

Scanband Version of Form 80-205-10-5 Nonresident or Part Year Resident Individual Income Tax 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.

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) Updates Line 6 page 1.**
- 4) Updated line 19 & 23 page 1.**
- 5) Added "Must Attach" when needed for schedules on pages 1&2.**
- 6) Updated Page 1 Line 6 "(b) Relationship & (c) Dependent SSN".**
- 7) Updated the agency name**



Mississippi MS Non-Resident or Part-Year Resident Individual Income Tax Return

2010

Page 1 of 2

IS N

Large dashed box for signature and other information.

For Computer Use Only - Do Not Write Above This Line Duplex or Photocopies NOT Acceptable

- 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. Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above.
3. Married - Filing Separate Returns - Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above. (Cannot change from Joint to Separate after due date.)
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.
5. Single - Enter \$6,000 on Line 12.
6. Dependents (In column (b) Must enter C for child, P for parent or R for relative).

Taxpayer SSN, Spouse SSN, County Code

- 8. Number of Dependents Listed on Line 6
9. Number of Boxes Marked "X" on Line 7
10. Total of Line 8 plus Line 9.
11. Line 10 x \$ 1,500 =
12. Enter Amount from Lines 1-5.
13. Total (Line 11 plus 12).
14. If Married-Filing Separate Returns, Enter 1/2 of Line 13.

Table with columns: (a) Name, (b) Relationship, (c) Dependent SSN

- 7. Mark "X" if Taxpayer Age 65 or Over, Taxpayer Blind, Spouse Age 65 or Over, Spouse Blind

Round All Amounts to the Nearest Dollar

Complete Schedule of Income on Page 2 Before Proceeding Further. The Exemption and Deduction (standard or itemized) must be prorated according to the ratio of Mississippi Income to Total Income of Taxpayer and Spouse from all sources.

- 15. Ratio Computation
15a. MS Adjusted Gross Income
15b. Total Adjusted Gross Income From All Sources
15c. Ratio: Line 15a divided by Line 15b
16. Standard or Itemized Deduction
16a. Standard or Itemized Deduction
16b. MS Deduction - 16a times 15c
17. Exemption Computation
17a. Exemption, Line 13 above. (Line 14 if MFS)
17b. MS Exemption - 17a times 15c

Form for lines 15a, 15b, 15c, 16a, 16b, 17a, 17b

Main calculation table with columns: Column A (Taxpayer), Column B (Spouse). Includes lines 18-33 and totals for OVERPAYMENT, REFUND, BALANCE DUE, and TOTAL DUE.

PLEASE SIGN THIS TAX RETURN IN THE SIGNATURE AREA PROVIDED ON THE BOTTOM OF PAGE 2.



MS Mississippi Non-Resident or Part-Year Resident Individual Income Tax Return

2010

Large dashed box area for additional information or attachments.

For Computer Use Only - Do Not Write Above This Line Duplex or Photocopies NOT Acceptable

SSN []

OTHER INCOME

- 34. Wages, Salaries, Tips, Etc. (Must Attach W-2s)
35. Business Income or Loss (Must Attach Federal Schedule C or C-EZ)
36. Capital Gain or Loss (Must Attach Federal Schedule D)
37. Rent, Royalties, Partnerships, S-Corps, Trusts, etc. (Must Attach Federal Schedule E)
38. Farm Income (Loss) (Must Attach Federal Schedule F)
39. Interest Income
40. Dividend Income
41. Alimony Received
42. Taxable Pensions and Annuities (Must Attach 1099-R)
43. Unemployment Compensation (Must Attach Form(s) 1099-G)
44. Other Income (Loss) (Must Attach MS Schedule N)
45. Total Income (Add Lines 34 through 44)

Column A Total Income from All Sources

Column B Mississippi Income Only

ADJUSTMENTS TO GROSS INCOME

- 46. Payments to an IRA
47. Payments to Self-employed SEP, SIMPLE, & Qualified Retirement Plans.
48. Interest Penalty on Early Withdrawal of Savings
49. Alimony Paid (Must Complete Schedule P Below)
50. Moving Expense (Must Attach Federal Form 3903)
51. National Guard or Reserve Pay (Enter the Lesser of the Guard/Reserve Pay or the \$15,000 Statutory Exclusion Per Taxpayer)
52. MS Prepaid Affordable College Tuition (MPACT) and/or MS Affordable College Savings (MACS)
53. Self-Employed Health Insurance Deduction
54. Health Savings Account Deduction
55. Total Adjustments (Add Lines 46 through 54)
56. Adjusted Gross Income (Line 45 minus Line 55) Carry Total AGI to Line 15b & MS AGI Line 15a.
57. Split MS AGI on Line 56 between Taxpayer (T) and Spouse (S)

Total from All Sources

Mississippi Only

Schedule P - Alimony Paid

If a deduction is claimed for Alimony Paid, please furnish the name, SSN, and the state of residency of the individual to whom the amount was paid.

Name []

SSN of Recipient []
State of Residency []

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 it is true, correct and complete.

Taxpayer Signature []
Spouse Signature (If joint, BOTH must sign) []

Taxpayer Phone []
Date []

This Return may be discussed with the preparer.
[] Yes [] No

Paid Firm Identification Number or PTIN []
Paid Preparer Social Security Number or PTIN []

Paid Preparer Signature []
Paid Preparer Phone []

Date []

Paid Preparer (Print Firm Name) []
Paid Preparer Address []



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IS N

Main form grid with boxes for entries 6A-7D, 11-14, 15A-15C, 16A-17B, 18A-21B, 22-25, 26-33, DS1-PS, N1-N6, and C1-C3.

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Form section 1-14 with instructions and input boxes for marital status, dependents, and tax calculations.

Round All Amounts to the Nearest Dollar

Complete Schedule of Income on Page 2 Before Proceeding Further. The Exemption and Deduction (standard or itemized) must be prorated according to the ratio of Mississippi Income to Total Income of Taxpayer and Spouse from all sources.

Form section 15-33 with instructions and input boxes for ratio computation, deductions, exemptions, and total due.

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MS **Mississippi**
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7/9	10-11/9	14/9to22/9	25/9to33/9	36/9to44/9	47/9to55/9	58/9to66/9	69/9to78/9
7/10	11/10	14/10to22/10	25/10to33/10	36/10to44/10	47/10to55/10	58/10to66/10	69/10to78/10
7/11	10-11/11	14/11to22/11	29/11to33/11	36/11to44/11	47/11to55/11	58/11to66/11	69/11to78/11
7/12	11/12	14/12to22/12	25/12to33/12	36/12to44/12	54/12to55/12	58/12to66/12	69/12to78/12
7/13	10-11/13		25/13to33/13	36/13to44/13	54/13to55/13	58/13to66/13	69/13to78/13
7/14			25/14to33/14	36/14to44/14	54/14to55/14	58/14to66/14	69/14to78/14
7/15			25/15to33/15	36/15to44/15	54/15to55/15	58/15to66/15	75/15to78/15
7/16				36/16to44/16	47/16to55/16	58/16to66/16	69/16to78/16
		▶12/18to32/18		34/18to45/18	47/18		
		▶12/19to32/19		34/19to45/19	47/19		
		▶12/21to40/21					
		▶12/22to24/22	26/22 to 26/22	30/22to39/22			

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



MS Mississippi Non-Resident or Part-Year Resident Individual Income Tax Return

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IS N

Table with 8 columns and 8 rows of tax data. Row 1: N 25 0 22100 22100 518 600 0. Row 2: N 5 6000 31571 4550 600 82 0. Row 3: N 0 6000 07000 4200 0 0 0. Row 4: N 0 0 6500 13350 0 82 0. Row 5: N 0 4550 0 0 0 0 5871611116. Row 6: N 6000 0 0 0 0 0 0. Row 7: N 4200 0 0 0 0 0 2006. Row 8: N 0 0 0 0 0 0 0.

Smith John R

1546 Dover Road Jackson MS 392051546

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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. Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above.
3. Married - Filing Separate Returns - Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above. (Cannot change from Joint to Separate after due date.)
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.
5. Single - Enter \$6,000 on Line 12.
6. Dependents (In column (b) Must enter C for child, P for parent or R for relative).
(a) Name (b) Relationship (c) Dependent SSN
7. Mark "X" if Taxpayer Age 65 or Over Taxpayer Blind Spouse Age 65 or Over Spouse Blind

Taxpayer SSN
Spouse SSN
County Code 25

8. Number of Dependents Listed on Line 6 8. 0
9. Number of Boxes Marked "X" on Line 7 9. 0
10. Total of Line 8 plus Line 9. 10. 0
11. Line 10 x \$ 1,500 = 11. 0
12. Enter Amount from Lines 1-5. 12. 6000
13. Total (Line 11 plus 12). 13. 6000
14. If Married-Filing Separate Returns, Enter 1/2 of Line 13. 14. 0

Round All Amounts to the Nearest Dollar

Complete Schedule of Income on Page 2 Before Proceeding Further. The Exemption and Deduction (standard or itemized) must be prorated according to the ratio of Mississippi Income to Total Income of Taxpayer and Spouse from all sources.

15. Ratio Computation 16. Standard or Itemized Deduction 17. Exemption Computation
15a. MS Adjusted Gross Income 22,100 16a. Standard or Itemized Deduction 6,500 17a. Exemption, Line 13 above. (Line 14 if MFS) 6,000
15b. Total Adjusted Gross Income From All Sources 31,571 16b. MS Deduction - 16a times 15c 4,550 17b. MS Exemption - 17a times 15c 4,200
15c. Ratio: Line 15a divided by Line 15b 07000 %

18. Mississippi Adjusted Gross Income (From line 56 or line 57 Page 2) (P) 22,100 18. (B)
19. Standard or Itemized Deductions (Line 16b, Must Attach Sch. A, Form 80-108) (F) 4,550 19. (H)
20. Amount of Exemption (Line 17b) 4,200 20.
21. Mississippi Taxable Income (Line 18 minus Lines 19 and 20) See Instructions. (If less than 0, enter 0.) 13,350 21.
22. Total Income Tax Due (From Schedule of Tax Computation, Page 2 of this form) 22. 518
23. Mississippi Income Tax Withheld (Must Attach W-2s) (W) 600
24. Estimated Tax Payments and/or Amount Paid with Extension. (E)
25. Other Credits (See instructions) Enter code for each type of credit. (Must Attach Form 80-492) 25A 25B 25C 25D (O)
26. Total Credits (Add Lines 23 through 25) 600
27. Enter the Amount of Overpayment if Line 26 is Larger than Line 22. OVERPAYMENT 82
28. Amount of Overpayment to be applied to your next year Estimate Tax Account. (C)
29. Amount of Overpayment to be Refunded to You (Subtract Line 28 from Line 27) REFUND 82
30. Enter Balance Due if Line 22 is Larger Than Line 26. BALANCE DUE
31. Interest on Underpayment of Estimated Tax Payments (Must Attach Form 80-320) (I)
32. Interest and Penalty (See Instructions) (T)
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 (V)

PLEASE SIGN THIS TAX RETURN IN THE SIGNATURE AREA PROVIDED ON THE BOTTOM OF PAGE 2.



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MS Non-Resident or Part-Year Resident
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Grid of numbered boxes for tax entries: 34A-39A, 40A-48A, 49A-57A, 34B-42B, 43B-50B, 51B-57B, RS, ST

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SSN []

OTHER INCOME

Column A
Total Income from All Sources

Column B
Mississippi Income Only

- 34. Wages, Salaries, Tips, Etc. (Must Attach W-2s)
35. Business Income or Loss (Must Attach Federal Schedule C or C-EZ)
36. Capital Gain or Loss (Must Attach Federal Schedule D)
37. Rent, Royalties, Partnerships, S-Corps, Trusts, etc. (Must Attach Federal Schedule E)
38. Farm Income (Loss) (Must Attach Federal Schedule F)
39. Interest Income
40. Dividend Income
41. Alimony Received
42. Taxable Pensions and Annuities (Must Attach 1099-R)
43. Unemployment Compensation (Must Attach Form(s) 1099-G)
44. Other Income (Loss) (Must Attach MS Schedule N)
45. Total Income (Add Lines 34 through 44)

Vertical columns of boxes for recording income from all sources and Mississippi income only.

ADJUSTMENTS TO GROSS INCOME

Total from All Sources

Mississippi Only

- 46. Payments to an IRA
47. Payments to Self-employed SEP, SIMPLE, & Qualified Retirement Plans.
48. Interest Penalty on Early Withdrawal of Savings
49. Alimony Paid (Must Complete Schedule P Below)
50. Moving Expense (Must Attach Federal Form 3903)
51. National Guard or Reserve Pay (Enter the Lesser of the Guard/Reserve Pay or the \$15,000 Statutory Exclusion Per Taxpayer)
52. MS Prepaid Affordable College Tuition (MPACT) and/or MS Affordable College Savings (MACS)
53. Self-Employed Health Insurance Deduction
54. Health Savings Account Deduction
55. Total Adjustments (Add Lines 46 through 54)
56. Adjusted Gross Income (Line 45 minus Line 55) Carry Total AGI to Line 15b & MS AGI Line 15a.
57. Split MS AGI on Line 56 between Taxpayer (T) and Spouse (S)

Vertical columns of boxes for recording adjustments to gross income, with T and S markers for split AGI.

Schedule P - Alimony Paid

If a deduction is claimed for Alimony Paid, please furnish the name, SSN, and the state of residency of the individual to whom the amount was paid.

Name [] SSN of Recipient [] State of Residency []

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 it is true, correct and complete.

Signature and information fields: Taxpayer Signature, Spouse Signature, Paid Preparer Signature, Taxpayer Phone, Date, This Return may be discussed with the preparer (Yes/No), Paid Firm Identification Number or PTIN, Paid Preparer Social Security Number or PTIN, Paid Preparer (Print Firm Name), Paid Preparer Address.



MS Mississippi
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	21/10to29/10	33/10to41/10	45/10to53/10	57/10to65/10	69/10to77/10
	21/11to29/11	33/11to41/11	45/11to53/11	57/11to65/11	69/11to77/11
	21/12to29/12	33/12to41/12	45/12to53/12	57/12to65/12	69/12to77/12
9/13to17/13	21/13to29/13	33/13to41/13	45/13to53/13	57/13to65/13	69/13to77/13
9/14to17/14	21/14to29/14	33/14to41/14	45/14to53/14	57/14to65/14	69/14to77/14
9/15to17/15	21/15to29/15	33/15to41/15	45/15to53/15	57/15to65/15	69/15to77/15
9/16to17/16	21/16to29/16	33/16to41/16	45/16to53/16	57/16to65/16	69/16to77/16
9/17to17/17	21/17to29/17	33/17to41/17	45/17to53/17	57/17to65/17	68/17 to 77/17
9/18to17/18	21/17to29/18	33/18to41/18	45/18to53/18		76/18 to 77/18

SSN []

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



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	150	0	22000	0	0
	0	0	0	0	0
	0	0	0	22100	0
-8000	0	0	0	0	0
40000	0	879	0	0	22100
0	32450	0	100	0	0
0	879	0	0	0	0
0	0	31571	0	0	0
300	0	0	0	0	N

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SSN [587161111]

OTHER INCOME

- 34. Wages, Salaries, Tips, Etc. (Must Attach W-2s)
- 35. Business Income or Loss (Must Attach Federal Schedule C or C-EZ)
- 36. Capital Gain or Loss (Must Attach Federal Schedule D)
- 37. Rent, Royalties, Partnerships, S-Corps, Trusts, etc. (Must Attach Federal Schedule E)
- 38. Farm Income (Loss) (Must Attach Federal Schedule F)
- 39. Interest Income
- 40. Dividend Income
- 41. Alimony Received
- 42. Taxable Pensions and Annuities (Must Attach 1099-R)
- 43. Unemployment Compensation (Must Attach Form(s) 1099-G)
- 44. Other Income (Loss) (Must Attach MS Schedule N)
- 45. Total Income (Add Lines 34 through 44)

	Column A Total Income from All Sources	Column B Mississippi Income Only
	-8,000	22,000
	40,000	
	300	100
	150	
	32,450	22,100
	Total from All Sources	Mississippi Only
	879	
	879	
	31,571	22,100
	T	S

ADJUSTMENTS TO GROSS INCOME

- 46. Payments to an IRA
- 47. Payments to Self-employed SEP, SIMPLE, & Qualified Retirement Plans.
- 48. Interest Penalty on Early Withdrawal of Savings
- 49. Alimony Paid (Must Complete Schedule P Below)
- 50. Moving Expense (Must Attach Federal Form 3903)
- 51. National Guard or Reserve Pay (Enter the Lesser of the Guard/Reserve Pay or the \$15,000 Statutory Exclusion Per Taxpayer)
- 52. MS Prepaid Affordable College Tuition (MPACT) and/or MS Affordable College Savings (MACS)
- 53. Self-Employed Health Insurance Deduction
- 54. Health Savings Account Deduction
- 55. Total Adjustments (Add Lines 46 through 54)
- 56. **Adjusted Gross Income** (Line 45 minus Line 55) Carry Total AGI to Line 15b & MS AGI Line 15a.
- 57. **Split MS AGI on Line 56 between Taxpayer (T) and Spouse (S)**

Schedule P - Alimony Paid

If a deduction is claimed for Alimony Paid, please furnish the name, SSN, and the state of residency of the individual to whom the amount was paid.

Name _____ SSN of Recipient _____
 State of Residency _____

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 it is true, correct and complete.

Taxpayer Signature	Taxpayer Phone	This Return may be discussed with the preparer. <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid Firm Identification Number or PTIN
Spouse Signature (If joint, BOTH must sign)	Date		Paid Preparer Social Security Number or PTIN
Paid Preparer Signature	Date	Paid Preparer (Print Firm Name)	
Paid Preparer Phone		Paid Preparer Address	

Key to the data fields for the Non-Resident Individual Income Tax form scanband version for 2010 The form number is 80-205 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=23.

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

The "IS N" in the right hand corner should be at grids 74/6 to 78/7 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 a 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 position is 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. 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. If there is no spouse this field should be left blank.** 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.

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 decimals and commas. Pennies should always be 00. Example -123,456.00 in the body of the form would appear as -123456 in the scanband.

Field Name Description

- RC Nonresident County Code - This code is a numeric field and will be either 01-82 or 83 for nonresident taxpayers. This code is found in the instructions to the taxpayer for this form. This field is 2 characters long.
- FS Filing Status - The 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.
- 6A - 6D These fields are 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.
- 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. This field is 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. This field is 1 character long.
- 8 This is a numeric field indicating the number of dependents listed on line 6 in the body of the return. 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.
- 12 This is a numeric field that is a money field. This field is 9 characters long.
- 13 This is a numeric field that is a money field. This field is 9 characters long.
- 14 This is a numeric field that is a money field. This field is 9 characters long.
- 15A & 15B These are numeric fields and are money fields, "A" being the taxpayers Mississippi Adjusted Gross Income and "B" being the spouse's Mississippi Adjusted Gross Income. These fields are each 9 characters long.

- 15C This is a numeric field and is the ratio (**not a money field**) of Mississippi AGI to Total AGI from all Sources. This field is 5 characters and should have two decimal places.
- 16A & 16B These are numeric fields and are money fields, "A" being the standard or itemized deduction and "B" being the product of 17A times 16C. These fields are each 9 characters long.
- 17A & 17B These are numeric fields and are money fields, "A" being the total exemption and "B" being the product of 18A times 16C. These fields are each 9 characters long.
- 18A & 18B These are numeric fields and are money fields, "A" being the taxpayers Mississippi adjusted gross income and "B" being the spouse's Mississippi adjusted gross income. These fields are each 9 characters long.
- 19A & 19B These are numeric fields and are money fields, "A" being the taxpayer's standard or itemized deduction and "B" being the spouse's standard or itemized deduction. These fields are each 9 characters long.
- 20A & 20B These are numeric fields and are money fields, "A" being the taxpayer's exemption and "B" being the spouse's exemption. These fields are each 9 characters long.
- 21A & 21B These are numeric fields and are money fields, "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 numeric field and is a money field. This field is 9 characters long. Taxpater must attach W2's.
- 24 This is a numeric field and a money field. Taxpayer provides information in this field per estimates paid or payments with extension. This field is 9 characters long.
- 25 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.
- 25A - 25D 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.
- 26 This is a numeric field and a money field. This field is 9 characters long.
- 27 This is a numeric field that is a money field. This field is 9 characters long.
- 28 This is a numeric field that is a money field. This field is 9 characters long.
- 29 This is a numeric field that is a money field. This field is 9 characters long.
- 30 This is a numeric field that is a money field. This field is 9 characters long.
- 31 This is a numeric field that is a money field. This field is 9 characters long.
- 32 This is a numeric field that is a money field. This field is 9 characters long.
- 33 This is a numeric field that is a money field. This field is 9 characters long.

- DS1-DS4 These are numeric fields. These are the dependents' social security numbers. These fields are 10 each characters long. The last digit in these fields should be the 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.
- 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 Social Security Number of the spouse. 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 tax 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. 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 may be left blank if there is no spouse. 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 should be completed if there is a spouse (including married filing separate) and left blank if there is no spouse. This field is 1 character long.
- A Taxpayer's current street address or P. O. Box. This is an alphanumeric 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:

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

Field Name	Description
34A to 45B	These are numeric fields and are money fields. Column "A" is the Total Income from all Sources and Column "B" is Mississippi income only. These fields are 9 characters long. Taxpayer must attach required Fed. Forms.
46A to 57B	These are numeric fields and are money fields. Column "A" is the Adjustments total from all sources and Column "B" is the Adjustments for Mississippi only. These fields are 9 characters long.
RS	This is numeric field. This is the recipient'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 should contain a 0 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.