MS8	153	11		issippi			
IVISO	733	ina		Tax Declaration		ission Numbe	er l
			FOI Electi	onic Filing)14	990	99999	9999999999
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axpayer First N	Name	Initial Last	t Name				
XXXXXX	xxxxxxxxxxx	XX X XX	XXXXXXXXXX	XXXXXXX	YOU	MUST ENT	ER SSN
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Mailing Address	s (Number and Street, Including Ru	ural Route)					
9X9X92 City	X9X9X9X9X9X9X		X9X9X9X9X9X ip	9X9X9X9X Spo	ouse SSN		99999999
	XXXXXXXXXXXX		99999	99			
PART I: T	AX RETURN INFORMAT	ION			(ROU	ND TO THE	NEAREST DOLLAR)
	opi taxable income				1		999999999
	ssissippi tax				2		999999999
	opi tax payments and cred	IIIS			3		9999999999
Refund Amount					4		9999999999
Amount	you owe				5		999999999
PART II: D	DIRECT DEPOSIT/DIREC	T DEBIT					
Routing i	number 9999999	999		3 Type of acc	count:		
Account		9999999	999				
	333333			Checking	∠ Savings	s X	
PART III: Index penalties ginator and	r direct deposit/direct debit of er, account number, account ty DECLARATION OF TAXE es of perjury, I declare that I that the amounts described	PAYER have compared in Part I above a	the information contained	ny refund/payment is prope I on my income tax return own on the corresponding	n with the informa	ation I have pr	ovided to my electronic retax return. To the best of
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