

Scanband Version of Form 80-180-10-3 Application for Automatic Extension of Time to File Individual or Fiduciary Income Tax Return

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) Duplex or Photocopies NOT Acceptable.**
- 3) Updated "IR" to "IE"**
- 4) Updated the agency name**

Mississippi
**Application for Automatic Extension of Time to File
Individual or Fiduciary Income Tax Return**

2010

INSTRUCTIONS

1. Separate the form at the perforation below.
2. Send the bottom portion, along with payment in full of any additional tax due, on or before April 15.
3. Keep a photocopy of Form 80-180 for your records. It is not necessary to attach a copy of the form to your return.
4. **Fiduciary Taxpayers:** Enter Trust/Estate name in Taxpayer block and Name of Fiduciary in applicable box below.

NOTE: Form 80-180 does not extend the time for payment of taxes.

IMPORTANT:

- * **Form 80-180 below must be filed with your payment by April 15. You should pay in full and make check payable to: Department of Revenue. ROUND TO WHOLE DOLLARS.**
- * **You must file your return by October 15.**
- * **Do not attach this or any other extension form to your return when filed.**
- * **If payment is not due, you do not have to file this form.**
- * **Duplex or Photocopies NOT Acceptable**

Tax Information

**All Taxpayers are encouraged to file their return electronically.
Mississippi allows returns to be filed electronically two ways:**

- **By using an approved e-file tax preparer, or**
- **On-line by using an approved on-line service provider**

Returns are more accurate and refunds are much faster when you e-file.

Cut Along Dotted Line

Form 80-180-10-3-1-000 (Rev. 5/10)



801801031000

Duplex or Photocopies NOT Acceptable

MS

**Mississippi
Individual & Fiduciary Income
SIX MONTH EXTENSION REQUEST**

The automatic extension is valid until October 15.

Payment of tax is due April 15.

2010 IE

Taxpayer Social Security Number

Spouse Social Security Number

Fiduciary FEIN

Total amount of this payment

Return this form with check or money order payable to:
Department of Revenue.

Print Social Security Number on check. Include Spouse SSN if JOINT RETURN.

**Mail to:
Department of Revenue
P. O. Box 23075
Jackson, MS 39225-3075**

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N1 ----- N2 ----- N3

Taxpayer Social Security Number

N4 ----- N5 ----- N6

Spouse Social Security Number

N7 -----

Fiduciary FEIN

A -----

C1 ----- C2 ----- C3 -----

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2010 IE

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N1 _____ N2 _____ N3 _____

Taxpayer Social Security Number

N4 _____ N5 _____ N6 _____

Spouse Social Security Number

N7 _____

Fiduciary FEIN

A _____

C1 _____ C2 _____ C3 _____

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6/9 to 25/9	27/9 to 51/9	53/9
6/11 to 25/11	27/11 to 51/11	53/11
6/13 to 50/13		
6/15 to 53/15		
6/17 to 20/17	23/17 to 24/17	27/17 to 35/17

Taxpayer Social Security Number

66/10 to 75/10

Spouse Social Security Number

66/13 to 75/13

Fiduciary FEIN

66/16 to 75/16

Total amount of this payment

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71/20 to 79/20

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Doe

John

W

Taxpayer Social Security Number

1234567897

Smith

Jane

R

Spouse Social Security Number

3457893216

Estate of John Doe

Fiduciary FEIN

4567891231

1234 North St

Jackson

MS

392151234

Total amount of this payment

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4500

Key to the data fields for the Extension Payment Voucher - Individual & Fiduciary Income Tax Form version for 2010. The form number is 80-180. This form must be approved by the Mississippi Department of Revenue.

Page 1:

The Barcode is located at the top left corner of grid box x=6, y=47.

The top right registration mark is located at the top right corner of grid box x=80, y=47.

The lower left registration mark is located at the lower left corner of grid box x=6, y=63, **1/2 inch** from bottom of page.

"MS" to the left of the header begins at grid 27/47 and ends at grid 28/47, and is in Courier 12 pt.

The "IE" is to be centered in grid 70/49 and end in 71/49 and is in Arial 18.

The "2010" is to be centered in the grid space beginning in 63/49 and ending in 66/49 and is in Arial 14 (bold). Each Individual Income Tax Voucher must be printed on a full page for approval.

The following is the labeling and the description of the items to be included in the this version 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 of data given is for the first grid space and the last grid space included in a data field. 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 pt. font**, which is the required font. **The name and address fields should be left justified. All fields in the forms must be filled. If a field is Blank in the form, your software should fill the field using a "0" (zero) for numeric fields and an "N" for alpha or alphanumeric fields.**

The money fields in the form should not contain any cents, decimals or other formatting information except for the negative signs (-) as a leading indicator for any negative amount.

Front (Page 1) of the form:

Field Name	Description
Your Social Security Number	This is a numeric field. This is the taxpayer's Social Security Number. The last digit in this field is a check digit. Check digits should be calculated using Modulus 10 Self-check Digit Computation found in the Mississippi Guidelines for Provider of Substitute Forms. This field is 10 characters long.
Spouse's Social Security Number	This is a numeric field. This is the spouse's Social Security Number. The last digit in this field is a check digit. Check digits should be calculated using Modulus 10 Self-check Digit Computation found in the Mississippi Guidelines for Provider of Substitute Forms. This field is 10 characters long.
Fiduciary FEIN	This is a numeric field. This is the Fiduciary's Federal Employer Identification Number. The last digit in this field is a check digit. Check digits should be calculated using Modulus 10 Self-check Digit Computation found in the Mississippi Guidelines for Provider of Substitute Forms. This field is 10 characters long.
Amount of Payment	This is a numeric money field. This field is 9 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 25 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 and left blank if there is no spouse.
N5	Spouse's first name. This is an alpha field. This field is 25 characters long. This field should be completed if there is a spouse 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 and left blank if there is no spouse.
N7	Fiduciary's name. This is an alpha field. This field is 45 characters long. This field should be completed if there is a fiduciary and left blank if there is no fiduciary.
A	Taxpayer's current address. This is an alpha and numeric field. This field is 48 characters long.
C1	Taxpayer's city of residency. This is an alpha field. This field is 15 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.