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

IS N

Form 80-205-10-5-1-000 (Rev. 5/10)

	Mississippi	
MS	Non-Resident or Part-Year Re	sident
	Individual Income Tax Retu	rn
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	2010	Page 1 of 2

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	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. Spouse SSN			<u></u>	
	Married - Filing Separate Returns - Enter \$12,000 on Line 12. Enter Spouse Name and SSN			'	<u>-</u>
: -	(Cannot change from Joint to Separate after due date.)				'
į	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	Dependent	ts Listed	on Line 6	8.
٢٦	Single - Enter \$6,000 on Line 12.	•			9.
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Form 80-205-10-5-2-000 (Rev. 5/10)

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

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SSN				Co	lumn A	Column B
	OTHER INCOME	<u>:</u>	7		from All Sources	Mississippi Income Only
34.	Wages, Salaries, Tips, Etc. (Must Attach W-2s)					!
35.		dule C or C-EZ)		!		!
	Capital Gain or Loss (Must Attach Federal Schedule	•		<u> </u>		!
	Rent, Royalties, Partnerships, S-Corps, Trusts, etc. (N	•	le F\	<u> </u>		<u> </u>
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	Interest Income			<u></u>		<u> </u>
40.	Dividend Income			<u></u>		·
41.	•			<u> </u>		
42.	Taxable Pensions and Annuities (Must Attach 1099-R	2)		L		<u> </u>
43.	Unemployment Compensation (Must Attach Form(s)	1099-G)		<u> </u>		I L
44.	Other Income (Loss) (Must Attach MS Schedule N) $$			L		I L
45.	Total Income (Add Lines 34 through 44)			1		1
	ADJUSTMENTS TO GROS	S INCOME		Total from	m All Sources	Mississippi Only
46.	Payments to an IRA			1		
47.	Payments to Self-employed SEP, SIMPLE, & Qualified	Retirement Plans.			!	
48.	Interest Penalty on Early Withdrawal of Savings			!	1	
	Alimony Paid (Must Complete Schedule P Below)					1
	Moving Expense (Must Attach Federal Form 3903)					l
50.				'		(
51.	National Guard or Reserve Pay (Enter the Lesser of th or the \$15,000 Statutory Exclusion Per Taxpayer)	e Guard/Reserve Pay				
52.	MS Prepaid Affordable College Tuition (MPACT) and/or MS	S Affordable College Savings (M	IACS)	<u> </u>		
53.	Self-Employed Health Insurance Deduction			<u> </u>		I L
54.	Health Savings Account Deduction			I		
55.	Total Adjustments (Add Lines 46 through 54)			 	!	
56.	Adjusted Gross Income (Line 45 minus Line 55) Carry To	otal AGI to Line 15b & MS AGI Li	ne 15a.			
	Split MS AGI on Line 56 between Taxpayer (T) and		Гт	-	[s	S
		Schedule P - Ali	ٺ imonv Pai	」	L	_
the n	eduction is claimed for Alimony Paid, please furnish ame, SSN, and the state of residency of the individual om the amount was paid.	Name			SSN of Recipies State of Resider	
THIS	B RETURN MUST BE SIGNED. Under penalties ements, and to the best of my knowledge and beli	of perjury, I declare that I ief it is true, correct and co	have exa	mined this re		
		Taxpayer Phone	This Re	turn may	Paid Firm Identification	Number or PTIN
			the prep		D. 15	
Spou	se Signature (If joint, BOTH must sign)	Date	¦ ∐Ye	s No	Paid Preparer Social Se	ecurity Number or PTIN
<u> </u>			·			
				Paid Preparer (Pr	int Firm Name)	
Paid	Preparer Signature	Date	į			
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Paid	Preparer Phone		1			
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Form 80-205-10-5-1-000 (Rev. 5/10)

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

2010 Page 1 of 2

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1.		Married - Combined or Joint R	eturn - Enter \$12,00	00 on Line 12.						
2.		Married - Spouse Died in Tax	Year - Please enter	surviving spouse first as taxpayer		Taxpayer	SSN			
			•	nd SSN in boxes provided abov		Spouse S	SN			
3.				on Line 12. Enter Spouse Name om Joint to Separate after due da		County Co	ode			
		·		ovide Name, SSN, and Relation	•					
4.		the Dependent Living in th			энонр от	8. Number of	of Depen	ndents Listed	d on Line 6	
5.	[7]	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 fo	or child, P for parent or R for rela	ative).	10. Total of L	ine 8 plu	ıs Line 9.	10.	
		(a) Name	(b)	Relationship (c) Depend	dent SSN	11. Line 10 x	\$ 1,50	00 =	11.	
!	[12. Enter Am	ount froi	m Lines 1-5.	12.	
	 !					13. Total (Lin	e 11 plu	s 12).	13.	
1										
	+ - -					14. If Married Enter 1/2	I-Filing S	Separate Ret	turns,	
7. Ma	ark "	X" if Taxpayer Age	Taxpayer		pouse Blind				he Nearest Dollar	
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		Sources		r		r				
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	4	Amount of Exemption (Line Mississippi Taxable Income (Line	e 18 minus Lines 19 a	and 20)			20.			
	١.	See Instructions. (If less than 0	, enter 0.)	,	·m/		21. 22.			
		,		Computation, Page 2 of this for	111)			N ///		
		Mississippi Income Tax With	•	•			23.	► (W)		
		Estimated Tax Payments an Other Credits (See instruction					24.	▶ (E)		
2		of credit. (Must Attach Forn		each type 25A	25B 25B	5C 25D - - - -		> (0)	1	
2:							25.	► (O)	<u>+</u>	
2	_	Total Credits (Add Lines 23	,			01/55541/255	26.			
29		I near the Americal of Overno	yment if Line 26 is	Larger than Line 22.		OVERPAYMENT		. (a)	<u> </u>	
2! 20 21	7.	•			nt		28.	- (C)	1	
29 20 21 28	7. 8.	Amount of Overpayment to b		-				► (C)	·	
2! 20 21	7. 8.	Amount of Overpayment to b		next year Estimate Tax Accour u (Subtract Line 28 from Line 2		REFUND	29.	► (C) ► (R)	 	
25 25 25 25 25	7. 8. 9.	Amount of Overpayment to b	be Refunded to Yo	u (Subtract Line 28 from Line 2		REFUND BALANCE DUE	29.		 	·
29 20 22 29 30	7. 8. 9. 0.	Amount of Overpayment to be Amount of Overpayment to be Enter Balance Due if Line 22	be Refunded to Yo 2 is Larger Than Li	u (Subtract Line 28 from Line 2	7)		29.			· ·
29 27 28 29 30 33	7. 8. 9. 0. 1.	Amount of Overpayment to the Amount of Overpayment to the Enter Balance Due if Line 22 Interest on Underpayment of Interest and Penalty (See Interes	be Refunded to You go is Larger Than Lift f Estimated Tax Pa structions)	u (Subtract Line 28 from Line 2 ne 26.	7) 0-320)		29. 30.	► (R)		



Mississippi Non-Resident or Part-Year Resident Individual Income Tax Return 2010

Page 1 of 2

IS N

10-11/9	14/9to22/9	25/9to33/9	36/9to44/9	47/9to55/9	58/9to66/9	69/9to78/9
11/10	14/10to22/10	25/10to33/10	36/10to44/10	47/10to55/10	58/10to66/10	69/10to78/10
10-11/1	14/11to22/11	29/11to33/11	36/11to44/11	47/11to55/11	58/11to66/11	69/11to78/11
11/12	14/12to22/12	25/12to33/12	36/12to44/12	54/12to55/12	58/12to66/12	69/12to78/12
10-11/1		25/13to33/13	36/13to44/13	54/13to55/13	58/13to66/13	69/13to78/13
		25/14to33/14	36/14to44/14	54/14to55/14	58/14to66/14	69/14to78/14
		25/15to33/15	36/15to44/15	54/15to55/15	58/15to66/15	75/15to78/1
			36/16to44/16	47/16to55/16	58/16to66/16	69/16to78/16
	/18t032/18 /19to32/19		4/18to45/18 4/19to45/19			
	/15co32/15 	;		_i [1/15		
▶ 12	/22to24/22	1 126/22 130/22to3	9/22			

For Computer Use Only - Do Not Write Above This Line
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The beginning and ending positions of each data box above are referenced in the box.



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

802051051000

	80205105	1000		2010	Page 1	of 2	IS N
N N	25 5	0 6000	22100 31571	22100 4550	518 600	600 82	0
N N	0	6000	07000 6500	4200 13350	0	0 82	0
N N	0	-	4550 6000	0	0	0	5871611116
N N			4200	0 0	0 0	0	2006 0
	►Sm:	ith	Joh	n	R		
		16 Dover Road ckson l	d MS 3920515	46			

		For Computer Use Only - Do Not Write Above This Line D	uplex or Phot	ocopies NO	T 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. Spouse SS			
3.	[7	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.)		'	
	53	Head of Family - Enter \$8,000 on Line 12. Provide Name, SSN, and Relationship of			
4.	[]		Dependents Liste	d on Line 6	8. 0
5.	į	Single - Enter \$6,000 on Line 12.	Boxes Marked "X"	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 Lin	ne 8 plus Line 9.	1.5	_ 10.
	r	(a) Name (b) Relationship (c) Dependent SSN 11. Line 10 x S	\$ 1,500 =	11.	0
	i 	12. Enter Amo	unt from Lines 1-5	. 12.	6000
	; 	13. Total (Line	11 plus 12).	13.	6000
	 	44 (64)	F:1: 0 1 - D -		
	i L	Enter 1/2 c	Filing Separate Re of Line 13.	turns, 14.	0
7.	Mark "	X" if i Taxpayer Age i Taxpayer i Spouse Age i Spouse Blind Round A	II Amounts to	he Nearest	Dollar
		ete Schedule of Income on Page 2 Before Proceeding Further. The Exemption and Deduction (standard or itemize sippi Income to Total Income of Taxpayer and Spouse from all sources.	d) must be prorat	ed according t	to the ratio of
		Ratio Computation 16. Standard or Itemized Deduction 17. Exemption Computation	n		
		MS AdjustedGross Income 16a. Standard or Itemized Deduction 17a. Exemption, Line 13 abo)	
	.ou.	<u> </u>	`	,	
	15h	22,100 decided Gross Income From All 16b. MS Deduction - 16a times 15c 17b. MS Exemption - 17a times 15c 17b. MS Exemption - 17a times 15c 17b.	6,000		
	100.	Sources			
	15c	► (N) 31,571 4,550 [Ratio: Line 15a divided by Line 15b 0.7000 % Column A (Taypayer)	4,200	0-1	. (0)
		o 7000 70 Coldini A (laxbayel)	40 b (D)	Column	3 (Spouse)
	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)	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.)	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)	23. ► (W)	 	600
	24.	Estimated Tax Payments and/or Amount Paid with Extension.	24. ► (E)		
	25.	Other Credits (See instructions) Enter code for each type 125A 125B 125C 125D 125D 125C 125D 125C 125D 125C 125D 125C 125D 125C 125D 125C 12			
		or oreals. (Must Assum 1 of 11 oo 452)	25 . ▶ (O)	i 	
	26.	Total Credits (Add Lines 23 through 25)	26.	i 	600
	27.	Enter the Amount of Overpayment if Line 26 is Larger than Line 22. OVERPAYMENT	27.	 	82
	28.	Amount of Overpayment to be applied to your next year Estimate Tax Account.	28. ► (C)	i 	
	29.	Amount of Overpayment to be Refunded to You (Subtract Line 28 from Line 27) REFUND	29 . ▶ (R)	i 	82
	30.	Enter Balance Due if Line 22 is Larger Than Line 26. BALANCE DUE	30.		
	31.	Interest on Underpayment of Estimated Tax Payments (Must Attach Form 80-320)	31. ► (l)		
	32.	Interest and Penalty (See Instructions)	32. ▶ (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)	33. ► (V)	[
		payant in (Ended Line			



Mississippi MSNon-Resident or Part-Year Resident Individual Income Tax Return

2010

Page 2 of 2

	r				r	r
	40A	49A	34B		43B	51B
	41A	50A	35B		44B	52B
	42A	51A	36B		45B	53B
	34A 43A	52A	37B		46B	54B
	+				+	h
	35A 44A	53A	38B		47B	55B
	36A 45A	54A	39B		48B +	56B
	37A 46A	55A	40B		49B	57B
	38A 47A	56A	41B		50B	RS
	39A 48A	57A	42B	;		<u> </u> ST_
						'
•		For Computer U	se Only - Do Not W	rite Above This	Line Dunley or Ph	otocopies NOT Acceptable
SSN	,		,			
0014		COME			lumn A	Column B
	OTHER INC			Total income	from All Sources	Mississippi Income Only
34.	Wages, Salaries, Tips, Etc. (Must Attach W-2s	·=		<u></u>		ļ
35.	Business Income or Loss (Must Attach Federa	•		Ĺ		
36.	Capital Gain or Loss (Must Attach Federal Sch	nedule D)		<u> </u>		<u> </u>
37.	Rent, Royalties, Partnerships, S-Corps, Trusts,	etc. (Must Attach Federal	Schedule E)	I L		
38.	Farm Income (Loss) (Must Attach Federal Sch	edule F)				
39.	Interest Income			1		<u> </u>
40.	Dividend Income			I		
41.	Alimony Received					
42.	Taxable Pensions and Annuities (Must Attach	1099-R)			-	
	Unemployment Compensation (Must Attach Fo	•		L		<u> </u>
43.				L	-	<u></u>
44.	Other Income (Loss) (Must Attach MS Schedu	lie N)		<u></u>		
45.	Total Income (Add Lines 34 through 44)			i- <u>-</u>		i <u>-</u> i
	ADJUSTMENTS TO G	ROSS INCOME		Total fron	n All Sources	Mississippi Only
46.	Payments to an IRA			L		
47.	Payments to Self-employed SEP, SIMPLE, & Q	ualified Retirement Plans.		<u> </u>		
48.	Interest Penalty on Early Withdrawal of Savings			1		
49.	Alimony Paid (Must Complete Schedule P Bel	ow)		!		
50.						
		-		'	1	'
51.	National Guard or Reserve Pay (Enter the Less or the \$15,000 Statutory Exclusion Per Taxpayor	er of the Guard/Reserve Pa er)	у			
52.			avings (MACS)	<u> </u>		<u> </u>
	Self-Employed Health Insurance Deduction	lu/or MS Arrordable College S	aviligs (IVIACS)	L		<u> </u>
53.	, ,			<u> </u>		<u> </u>
	Health Savings Account Deduction			<u>i</u>		·
	Total Adjustments (Add Lines 46 through 54)			ļ	-	
56.	Adjusted Gross Income (Line 45 minus Line 55)	Carry Total AGI to Line 15b & I	_	<u> </u>		<u> </u>
57.	Split MS AGI on Line 56 between Taxpayer (*	Γ) and Spouse (S)	L	╚┪		<u>5</u>
			e P - Alimony Pa	id		
	eduction is claimed for Alimony Paid, please furn ame, SSN, and the state of residency of the indiv		-		SSN of Recipier	nt
	om the amount was paid.	iuuai F = - =			State of Residen	· ·
THIS	RETURN MUST BE SIGNED. Under per	nalties of perjury, I decla	re that I have exa	amined this ret		•
state	ments, and to the best of my knowledge ar	nd belief it is true, correc	t and complete.		· ·	· · · · · ·
Тахра	ayer Signature	Taxpayer Phone		eturn may	Paid Firm Identification	Number or PTIN
' -		7	be disc	ussed with	1	
Spous	ee Signature (If joint, BOTH must sign)	Date	the pre	parer.	Paid Preparer Social Se	
1		7	Ye	es No ¦		
		_,	i '	Poid Property (Pair	t Firm Name	
	0	ъ.	ı	Paid Preparer (Pri	ii. riim Name) 	
Paid F	Preparer Signature ·	Date	:			
<u>_</u>		_	!	Paid Preparer Add	ress	
Paid F	Preparer Phone	7	į			 !
		1				



Mississippi Non-Resident or Part-Year Resident **Individual Income Tax Return** 2010

Page 2 of 2

21/12to29/12 33/12to41/12 45/12to53/12 57/12to65/12 69/12to77/1 9/13to17/13 21/13to29/13 33/13to41/13 45/13to53/13 57/13to65/13 69/13to77/1 9/14to17/14 21/14to29/14 33/14to41/14 45/14to53/14 57/14to65/14 69/14to77/1 9/15to17/15 21/15to29/15 33/15to41/15 45/15to53/15 57/15to65/15 69/15to77/1 9/16to17/16 21/16to29/16 33/16to41/16 45/16to53/16 57/16to65/16 69/16to77/1		21/10to29/10	33/10to41/10	45/10to53/10	57/10to65/10	69/10to77/10
9/13to17/13 21/13to29/13 33/13to41/13 45/13to53/13 57/13to65/13 69/13to77/1 9/14to17/14 21/14to29/14 33/14to41/14 45/14to53/14 57/14to65/14 69/14to77/1 9/15to17/15 21/15to29/15 33/15to41/15 45/15to53/15 57/15to65/15 69/15to77/1 9/16to17/16 21/16to29/16 33/16to41/16 45/16to53/16 57/16to65/16 69/16to77/1		21/11to29/11	33/11to41/11	45/11to53/11	57/11to65/11	69/11to77/11
9/14to17/14		21/12to29/12	33/12to41/12	45/12to53/12	57/12to65/12	69/12to77/12
9/15to17/15 21/15to29/15 33/15to41/15 45/15to53/15 57/15to65/15 69/15to77/1 9/16to17/16 21/16to29/16 33/16to41/16 45/16to53/16 57/16to65/16 69/16to77/1	9/13to17/13	21/13to29/13	33/13to41/13	45/13to53/13	57/13to65/13	69/13to77/13
9/16to17/16	9/14to17/14	21/14to29/14	33/14to41/14	45/14to53/14	57/14to65/14	69/14to77/14
kiii kii ki ki ki ki ki	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 77/1	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	9/18to17/18	21/17to29/18	33/18to41/18	45/18to53/18		76/18 to 77/18

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



Mississippi MS Non-Resident or Part-Year Resident Individual Income Tax Return 2010

Page 2 of 2

	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		N

		For Computer Use Only -	Do Not V	Vrite Above This	Line Duplex or	Photocopies NOT Acceptable
SSN	587161111			Co	olumn A	. Column B
	OTHER INCOM	E			from All Sources	
34.	Wages, Salaries, Tips, Etc. (Must Attach W-2s)				-8,000	22,000
35.	Business Income or Loss (Must Attach Federal Scho	edule C or C-EZ)			40,000	
36.	Capital Gain or Loss (Must Attach Federal Schedule	e D)		 		
37.	Rent, Royalties, Partnerships, S-Corps, Trusts, etc. (Must Attach Federal Schedule	e E)			
38.	Farm Income (Loss) (Must Attach Federal Schedule	e F)				
39.	Interest Income			 	300	100
40.	Dividend Income			 	150	
41.	Alimony Received			 		
42.	Taxable Pensions and Annuities (Must Attach 1099-I	R)		 		
43.	Unemployment Compensation (Must Attach Form(s)) 1099-G)		I		
44.	Other Income (Loss) (Must Attach MS Schedule N)					
45.	Total Income (Add Lines 34 through 44)				32,450	22,100
	ADJUSTMENTS TO GROS	SS INCOME		Total fro	m All Sources	Mississippi Only
46.	Payments to an IRA				879	
47.	Payments to Self-employed SEP, SIMPLE, & Qualifie	d Retirement Plans.		I		
48.	Interest Penalty on Early Withdrawal of Savings			I		
49.	Alimony Paid (Must Complete Schedule P Below)			I		
50.	Moving Expense (Must Attach Federal Form 3903)			I		
51.	National Guard or Reserve Pay (Enter the Lesser of to or the \$15,000 Statutory Exclusion Per Taxpayer)	he Guard/Reserve Pay				
52.	MS Prepaid Affordable College Tuition (MPACT) and/or M	AS Affordable College Savings (MA	ACS)			
53.	Self-Employed Health Insurance Deduction				879	
54.	Health Savings Account Deduction					
55.	Total Adjustments (Add Lines 46 through 54)				!	22,100
56.	Adjusted Gross Income (Line 45 minus Line 55) Carry T	Total AGI to Line 15b & MS AGI Lin	ne 15a.		31,571	
57.	Split MS AGI on Line 56 between Taxpayer (T) and	l Spouse (S)		т	<u>-</u>	S
		Schedule P - Alir	mony Pa	aid		,
he na	eduction is claimed for Alimony Paid, please furnish arme, SSN, and the state of residency of the individual com the amount was paid.	Name			SSN 	pient e of
THIS	RETURN MUST BE SIGNED. Under penalties ments, and to the best of my knowledge and be			amined this re	Resi eturn, including acc	,
	, ,		,		Dest En 11 en 1	ing Neurolana an DTIN
	yer Signature	Taxpayer Phone		eturn may ¦ cussed with	Paid Firm Identificati	on Number or PTIN
		<u> </u>	the pre			
Spous	se Signature (If joint, BOTH must sign)	Date	¦	es No	Paid Preparer Social	I Security Number or PTIN
		L	'		<u> </u>	
.	2	5.		Paid Preparer (P	rint Firm Name)	
Paid F	Preparer Signature	Date				;
				Paid Preparer Ad	dress	
Paid F	Preparer Phone			L		

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 field and an "N" for alpha or alpha numeric fields. If there is no spouse this gield mobile. 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

- Nonresident County Code This code is a numeric field and will be either 01-82 or 83 for nonresident taxpayers. RC 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.
- 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 1character long. 7A,7C
- 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.
- This is a numeric field indicating the number of dependents listed on line 6 in the body of the return. In 8 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
- 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.
- This is a numeric field that is a money field. This field is 9 characters long. 11
- 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.
- This is a numeric field that is a money field. This field is 9 characters long. 14
- 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. 15A & 15B

This is a numeric field and is the ratio (not a money field) of Mississippi AGI to Total 15C AGI from all Sources. This field is 5 characters and should have two decimal places. These are numeric fields and are money fields, "A" being the standard or itemized deduction and "B" 16A & 16B 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. These are numeric fields and are money fields, "A" being the taxpayer's exemption and 20A & 20B "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.

This is a numeric field that is a money field. This field is 9 characters long.

33

- 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.
- 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.
- 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 shoud 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 Courrier 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.