Scanband Version of Form 80-170-11-5 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



MS Mississippi Amended Resident Individual Income Tax Return 2011 Page 1 of 2

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	r ¬			
1.	Married - Combined or Joint Return - Enter \$12,000 on Line 12.		r	
2.	Married - Spouse Died in Tax Year - Please enter surviving spouse first as taxpayer. Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above.	SSN	· 	
3.	Married - Filing Separate Returns - Enter \$12,000 on Line 12. Enter Spouse Name and SSN in	Spouse SSN	1	
•	L boxes provided above. (Cannot change from Joint to Separate after due date.) Head of Family - Enter \$8,000 on Line 12. Provide Name, SSN, and Relationship of the	County Code		r
4.	- Dependent Living in the Home with You on Line 6.	8. Number of Dependents Lis	sted on Line 6	8.
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 plus Line 9.		10.
	(a) Name (b) Relationship (c) Dependent SSN	11. Line 10 x \$ 1,500 =	11.	.
		12. Enter Amount from Lines 1	-5. 12	.
		13. Total (Line 11 plus 12).	13.	. [
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		14. If Married-Filing Separate F Enter 1/2 of Line 13.	Returns, 14.	. 1
7. N	Mark "X" if Taxpayer Age Taxpayer Spouse Age Spouse Blind Java Taxpayer Spouse Age Spouse Blind Taxpayer Taxpayer Spouse Blind Taxpayer Spouse Blind Taxpayer Spouse Blind Taxpayer Taxpayer Spouse Age Spouse Blind Taxpayer Spouse Age Spouse Blind Taxpayer Spouse Age Spouse Blind Spouse Age Spouse Age Spouse Age Spouse Age Spouse Blind Spouse Age Spou	Round All Amounts t	o the Nea	rest Dollar
15.	Wages, salaries, tips, etc. (Must Attach W-2s)		15.	
16.	Other Income (Amount from Line 44, Page 2 of this Form)		16.	
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).			
21.	See Instructions. (If less than 0, enter 0)	<u> </u>	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 St	ate(s))	25.	
26.				
20.	Other Credits (See Instructions) Enter code for each type of credit claimed. (Must Attach Form 80-492)	26C	26.	
27.	Overpayment from original return.		27.	
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 VOUCHER 80-106)	TOTAL DUE	33.	



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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)	1	34.	
35.	Capital Gain (Loss) (Must Attach Federal Schedule D)	1	35.	
36.	Rent, Royalties, P-Ship, S-Corps, Trusts, etc. (Must Attach Federal Schedule E)	1	36.	
37.	Farm Income (Loss) (Must Attach Federal Schedule F)	 	37.	
38.	Interest Income		38.	
39.	Dividend Income		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) ADJUSTMENTS TO GROSS INCOME		44.	
45.	Payments to an IRA		45.	
46.	Payments to Self-employed SEP, SIMPLE, & Qualified Retirement plans	1	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	1	52.	
53.	Health Savings Account Deduction		53.	
54.	Total Adjustments (Add Lines 45 through 53 carry amts. to Page 1, Line 17)		54.	
	Schedule P - Alimon			
the n	eduction is claimed for Alimony Paid, please furnish ame, SSN, and the state of residency of the individual Name	R	SN of ecipient tate of esidency	
	EXPLANATION FOR CHANGES TO ORIG	SINAL RETURN		
state	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 ayer Signature Taxpayer Phone	examined this retu d complete.	rn, including accompa	, ,
Ιαλρ		This Return may	l aid i iiii ideiiiiicallori	INGINDELOI FILIN
Spous	oo Cignoture (If joint POTH must sign)	be discussed with the preparer.	Paid Preparer Social S	ecurity Number or PTIN
Paid I	Preparer Signature Date	Yes No	Paid Preparer (Print Fig	rm Name)
Paid I	Prēpārēr Phone Paid	Preparer Address		



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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	
۲.	L = Enter \$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 pependent Living in the Home with You on Line 6.	8. Number of Dependents Listed	on Line 6 8.
5.	Single - Enter \$6,000 on Line 12.	9. Number of Boxes Marked "X"	on Line 7 9. 1
	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.
6.	(a) Name (b) Relationship (c) Dependent SSN	11. Line 10 x \$ 1,500 =	11. :
		12. Enter Amount from Lines 1-5.	12.
		13. Total (Line 11 plus 12).	13. :
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		14. If Married-Filing Separate Retu Enter 1/2 of Line 13.	urns, 14. i
7. N	Mark "X" if Taxpayer Age Taxpayer Spouse Age Spouse Blind	Round All Amounts to t	he Nearest Dollar
15.	Wages, salaries, tips, etc. (Must Attach W-2s)	15	j.
16.	Other Income (Amount from Line 44, Page 2 of this Form.)	16	5.
17.	Adjustments to Gross Income (Amount from Line 54, Page 2 of this Form.)	17	7.
18.	Mississippi Adjusted Gross Income (Line 15 plus Line 16 minus line 17)	18	3.
19.	Standard or Itemized Deductions (For Itemized Deductions, (Must Attach Schedule A, Form 80-108)	19). <u> </u>
20.	Amount of Exemption Line 13 (Line 14 if Married Filing Separately)	20). i
	Mississippi Taxable Income (Line 18 Less Lines 19 and 20)		
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	2.
23.	Mississippi Income Tax Withheld (Must Attach W-2s)	23	3.
24.	Estimated Tax Payments, Amount Paid with Extension and Amount Paid with Original Return	24	k. ¦
25.	Credit for Income Tax Paid to Another State (Must Attach Copy of Return filed with other State	ate(s)) 25	5.
26.			
20.	Other Credits (See Instructions) Enter code for each type of credit claimed. (Must Attach Form 80-492) 26A 26B	26C 26D 26	i
27.	Overpayment from original return	27	7.
28.	Total Credits (Add Lines 23 through 26 less Line 27)	28	3.
29.	Enter the Amount of Refund if Line 28 is Larger than Line 22.	REFUND 29). l
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	33	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 33	3.



MS Mississippi Amended Resident Individual Income Tax Return 2011 Page 1 of 2

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/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	G6/13to44/13	54/13to55/13	58/13to66/13	69/13to78/13
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5		25/15to33/15	36/15to44/15	54/15to55/15	58/15to66/15	75/15to78/15
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9/19to2	28/19	31/1	9to42/19	45/19		
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The beginning and ending positions of each data box above are referenced in the box.

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.



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1.	Married - Combined or Joint Return - Enter \$12,000 on Line 12.				
2.	F = Married - Spouse Died in Tax Year - Please enter surviving spouse first as		SSN	[-3]	21-45-6789
۷.	Lile Inter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided a Filing Separate Returns - Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided in the spouse Name and SSN in the spouse Name	Spouse SSN		32-46-5798	
3.	boxes provided above. (Cannot change from Joint to Separa	ate after due date.)	County Code	==	25 25
4.	Head of Family - Enter \$8,000 on Line 12. Provide Name, SSN, and Re-Dependent Living in the Home with You on Line 6.	elationship of the	8. Number of Dependents	s Listed on Line	,
_	Single - Enter \$6,000 on Line 12.		9. Number of Boxes Mark		١
5.	<u> </u>		10. Total of Line 8 plus Lin		10.
6.	Dependents (In column (b) Must enter C for child, P for parent (a) Name (b) Relationship (11. Line 10 x \$ 1,500 =		11. 3,000
	()	(c) Dependent SSN . 23-45-6987	12. Enter Amount from Lin		12,000
		23-65-4789	13. Total (Line 11 plus 12)		13. 15,000
	pair Doe	23-03-4709	13. Total (Line 11 plus 12)	•	13. 13,000
	L		14. If Married-Filing Separa Enter 1/2 of Line 13.	ate Returns,	14.
7. N	lark "X" if Taxpayer Age Taxpayer Spouse Age Source Taxpayer Source So	Spouse Blind	Round All Amount	ts to the Ne	earest Dollar
15.	Wages, salaries, tips, etc. (Must Attach W-2s)	<u>l</u>	106,000	15.	28,000
16.	Other Income (Amount from Line 44, Page 2 of this Form)	<u></u>	-3,000	16.	-2,500
17.	Adjustments to Gross Income (Amount from Line 54, Page 2 of this Form	m)	<u>O</u> ,	17.	9,250
18.	$\textbf{Mississippi Adjusted Gross Income} \hspace{0.2cm} \textbf{(Line 15 plus Line 16 minus line)}$	· _	103,000	18.	16,250
19.	Standard or Itemized Deductions (For Itemized Deductions, (Must Attach School	edule A, Form 80-108)	30,000	19.	
20.	Amount of Exemption Line 13 (Line 14 if Married Filing Separately)	!	15,000	20.	
	Mississippi Taxable Income (Line 18 Less Lines 19 and 20).				
21.	See Instructions. (If less than 0, enter 0)	<u>ì </u>	5 <u>8</u> 000¦	21.	16,250
22.	Total Income Tax Due (See page 8 of the Resident and Non-Reside	ent Instructions)		22.	3,413
23.	Mississippi Income Tax Withheld (Must Attach W-2s)			23.	7,500
24.	Estimated Tax Payments, Amount Paid with Extension and Amount Paid	d with Original Return.		24.	
25.	Credit for Income Tax Paid to Another State (Must Attach Copy of Retu	urn filed with other Sta	e(s))	25.	
26.	Other Credits (See Instructions) Enter code for each type				
20.	Other Credits (See Instructions) Enter code for each type of credit claimed. (Must Attach Form 80-492)	26A 26B	26C _ 26D _	26.	
27.	Overpayment from original return.			27.	2,000
28.	Total Credits (Add Lines 23 through 26 less Line 27)			28.	5,500
29.	Enter the Amount of Refund if Line 28 is Larger than Line 22.		REFUND	29.	2,087
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 Fo	orm 80-320)		31.	
32.	Late Payments-Interest @ 1% Per Month and Penalty @ 1/2% Per Month	th		32.	
33.	TOTAL DUE (Add Lines 30, 31, and 32) Must Attach Check or Mone Due payable to: Department of Revenue. (ENCLOSE PAYMENT Vo. Mail REFUND To: Department of Revenue.)	OUCHER 80-106)	TOTAL DUE Jackson, MS 39225-3058	33.	



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	,	 45A	34B		,		 RS	
	35A	46A	35B		46B			ST
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	37A	48A	37B		48B			
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	43A	54A	43B		54B			
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Your	SSN	For Compute	r Use Only - Do No	t Write Above Thi	is Line Duplex	or Pho	tocopies NOT	Acceptable
	OTHER IN	COME		To show a los	ss, place a min	us (-) in 1	front of the do	llar amount
	OTHER INC	OWE		Column A	(Taxpayer)		Column B	(Spouse)
34.	Business Income (Loss) (Must Attach Federa	al Schedule C or C-EZ)				34.		
35.	Capital Gain (Loss) (Must Attach Federal Sc	hedule D)		I		35.		
36.	Rent, Royalties, P-Ship, S-Corps, Trusts, etc.	(Must Attach Federal So	chedule E)	I		36.		
37.	Farm Income (Loss) (Must Attach Federal So	chedule F)		 		37.		
38.	Interest Income					38.		
39.	Dividend Income			! !		39.		
40.	Alimony Received					40.		
41.	Taxable Pensions and Annuities (Must Attack	n 1099-R)	Taxable Amount	 		41.		
42	Unemployment Compensation (Must Attach I	Form(s) 1099-G)		I		42		

43. Other Income (Loss) (Must Attach Schedule N) 44. Total Other Income (Add Lines 34 through 43, Carry Amts. to Page 1, Line 16)

ADJUSTMENTS TO GROSS INCOME 45. Payments to an IRA

46. Payments to Self-employed SEP, SIMPLE, & Qualified Retirement plans 47. Interest Penalty on Early Withdrawal of Savings

48. Alimony Paid (Must Complete Schedule P Below)

49. Moving Expense (Must Attach Federal Form 3903)

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)

	FYPI ANATION FOR CHANGES TO ORIGINAL RETURN										
	om the amount was paid.	State of Residency									
fade	eduction is claimed for Alimony Paid, please furnish Name	SSN of Recipient									
	Schedule P - Alimony Paid										
54.	Total Adjustments (Add Lines 45 through 53 carry amts. to Page 1, Line 17)		54.								
53.	Health Savings Account Deduction		53.								
52.	Self-Employed Health Insurance Deduction		52.	ļ							

DETUDN MUCT DE CIONED. Linden noncities			
THIS RETURN MUST BE SIGNED. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief this return is true, correct and complete.			
ayer Signature	Taxpayer Phone		Paid Firm Identification Number or PTIN
	-	This Return may	1
e Signature (If joint, BOTH must sign)	Date		Paid Preparer Social Security Number or PTIN
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reparer Signature	Date	L Dv. DNa	Poid Proporer (Print Firm Name)
		Yes INO	Faid Elebaiei (Elliit Elliii Maille)
reparer Phone	. ''		
1	F	Paid Preparer Address	
	Date Date	be discussed with the preparer.	Paid Preparer (Print Firm Name)



21/9to29/9

21/10to29/10

21/11to29/11

21/12to29/12

21/13to29/13

21/14to29/14

21/15to29/15

21/16to29/16

21/17to29/17

21/18to29/18

21/19to29/19

MS Mississippi Amended Resident Individual Income Tax Return 2011

33/9to41/9

33/10to41/10

33/11to41/11

33/12to41/12

33/13to41/13

33/15to41/15

33/16to41/16

33/17to41/17

33/18to41/18

33/14to41/14

Page 2 of 2 45/9to53/9 57/9to65/9 69/9to78/9 45/10to53/10 57/10to65/10 77/10to78/10 45/11to53/11 57/11to65/11 45/12to53/12 57/12to65/12 45/13to53/13 45/14to53/14 57/13to65/13 57/14to65/14 45/15to53/15 57/15to65/15 45/16to53/16 57/16to65/16 45/17to53/17 57/17to65/17 45/18to53/18 57/18to65/18 45/19to53/19

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Paid Preparer Phone

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		To show a loss,	place a minus (-) in	front of the dollar amount.
	OTHER INCOME	Column A (Ta	xpayer)	Column B (Spouse)
34.	Business Income (Loss) (Must Attach Federal Schedule C or C-EZ)		3,000 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.	-2,500
37.	Farm Income (Loss) (Must Attach Federal Schedule F)		37.	
38.	Interest Income	1	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)		42.	
43.	Other Income (Loss) (Must Attach MS Schedule N)	I	43.	
44.	Total Income (Add Lines 34 through 43. Carry Amounts to Page 1, Line 16)	_	3,000 44.	-2,500
	ADJUSTMENTS TO GROSS INCOME	'		'
45.		!	45.	
46.	Payments to Self-employed SEP, SIMPLE, & qualified plans.	I	46.	9,250
47.	Interest Penalty on Early Withdrawal of Savings		47.	
48.	Alimony Paid (Must Complete Schedule P Below)	I	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.	Mississippi Prepaid Affordable College Tuition (MPACT) and/or Mississippi Affordable College Savings (MACS)		51.	
52.	Self-Employed Health Insurance Deduction (Same as Federal Deduction)		52.	
53.	Health Savings Account Deduction		53.	
54.	Total Adjustments (Add Lines 45 through 53 carry amts. to Page 1, Line 17)		54.	9,250
	Schedule P - Alimon	•		
If a d the n to wh	eduction is claimed for Alimony Paid, please furnish ame, SSN, and the state of residency of the individual Name	<u> R</u>	SN of ecipient ate of esidency	
	EXPLANATION FOR CHANGES TO ORI			
	DETURN MUST BE CLONED III I I I I I I I I I I I I I I I I I			
rnis state	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 ar	e examined this retu ad complete.	rn, including accomp	panying schedules and
	ayer Signature Taxpayer Phone		Paid Firm Identification	
		This Return may	1	
Spou	se Signature (If joint, BOTH must sign) Date	be discussed with the preparer.	Paid Preparer Social	Security Number or PTIN
ōaid⊤	Preparer Signature Date			

Key to the data fields for the Resident Amended Individual Income tax form scanband version for 2011. 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.