Scanband Version of Form 80-170-10-5 Amended Individual Income Tax Resident Return.

There must be data in all fields of the scanband. There cannot be any handwritten information on these forms. The preparer or taxpayer should not be able to print this form with data missing from the scanband. (Except for Spouse's Name)

We have tried to include the changes from the previous year in this list, but we may have missed a few. Please check the form as well as this list.

- 1) Updated barcode, year, and form number.
- 2) Added Duplex or Photocopies not Acceptable.
- 3) Added two new fields on page 2 "Health Saving Account" (Fields 54A & 54B).
- 4) Moved the scanband box down 1 grid on page 2.

 The left bottom edge of the box moved to grid space x=6, y=20.
- 5) Updated the agency name



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1.	Married - Combined or Joint Return - Enter \$12,000 on Line 12.			
2.	Married - Spouse Died in Tax Year - Please enter surviving spouse first as taxpayer. L = Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above.	SSN	·	
۷.	Let Inter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above. The Married - Filing Separate Returns - Enter \$12,000 on Line 12. Enter Spouse Name and SSN in	Spouse SSN	+	
3.	boxes provided above. (Cannot change from Joint to Separate after due date.)	County Code		
4.	Head of Family - Enter \$8,000 on Line 12. Provide Name, SSN, and Relationship of the Dependent Living in the Home with You on Line 6.	8. Number of Dependents Listed	l on Line 6	8.
_	Single - Enter \$6,000 on Line 12.	9. Number of Boxes Marked "X"		9
5.	Dependents (In column (b) (Must enter C for child, P for parent or R for relative).	10. Total of Line 8 plus Line 9.	0 20	10.
6.	(a) Name (b) Relationship (c) Dependent SSN	11. Line 10 x \$ 1,500 =	11.	
		12. Enter Amount from Lines 1-5.	Γ-	
	1	13. Total (Line 11 plus 12).	13.	
		Total (Line 1) plus 12).	13.	
	I	14. If Married-Filing Separate Ret	urns, 14.	
7 N		Enter 1/2 of Line 13.	_	
7. 1	Mark "X" if Taxpayer Age Taxpayer Spouse Age Spouse Blind Taxpayer Spouse Blind Spouse Blind Taxpayer Taxpayer Taxpayer Spouse Blind Taxpayer Taxpayer Spouse Age Spouse Blind Taxpayer Spouse Age Spouse Blind Spouse Age Spouse Blind Spouse Age Spouse Age Spouse Age Spouse Blind Spouse Age Spouse Blind Spouse Age Spouse Age	Round All Amounts to	1	st Dollar
15.	Wages, salaries, tips, etc. (Must Attach W-2s)		5.	
16.	Other Income (Amount from Line 44, Page 2 of this Form)		6.	
17.	Adjustments to Gross Income (Amount from Line 54, Page 2 of this Form)	1	7.	
			1	
18.	Mississippi Adjusted Gross Income (Line 15 plus Line 16 minus line 17)		8.	
19.	Standard or Itemized Deductions (For Itemized Deductions, (Must Attach Schedule A, Form 80-108)		9	
20.	Amount of Exemption Line 13 (Line 14 if Married Filing Separately)	20	0.	
	Mississippi Taxable Income (Line 18 Less Lines 19 and 20).			
21.	See Instructions. (If less than 0, enter 0)	'	1.	
22.	Total Income Tax Due (See page 8 of the Resident and Non-Resident Instructions.)		2.	
23.	Mississippi Income Tax Withheld (Must Attach W-2s)	23		
24.	Estimated Tax Payments, Amount Paid with Extension and Amount Paid with Original Return.		4. ;	
25.	Credit for Income Tax Paid to Another State (Must Attach Copy of Return filed with other State)	ate(s)) 25	5. ¦	
26.	Other Credite (On Instructions) Enter end for each time of gradit plained			1
20.	Other Credits (See Instructions) Enter code for each type of credit claimed. (Must Attach Form 80-492)	26C 26D 20	6.	i
27.	Overpayment from original return.	21	7.	
28.	Total Credits (Add Lines 23 through 26 less Line 27)	28	8.	
29.	Enter the Amount of Refund if Line 28 is Larger than Line 22.	REFUND 25	9.	
30.	Enter Balance Due if Line 22 Is Larger Than Line 28.	BALANCE DUE 3	0.	
31.	Interest on Underpayment of Estimated Tax Payments (Must Attach Form 80-320)	3:	1.	
32.	Late Payments-Interest @ 1% Per Month and Penalty @ 1/2% Per Month	3:	2.	
33.	Total Due (Add Lines 30, 31, and 32) Must Attach Check or Money Order for Total Due payable to: Department of Revenue. (ENCLOSE PAYMENT VOUCHER 80-106)	TOTAL DUE	3.	



MS Mississippi Amended Resident Individual Income Tax Return

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	OTHER INCOME	To show a loss, Column A (Ta		front of the dollar amount Column B (Spouse)
34.	Business Income (Loss) (Must Attach Federal Schedule C or C-EZ)		34.	
35.	Capital Gain (Loss) (Must Attach Federal Schedule D)		35.	
36.	Rent, Royalties, P-Ship, S-Corps, Trusts, etc. (Must Attach Federal Schedule E)		36.	
37.	Farm Income (Loss) (Must Attach Federal Schedule F)		37.	
38.	Interest Income		38.	
39.	Dividend Income	1	39.	
40.	Alimony Received	1	40.	
41.	Taxable Pensions and Annuities (Must Attach 1099-R) Taxable Amount	1	41.	
42.	Unemployment Compensation (Must Attach Form(s) 1099-G)	1	42.	
43.	Other Income (Loss) (Must Attach Schedule N)	1	43.	
44.	Total Other Income (Add Lines 34 through 43, carry amts. to Page 1, Line 16)	1	44.	
	ADJUSTMENTS TO GROSS INCOME	'		
45.	Payments to an IRA		45.	
46.	Payments to Self-employed SEP, SIMPLE, & Qualified Retirement plans		46.	
47.	Interest Penalty on Early Withdrawal of Savings		47.	
48.	Alimony Paid (Must Complete Schedule P Below)		48.	
49.	Moving Expense (Must Attach Federal Form 3903)		49.	
50.	National Guard or Reserve Pay (Enter the Lesser of the Guard/Reserve Pay or the \$15,000 Statutory Exclusion Per Taxpayer)		50.	
51.	MS Prepaid Affordable College Tuition (MPACT) and/or MS Affordable College Savings (MACS)		51.	
52.	Self-Employed Health Insurance Deduction		52.	
53.	Health Savings Account Deduction		53.	
54.	Total Adjustments (Add Lines 45 through 53 carry amts. to Page 1, Line 17)	1	54.	
	Schedule P - Alimon	y Paid		
the n	eduction is claimed for Alimony Paid, please furnish ame, SSN, and the state of residency of the individual Name		SN of ecipient tate of esidency	
	EXPLANATION FOR CHANGES TO ORI			
	RETURN MUST BE SIGNED. Under penalties of perjury, I declare that I have ments, and to the best of my knowledge and belief this return is true, correct an		rn, including accomp	anying schedules and
Тахр	ayer Signature Taxpayer Phone		Paid Firm Identification	Number or PTIN
Spou	se Signature (If joint, BOTH must sign) Date	This Return may be discussed with the preparer.	Paid Preparer Social S	ecurity Number or PTIN
Paid I	Preparer Signature Date	Yes No	Paid Preparer (Print Fi	rm Name)
Paid I	Prēparer Phone			

Paid Preparer Address



IS A

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6B	FS	12	16A	16B	23		28	DS2
6C	8	13	17A	¦ 17B	24		29	DS3
6D	9	14	18A	18B	25		30	DS4
7A	10		19A	19B		26A	31	TS
7B			20A	20B		26B	32	SS
7C			21A	21B	1	26C	33	TY
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1.	Married - Combined or Joint Return - Enter \$12,000 on Line 12.				
2.	Married - Spouse Died in Tax Year - Please enter surviving spouse first as taxpayer.	SSN	r -		
۷.	Lefter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above. The Married - Filing Separate Returns - Enter \$12,000 on Line 12. Enter Spouse Name and SSN in	Spouse SSN	+ -		
3.	boxes provided above. (Cannot change from Joint to Separate after due date.)	County Code	ι _		
4.	Head of Family - Enter \$8,000 on Line 12. Provide Name, SSN, and Relationship of the Dependent Living in the Home with You on Line 6.	8. Number of Depen	ndents Listed on	Line 6	3. [
5.	Single - Enter \$6,000 on Line 12.	9. Number of Boxes	Marked "X" on	Line 7	9. 📗 📗
6.	Dependents (In column (b) (Must enter C for child, P for parent or R for relative).	10. Total of Line 8 plu	ıs Line 9.	10	o. [
	(a) Name (b) Relationship (c) Dependent SSN	11. Line 10 x \$ 1,5 0	00 =	11.	
		12. Enter Amount from	m Lines 1-5.	12.	
		13. Total (Line 11 plu	s 12).	13.	
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		14. If Married-Filing S Enter 1/2 of Line		s, 14.	
7. 1	Mark "X" if Taxpayer Age Taxpayer Spouse Age Spouse Blind Taxpayer Spouse Age Spouse Blind Taxpayer Taxpayer Taxpayer Taxpayer Taxpayer Taxpayer Taxpayer Spouse Age Spouse Blind Taxpayer Taxpayer Spouse Age Spouse Blind Taxpayer Spouse Age Spous	Round All Amo		e Nearest	Dollar
15.	Wages, salaries, tips, etc. (Must Attach W-2s)		15.		
16.	Other Income (Amount from Line 44, Page 2 of this Form.)		16.		l
17.	Adjustments to Gross Income (Amount from Line 54, Page 2 of this Form.)		17.		
18.	Mississippi Adjusted Gross Income (Line 15 plus Line 16 minus line 17)		18.		
19.	Standard or Itemized Deductions (For Itemized Deductions, (Must Attach Schedule A, Form 80-108)		19.		
20.	Amount of Exemption Line 13 (Line 14 if Married Filing Separately)		20.		
	Mississippi Taxable Income (Line 18 Less Lines 19 and 20)		ļ		
21.	See Instructions (If less than 0, enter 0)		21.		
22.	Total Income Tax Due (See page 8 of the Resident and Non-Resident Instructions.)		22.		
23.	Mississippi Income Tax Withheld (Must Attach W-2s)		23.		
24.	Estimated Tax Payments, Amount Paid with Extension and Amount Paid with Original Return		24.		
25.	Credit for Income Tax Paid to Another State (Must Attach Copy of Return filed with other State	ate(s))	25.		
26.					
20.	Other Credits (See Instructions) Enter code for each type of credit claimed. (Must Attach Form 80-492)	26C _ 26D	26.		I I
27.	Overpayment from original return		27. 1		
28.	Total Credits (Add Lines 23 through 26 less Line 27)		28.		
29.	Enter the Amount of Refund if Line 28 is Larger than Line 22.	REFUND	29. [
30.	Enter Balance Due if Line 22 Is Larger Than Line 28.	BALANCE DUE	30. [
31.	Interest on Underpayment of Estimated Tax Payments (Must Attach Form 80-320)		31. [
32.	Late Payments-Interest @ 1% Per Month and Penalty @ 1/2% Per Month		32. [[]		
33.	Total Due (Add Lines 30, 31, and 32) Must Attach Check or Money Order for Total Due payable to: Department of Revenue, (ENCLOSE PAYMENT VOLICHER 80-106)	TOTAL DUE	33. [





9 10-11/9	14/9to22/9	25/9to33/9	36/9to44/9	47/9to55/9	58/9to66/9	69/9to78/9
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2 11/12	14/12to22/12	25/12to33/12	36/12to44/12	47/12to55/12	58/12to66/12	69/12to78/12
3 10-11/13		25/13to33/13	36/13to44/13	54/13to55/13	58/13to66/13	69/13to78/13
4		25/14to33/14	36/14to44/14	54/14to55/14	58/14to66/14	69/14to78/14
5		25/15to33/15	36/15to44/15	54/15to55/15	58/15to66/15	75/15to78/15
<u>6</u>				54/16to5\$\(\bar{7}\)16\(\bar{6}\)		69/16to78/16
▶ 9/19to2	8/19	31/1	9to42/19	45/19		
9/20to2	8/20	31/2	0to42/20	145/20 145/20		
▶ ¦9/22to3	6/22					
▶ 9/23to2	0/23	123/23 127/23to35/2	3			

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The beginning and ending positions of each data box above are referenced in the box.

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	Doe Doe 123 Redbud Lar	ne	John Jean	P P			
	Jackson	MS	392121230				

For Computer Use Only - Do Not Write Above This Line
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1.	Married - Combined or Joint Return - Enter \$12,000 on Line 12.				
2.	Married - Spouse Died in Tax Year - Please enter surviving spouse first as taxpayer.	SSN	321-	45-6	789
_	L = Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above.	Spouse SSN	132-	46-5	798
3.	boxes provided above. (Cannot change from Joint to Separate after due date.)	County Code			25
4.	Head of Family - Enter \$8,000 on Line 12. Provide Name, SSN, and Relationship of the Dependent Living in the Home with You on Line 6.	8. Number of Dependents Listed	on Line 6	8.	2
5.	Single - Enter \$6,000 on Line 12.	9. Number of Boxes Marked "X" of	on Line 7	9.	0
6.	Dependents (In column (b) Must enter C for child, P for parent or R for relative).	10. Total of Line 8 plus Line 9.		10.	2
	(a) Name (b) Relationship (c) Dependent SSN	11. Line $10 \times $1,500 =$	11.	3,	000
	Jon Doe C 123-45-6987	12. Enter Amount from Lines 1-5.	12.	12,	000
	Jan Doe C 123-65-4789	13. Total (Line 11 plus 12).	13.	15,	000
			ľ		
		 14. If Married-Filing Separate Retu Enter 1/2 of Line 13. 	ırns, 14. ı		
7. 1	Mark "X" if ' Taxpayer Age ' Taxpayer ' Spouse Age ' Spouse Blind '' 65 or Over '' Blind '' 65 or Over ''	Round All Amounts to t	he Neare	st Dolla	ır
15.	Wages, salaries, tips, etc. (Must Attach W-2s)	106,000;	1	28,	
16.	Other Income (Amount from Line 44, Page 2 of this Form)	-3,000; 16		-2,	
17.	Adjustments to Gross Income (Amount from Line 54, Page 2 of this Form)	0!			250
	Adjustments to cross moonie (Amount nom Ene 54, 1 ago 2 or this 1 orin)	<u> </u>	•	٠,	230
18.	Mississippi Adjusted Gross Income (Line 15 plus Line 16 minus line 17).	103,000 18	3.	16,	250
19.	Standard or Itemized Deductions (For Itemized Deductions, (Must Attach Schedule A, Form 80-108)	30,000			
20.	Amount of Exemption Line 13 (Line 14 if Married Filing Separately)	15,000 20). [
21.	Mississippi Taxable Income (Line 18 Less Lines 19 and 20). See Instructions. (If less than 0, enter 0)	58,000 21		16,	250
22.	Total Income Tax Due (See page 8 of the Resident and Non-Resident Instructions)		. ·		413
23.	Mississippi Income Tax Withheld (Must Attach W-2s)	23	F		500
24.	Estimated Tax Payments, Amount Paid with Extension and Amount Paid with Original Return.	24			
25.	Credit for Income Tax Paid to Another State (Must Attach Copy of Return filed with other State	te(s)) 25	j. ₁		
26.	Other Credits (See Instructions) Enter code for each type of credit claimed. (Must Attach Form 80-492)	26C 26D 26	j. '		1
27.	Overpayment from original return.	27	/ '.'	2.	000
28.	Total Credits (Add Lines 23 through 26 less Line 27)	28	 		500
29.	Enter the Amount of Refund if Line 28 is Larger than Line 22.	REFUND 29). ı		087
30.	Enter Balance Due if Line 22 Is Larger Than Line 28.	BALANCE DUE 30). ı		
31.	Interest on Underpayment of Estimated Tax Payments (Must Attach Form 80-320)	31			
32.	Late Payments-Interest @ 1% Per Month and Penalty @ 1/2% Per Month	32			
33.	TOTAL DUE (Add Lines 30, 31, and 32) Must Attach Check or Money Order for Total	TOTAL DUE 33			
	Due payable to: Department of Revenue. (ENCLOSE PAYMENT VOUCHER 80-106) Mail REFUND To: Department of Revenue, P.O. Box 23058,	TOTAL DOL			



Spouse Signature (If joint, BOTH must sign) _

Paid Preparer Signature

Paid Preparer Phone

MS Mississippi Amended Resident Individual Income Tax Return 2010

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	OTHER INCOME		Column	A (Taxpayer)		Column B (Spouse)
34.	Business Income (Loss) (Must Attach Federal Schedule (or C-EZ)			34.	
35.	Capital Gain (Loss) (Must Attach Federal Schedule D)				35.	
36.	Rent, Royalties, P-Ship, S-Corps, Trusts, etc. (Must Attac	n Federal Schedule E)			36.	
37.	Farm Income (Loss) (Must Attach Federal Schedule F)				37.	
38.	Interest Income				38.	
39.	Dividend Income				39.	
40.	Alimony Received				40.	
41.	Taxable Pensions and Annuities (Must Attach 1099-R)	Taxable Amount	1		41.	
42.	Unemployment Compensation (Must Attach Form(s) 1099	-G)		!	42.	
43.	Other Income (Loss) (Must Attach Schedule N)	•			43.	
44.	Total Other Income (Add Lines 34 through 43, Carry Am	ts. to Page 1. Line 16)			44.	
	ADJUSTMENTS TO GROSS IN	- ·	'			'
45.	Payments to an IRA		!		45.	
46.	Payments to Self-employed SEP, SIMPLE, & Qualified Reti	rement plans			46.	
47.	Interest Penalty on Early Withdrawal of Savings				47.	
48.	Alimony Paid (Must Complete Schedule P Below)				48.	
49.	Moving Expense (Must Attach Federal Form 3903)				49.	
43.					43.	'
50.	National Guard or Reserve Pay (Enter the Lesser of the Gu or the \$15,000 Statutory Exclusion Per Taxpayer)	ard/Reserve Pay			50	
			I	i	50.	·
51.	MS Prepaid Affordable College Tuition (MPACT) and/or MS Affordable College Savings (MACS)				54	
			<u></u>		51.	
52.	Self-Employed Health Insurance Deduction				52.	· L
53.	Health Savings Account Deduction		<u></u>		53.	·
54.	Total Adjustments (Add Lines 45 through 53 carry amts. to Pa	,	 		54.	i
lf a d	eduction is claimed for Alimony Paid, please furnish	Schedule P - Alimony	Paid	SSN of		
the n	ame, SSN, and the state of residency of the individual $^{ ext{Nam}}$	9		Recipient State of		
to wh	om the amount was paid.			Residency		
	EXPLANA	TION FOR CHANGES TO ORIG	INAL RETURN			
	DETUDN MUCT DE CIONED. Hadanasalti (whom I dealer that the	annanto e del C	ta makima di albumb		andan askadida d
HIS	RETURN MUST BE SIGNED. Under penalties of penents, and to the best of my knowledge and belief the	erjury, I declare that I have s return is true, correct and	examined thi d complete	is return, including	accomp	anying schedules and
tate						

the preparer.

Yes

Paid Preparer Address



Mississippi Amended MS **Resident Individual Income Tax Return** 2010

Page 2 of 2

21/9to29/9	33/9to41/9	45/9to53/9	57/9to65/9	69/9to78/9
21/10to29/10	33/10to41/10	45/10to53/10	57/10to65/10	77/10to78/10
21/11to29/11	33/11to41/11	45/11to53/11	57/11to65/11	'-
21/12to29/12	33/12to41/12	45/12to53/12	57/12to65/12	
21/13to29/13	33/13to41/13	45/13to53/13	57/13to65/13	
21/14to29/14	33/14to41/14	45/14to53/14	57/14to65/14	
21/15to29/15	33/15to41/15	45/15to53/15	57/15to65/15	
21/16to29/16	33/16to41/16	45/16to53/16	57/16to65/16	
21/17to29/17	33/17to41/17	45/17to53/17	57/17to65/17	
21/18to29/18	33/18to41/18	45/18to53/18	57/18to65/18	
21/19to29/19	1	45/19to53/19		

The beginning and ending positions of each data box above are referenced in the box.

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Paid Preparer Phone

MS Mississippi Amended Resident Individual Income Tax Return

2010			Page 2 of 2		
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<u> </u>	50	Do Not Write About The	lina n · -	N No= 1	
Your S	SSN 321-45-6789 For Computer Use Only	- Do Not Write Above This To show a loss		Photocopies NOT Acceptable in front of the dollar amount	
	OTHER INCOME	Column A (Column B (Spouse)	
34.	Business Income (Loss) (Must Attach Federal Schedule C or C-EZ)		-3,000 3	4.	
35.	Capital Gain (Loss) (Must Attach Federal Schedule D)	 	3	5.	
36.	Rent, Royalties, P-Ship, S-Corps, Trusts, etc. (Must Attach Federal Schedule E))	3	62,500	
37.	Farm Income (Loss) (Must Attach Federal Schedule F)	l L	3	7.	
38.	Interest Income	<u> </u>	3	8.	
39.	Dividend Income	l L	3	9.	
40.	Alimony Received	l L	4	0.	
41.	Taxable Pensions and Annuities (Must Attach 1099-R) Taxable Annuities (Must Attach 1099-R)	mount	4	1	
42.	Unemployment Compensation (Must Attach Form(s) 1099-G)	 	4	2.	
43.	Other Income (Loss) (Must Attach MS Schedule N)		4	3.	
44.	Total Income (Add Lines 34 through 43. Carry Amounts to Page 1, Line 16)		-3,000 4	4. -2,500	
	ADJUSTMENTS TO GROSS INCOME				
45.	Payments to an IRA		4	5. ¦	
46.	Payments to Self-employed SEP, SIMPLE, & qualified plans.		4	6. 9,250	
47.	Interest Penalty on Early Withdrawal of Savings		4	7.	
48.	Alimony Paid (Must Complete Schedule P Below)		4	8.	
49.	Moving Expense (Must Attach Federal Form 3903)		4	9.	
50.	National Guard or Reserve Pay (Enter the Lesser of the Guard/Reserve Pay or the \$15,000 Statutory Exclusion Per Taxpayer)			0.	
51.	Mississippi Prepaid Affordable College Tuition (MPACT) and/or Mississippi Affordable College Savings (MACS)			1. ¦	
52.	Self-Employed Health Insurance Deduction (Same as Federal Deduction)		5	2.	
53.	Health Savings Account Deduction		5	3.	
54.	Total Adjustments (Add Lines 45 through 53 carry amts. to Page 1, Line 17)		5	4. 9,250	
	Schedule P - A	limony Paid		,	
the na	eduction is claimed for Alimony Paid, please furnish hame hame, SSN, and the state of residency of the individual hame born the amount was paid.		SSN of Recipient State of Residency		
	EXPLANATION FOR CHANGES T	O ORIGINAL RETURN	<i></i>		
state	RETURN MUST BE SIGNED. Under penalties of perjury, I declare that nents, and to the best of my knowledge and belief this return is true, correspond to the best of my knowledge and belief this return is true, correspond	I have examined this re ect and complete.	_		
тахра	ayer Signature Taxpayer Phone	This Return may	Paid Firm Identifica	ation Number or PTIN	
Spouse Signature (If joint, BOTH must sign) Date		be discussed with the preparer.	Paid Preparer Soci	Paid Preparer Social Security Number or PTIN	
Paid F	reparer Signature Date		1		

Paid Preparer Address

Key to the data fields for the Resident Amended Individual Income tax form scanband version for 2010. The form number is 80-170. This form must be approved by the Mississippi Department of Revenue.

Page 1:

The top left corner of the barcode is located at position x=6, y=4 on the 10/6 grid.

The top right registration mark is located at the top right corner of grid box x=80, y=4.

The lower left corner of the scanband must be located on the left and bottom edge of grid space x=6, y=24.

"MS" to the left of the header must begin in grid space 27/4 and end in grid space 28/4 and be in an Courier 12 pt. The "IS A" in the right hand corner should be at grids 71/5 to 75/6 and be in an Arial 18 pt.

Page 2:

The top left corner of the barcode is located at position x=6, y=4 on the 10/6 grid.

The top right registration mark is located at the top right corner of grid box x=80, y=4.

The lower left corner of the scanband must be located on the left and bottom edge of grid space x=6, y=20.

"MS" to the left of the header must begin in grid space 27/4 and end in grid space 28/4 and be in an Courier 12 pt.

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 data field. (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 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, except fields N4, N5 and N6 if there is no spouse. 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. 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. The amounts in the body of the return should contain commas. Example -123,456 in the body of the form would appear as -123456 in the scanband.

Front (Page 1) of the form:

Field Name	Description
RC	Resident County Code - This code is a numeric field with the codes ranging from 01 to 82 or 90. These codes are found in the instructions to the taxpayer for this form. This field is 2 characters long.
FS	Filing Status - This field is a numeric field ranging from 1 to 5. In the scanband the number is entered in the field. In the body of the return an X is placed in the appropriate box. This field is 1 character long. Married Filing Separate must have spouse's name and ssn in blanks.
6A - 6D	These fields are alpha, for dependents and indicate relationship. A code should be entered: C for child, P for parent, and R for relative. The code should go in the scanband and in the body of the form under relationship. These fields are 1 character long.
7A,7C	These fields indicate that the Taxpayer or the Spouse of the taxpayer is 65 years of age or older. These fields should be Y or N in the scanband, X or blank in the body of form. These fields are each 1 character long.
7B,7D	These fields indicate that the Taxpayer or the Spouse of the taxpayer is blind. These fields should be Y or N in the scanband, X or blank in the body of form. These fields are 1 character long.
8	This is a numeric field indicating the number of dependents listed on line 6 in the body of the return. The dependents' social security numbers are also listed in the scanband of the return. In the scanband this number is either 0 or greater. In the body of the return the dependents are listed by name, social security number, and relationship to the taxpayer. The number of dependents listed should match the number in this field. This field is 2 characters long.

9	This field is a numeric field indicating the number of Y in the scanband for items 7A - 7D or the number of X in line 7 of the body of the return. This numeric field will range from 1 to 4. This field is 1 character long.
10	This is a numeric field. This field is 2 characters long.
11	This is a numeric field that is a money field. This field is 9 characters long. This field cannot be minus.
12	This is a numeric field that is a money field. This field is 9 characters long. This field cannot be minus.
13	This is a numeric field and is a money field. This field is 9 characters long. This field cannot be minus.
14	This is a numeric field and is a money field. This field is 9 characters long. This field cannot be minus.
15A & 15B	This is a numeric field and is a money field, "A" being the taxpayer's wages and "B" being the spouse's wages. These fields are each 9 characters long.
	Note: Wages were increased from \$106,000 (original return) to \$110,000 (amended return) resulting in a balance due of \$200.
16A & 16B	This is a numeric field and is a money field, "A" being the taxpayer's Other Income and "B" being the spouse's Other Income. These fields are each 9 characters long.
17A & 17B	This is a numeric field and is a money field, "A" being the taxpayer's Adjustments to Gross Income, and "B" being the spouse's adjustments to gross income. These fields are each 9 characters long.
18A & 18B	This is a numeric field and is a money field, "A" being the taxpayer's Mississippi Adjusted Gross Income and "B" being the spouse's Mississippi Adjusted Gross Income. These fields are each 9 characters long.
19A & 19B	This is a numeric field and is a money field, "A" being the taxpayer's Standard or Itemized Deduction and "B" being the spouse's standard or itemized deduction. These fields are 9 characters long.
20A & 20B	This is a numeric field and is a money field, "A" being the taxpayer's exemption and "B" being the spouse's exemption. These fields are 9 characters long.
21A & 21B	This is a numeric field and is a money field, "A" being the taxpayer's Mississippi Taxable Income and "B" being the spouse's Mississippi Taxable Income. These fields are each 9 characters long.
22	This is a numeric field and is a money field, Total Income Tax Due per the Schedule of Tax Computation. This field is 9 characters long.
23	This is a number field and is a money field. Taxpayer provides information in this field per the W-2 or other documentation. This field is 9 characters long. Taxpayers must attach W2's.
24	This is a numeric field and a money field. Taxpayer provides information in this field per estimates paid or payment with extension. This field is 9 characters long. NOTE: THIS FIELD MAY CONTAIN NEGATIVE VALUES.
25	This is a numeric field and a money field. The taxpayer provides information in this field for tax paid to other states. This field is 9 characters long. Taxpayer must attach other state returns.

26	This is a numeric field and a money field. The taxpayer provides information in this field for other tax credit allowed. This field is 9 characters long.
26A - 26D	Credit Code - Each of these four fields is a numeric field. A separate code is entered for each type of credit taken. The fields are populated using the credit code table found in the Individual Income Tax Instruction Booklet (80-100). Each field is two characters long.
27	This is a numeric field and a money field. This field is 9 characters long.
28	This is a numeric field and a money field. This field is 9 characters long.
29	This is a numeric field and a money field. This field is 9 characters long.
30	This is a numeric field and a money field. This field is 9 characters long.
31	This is a numeric field and a money field. This field is 9 characters long.
32	This is a numeric field and a money field. This field is 9 characters long.
33	This is a numeric field and a money field. This field is 9 characters long.
DS1-DS4	These are numeric fields. They are the dependents' social security numbers. These fields are each 10 characters long. The last digit in each of these fields will be the check digit. The check digit is in the scanband but not in the body of the form. Check digits should be calculated using Modulus 10 Self-check Digit Computation found in the Mississippi Guidelines for Provider of Substitute Forms.
TS	This is a numeric field. This is the taxpayer's Social Security Number. This field is 10 characters long. The last digit in this field is a check digit. This check digit is in the scanband but not in the body of the form. Check digits should be calculated using Modulus 10 Self-check Digit Computation found in the Mississippi Guidelines for Provider of Substitute Forms.
SS	This is a numeric field. This is the spouse's Social Security Number. This field is 10 characters long. The last digit in this field is a check digit. This check digit is in the scanband but not in the body of the form. Check digits should be calculated using Modulus 10 Self-check Digit Computation found in the Mississippi Guidelines for Provider of Substitute Forms.
PS	This is an alphanumeric field. This is the preparer's identification number. The body of the form has two fields one for SSN and one for FEIN. If the preparer is using a preparer tax identification number (PTIN) it may be placed in either of the two fields. For whichever one is completed (preparer FEIN or SSN) the value is entered in this field. This field is 10 characters long. The last digit in this field is a check digit provided the preparer is not using a PTIN. This check digit is in the scanband but not in the body of the form. Check digits should be calculated using Modulus 10 Self-check Digit Computation found in the Mississippi Guidelines for Provider of Substitute Forms.
TY	This is a numeric field. This is the Tax Year being filed. This field is 4 characters long.
N1	Taxpayer's last name. This is an alpha field. This field is 20 characters long.
N2	Taxpayer's first name. This is an alpha field. This field is 12 characters long.
N3	Taxpayer's middle initial. This is an alpha field. This field is 1 character long.
N4	Spouse's last name. This is an alpha field. This field is 20 characters long. This field should be completed if there is a spouse (including married filing separate) and left blank if there is no spouse.
N5	Spouse's first name. This is an alpha field. This field is 12 characters long. This field should be completed if there is a spouse (including married filing separate) and left blank if there is no spouse.
N6	Spouse's middle initial. This is an alpha field. This field is 1 character long. This field should be completed if there is a spouse (including married filing separate) and left blank if there is no spouse.
Α	Taxpayer's current address. This is an alpha and numeric field. This field is 28 characters long.
C1	Taxpayer's city of residency. This is an alpha field. This field is 12 characters long.

- C2 Taxpayer's state of residency. This is an alpha field and contains the state two letter abbreviation of the taxpayer's residency. This field is 2 characters long.
- C3 Taxpayer's Zip Code. This is a numeric field and contains the taxpayer's zip code (Zip plus 4). If you do not have the plus 4, leave that portion blank and only enter the 5 digit Zip Code. This field is 9 characters long.

Back (Page 2) of the Form:

Field Name Description

All Grid Positions are on page 6 of this Package. Use Courier 12 pt. and all fields must be filled.

- 34A to 44B This is a numeric field and is a money field. Column "A" is the taxpayer's Income and Column "B" is the spouse's income. Taxpayer must attach required Fed. Forms.
- This is a numeric field and is a money field. Column "A" is the taxpayer's Adjustments and Column "B" is the spouse's Adjustments.
- This is numeric field. This is the receipient's social security number. This field is 10 characters long. The last digit in this field is a check digit. This check digit is in the scanband but not in the body of the form. Check digits should be calculated using Modulus 10 Self-check Digit Computation found in the Mississippi Guidelines for Provider of Substitute Forms. This field may be blank if there is no Alimony Paid.
- ST This is an alphanumeric field. This is the state of residency for the recipient of the Alimony Paid. This field is 2 characters long.