	aration is bas		Date	Check if Also Paid Preparer	X	EIN Phone No.	9999999