Scanband Version of Form 80-205-11-5 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
- 8) Updated the address key for page 1.

Form 80-205-11-5-1-000 (Rev. 5/11)

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

2011

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	For Computer Use Only - Do No	t Write Above This Line Dunley	or Photocopies NOT Acco	entable
1.	Married - Combined or Joint Return - Enter \$12,000 on Line 12.	Zupiox	or motocopies no motoco	оргавло
2.	Married - Spouse Died in Tax Year - Please enter surviving spouse first as taxpaver.	Taxpayer SSN	 	
2.	Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above.	Spouse SSN	 	
3.	Married - Filing Separate Returns - Enter \$12,000 on Line 12. Enter Spouse Name and SS in boxes provided above. (Cannot change from Joint to Separate after due date.)	N County Code		
	Head of Family - Enter \$8,000 on Line 12. Provide Name, SSN, and Relationship of	of		
4. []	the Dependent Living in the Home with You on Line 6.	8. Number of Depend	dents Listed on Line 6 8.	
5. []	Single - Enter \$6,000 on Line 12.	9. Number of Boxes I	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	s Line 9. 10.	
	(a) Name (b) Relationship (c) Dependent SSI	11. Line 10 x \$ 1,50	0 = 11.	
[12. Enter Amount from	12. Lines 1-5.	
!		13. Total (Line 11 plus	12).	
		14. If Married-Filing Se		
7. Mark '	X" if Taxpayer Age Taxpayer Spouse Age Spouse B	lind Round All Amo	unts to the Nearest Dollar	 r
Comp	lete Schedule of Income on Page 2 Before Proceeding Further. The Exemption an			
Missis	sippi Income to Total Income of Taxpayer and Spouse from all sources.		-	
15.	·	17. Exemption Computation		
15a.	MS AdjustedGross Income 16a. Standard or Itemized Deduction	17a. Exemption, Line 13 above. (Line	e 14 if MFS) 	
15b.	Total Adjusted Gross Income From All 16b. MS Deduction - 16a times 15c.	I 7h MS Evenntion - 17a times 15c	<u> </u>	
	Sources	[, ¬	
	► (N) Ratio: Line 15a divided by Line15b			
		lumn A (Taxpayer)	Column B (Spo	ouse)_
18.	Mississippi Adjusted Gross Income (From line 56 or line 57 Page 2) (P)	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) Mississippi Taxable Income (Line 18 minus Lines 19 and 20)	20.	ļ	
21.	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.		
23.	Mississippi Income Tax Withheld (Must Attach W-2s)	23.	(W) +	
24.	Estimated Tax Payments and/or Amount Paid with Extension. Other Credits (See instructions) Enter code for each type 125Al 125Bl	24.	► (E)	
25.	Other Credits (See instructions) Enter code for each type 125A 125B of credit. (Must Attach Form 80-492) 1 -	25C 25D 	\ (0)	
	T 0	25.	► (O)	
26.	Total Credits (Add Lines 23 through 25)	26.	ļ	
27.	Enter the Amount of Overpayment if Line 26 is Larger than Line 22.	OVERPAYMENT 27.	· (0)	
28.	Amount of Overpayment to be applied to your next year Estimate Tax Account.	28.	(C) +	
29.	Amount of Overpayment to be Refunded to You (Subtract Line 28 from Line 27)	REFUND 29.	► (R)	
30.	Enter Balance Due if Line 22 is Larger Than Line 26.	BALANCE DUE 30.	ļ 	
31.	Interest on Underpayment of Estimated Tax Payments (Must Attach Form 80-320)	31.	(I)	
32.	Interest and Penalty (See Instructions)	32.	► (T)	
33.	TOTAL DUE (Add Lines 30, 31, and 32) Must Attach Check or Money Order for Toue payable to: Department of Revenue. (ENCLOSE PAYMENT VOUCHER 80-		► (V) !	

Form 80-205-11-5-2-000 (Rev. 5/11)

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

2011

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SSN	,			C	olumn A	Column B
	OTHER INCOMI	=	т		e from All Sources	Mississippi Income Only
34	Wages, Salaries, Tips, Etc. (Must Attach W-2s)	=		1		
	Business Income or Loss (Must Attach Federal Sche	odulo C or C E7)				L
	•	•			i	L
	Capital Gain or Loss (Must Attach Federal Schedule			<u> </u>	<u>-</u>	<u></u>
	Rent, Royalties, Partnerships, S-Corps, Trusts, etc. (I		edule E)	<u> </u>		
38.	Farm Income (Loss) (Must Attach Federal Schedule	F)		<u></u>		<u> </u>
39.	Interest Income			L		l L
40.	Dividend Income					L
41.	Alimony Received			I I	į	1
42.	Taxable Pensions and Annuities (Must Attach 1099-I	₹)				
43.	Unemployment Compensation (Must Attach Form(s)	•				
44.	Other Income (Loss) (Must Attach MS Schedule N)					
	Total Income (Add Lines 34 through 44)					L
45.		C INCOME		Total fro	m All Sources	Mississippi Only
	ADJUSTMENTS TO GROS	55 INCOME			ili Ali Sources	Mississippi Only
46.	Payments to an IRA			<u> </u>		<u></u>
47.	Payments to Self-employed SEP, SIMPLE, & Qualified	d Retirement Plans.		<u></u>		<u></u>
48.	Interest Penalty on Early Withdrawal of Savings			L		<u> </u>
49.	Alimony Paid (Must Complete Schedule P Below)			<u> </u>		
50.	Moving Expense (Must Attach Federal Form 3903)			1		
51.	National Guard or Reserve Pay (Enter the Lesser of the or the \$15,000 Statutory Exclusion Per Taxpayer)	ne Guard/Reserve Pay				
			··· (MAA OO)			! !
	MS Prepaid Affordable College Tuition (MPACT) and/or M Self-Employed Health Insurance Deduction	S Affordable College Saving	ys (IVIAUS)	<u></u>		<u> </u>
	· •			<u> </u>	·	<u> </u>
	Health Savings Account Deduction			L		L
	Total Adjustments (Add Lines 46 through 54)			<u></u>		
	Adjusted Gross Income (Line 45 minus Line 55) Carry T			· 		<u></u>
57.	Split MS AGI on Line 56 between Taxpayer (T) and	,	Т	J		S
		Schedule P	- Alimony Pai	d 		
	eduction is claimed for Alimony Paid, please furnish time, SSN, and the state of residency of the individual	Name			SSN o	<u>ent</u>
	om the amount was paid.	<u>_</u>			State of Reside	
THIS state	RETURN MUST BE SIGNED. Under penalties ments, and to the best of my knowledge and be	s of perjury, I declare the lief it is true, correct an	nat I have exa	mined this re		·
Тахра	yer Signature	Taxpayer Phone		urn may	Paid Firm Identification	n Number or PTIN
			be discu	ssed with	1	
Spous	e Signature (If joint, BOTH must sign)				Paid Preparer Social S	Security Number or PTIN
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	Preparer Signature	Date				
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Paid F	reparer Phone		Ĺ			
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Mississippi MS Non-Resident or Part-Year Resident Individual Income Tax Return

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[]	Married - Spouse Died in T Enter \$12,000 on Line 12.	Enter Spouse	Se enter survi	IVING spouse firs	t as taxpayer.						; - -	
	Married - Filing Separate R	•		-		CCN	;	Spouse SSN			'	
	in boxes provided above.		. ,		e after due date.)	JUN	•	County Code	•			
7	Head of Family - Enter \$8 the Dependent Living in	8.000 on Line	12. Provide	le Name. SSN.	•	ip of		Number of	Donondon	to Lietor	d on Line (6 8 1
7			100 011									+
	Single - Enter \$6,000 on Li	ne 12.						Number of			on Line /	7 9.
	Dependents (In colum	ın (b) Must en	nter C for chi	ild, P for parent	t or R for relative)	١.	10.	Total of Line	e 8 plus L	ine 9.		10.
	(a) Name		(b) Rela	ationship	(c) Dependent S	SSN	11.	Line 10 x \$	1,500	=	1	11.
												10
							12.	Enter Amou	ınt from Li	nes 1-5.	. 1	12.
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Mississippi MS Non-Resident or Part-Year Resident Individual Income Tax Return 2011

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Page 1 of 2 14/9to22/9 10-11/9 25/9to33/9 36/9to44/9 47/9to55/9 58/9to66/9 69/9to78/9 47/10to55/10 11/10 14/10to22/10 25/10to33/10 36/10to44/10 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 54/13to5\$/13 58/13to66/13 69/13to78/13 36/13to44/13 25/14to33/14 36/14to44/14 54/14to5\$/14 58/14to66/14 69/14to78/14 54/15to5\$/15 25/15to33/15 36/15to44/15 58/15to66/15 75/15to78/15 47/16to55/16 36/16to44/16 58/16to66/16 69/16to78/16 13/18t032/18 35/18to46/18 48/18 35/19to46/19 48/19 13/19to32/19 13/21to40/21 127/22 13/22to24/22 31/22to40/22 lt-o- i 28/22

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

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Page 1 of 2

Ν Ν Ν Ν Ν Ν Ν Ν ► Smith John R ▶1546 Dover Road

		Vackson MS 392051546					
		For Computer Use Only - Do Not Write Above This Line Du	ıplex o	r Photo	copies NC	T Accep	table
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 SSN					
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.)			'		25
4.	[]	Head of Family - Enter \$8,000 on Line 12. Provide Name, SSN, and Relationship of	.			r	
	5.7	the Dependent Living in the Home with You on Line 6. 8. Number of				8.	0
5.	7.7	Single - Enter \$6,000 on Line 12. 9. Number of			on Line /	9.	0
6.		Dependents (In column (b) Must enter C for child, P for parent or R for relative).			1	_ 10.	00
	<u>-</u>	(a) Name (b) Relationship (c) Dependent SSN 11. Line 10 x \$	•		11.		000
		12. Enter Amou			12.		
		13. Total (Line	11 plus 1	2).	13. լ		000
	i	14. If Married-F Enter 1/2 o			urns, 14.		0
7.	Mark '	X" if Taxpayer Age Taxpayer Spouse Age Spouse Blind Round All	Amou	ints to t	he Nearest	Dollar	
		lete Schedule of Income on Page 2 Before Proceeding Further. The Exemption and Deduction (standard or itemized	l) must b	e prorate	ed according	to the ratio	of
	15.	sippi Income to Total Income of Taxpayer and Spouse from all sources. Ratio Computation 16. Standard or Itemized Deduction 17. Exemption Computation					
		·		4.4 :4 MEC)			
	ısa.	<u> </u>	`	′	1		
	15b.	22,100 6,500 Total Adjusted Gross Income From All Sources 15c 17b. MS Exemption - 17a times 15c 17b.	6 , 0 (nes 15c	ΣŌ			
		▶(N) 31,571 4,550	4,20	οĠ			
	15c.	Ratio: Line 15a divided by Line15b 07000 % Column A (Taxpayer)			Column I	3 (Spou	se)
	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) (F) 4, 550	19.	► (H)			
	20.	Amount of Exemption (Line 17b)	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 of credit. (Must Attach Form 80-492)	25.	▶ (O)			
	26.	Total Credits (Add Lines 23 through 25)	26.	(0)			600
	27.	Enter the Amount of Overpayment if Line 26 is Larger than Line 22. OVERPAYMENT	27.		L		82
	28.	Amount of Overpayment to be applied to your next year Estimate Tax Account.	28.	► (C)			
	29.	Amount of Overpayment to be Refunded to You (Subtract Line 28 from Line 27) REFUND	29.	► (R)	, 		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)			



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

2011

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	r	F	, ,		r	, ,
	40A	49A	34B		43B	51B
	41A	50A	35B		44B	52B
	42A	51A	36B		45B	53B
	34A 43A	52A	37B		46B	54B
I	35A 44A	53A	38B		+	55B
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SSN					lumn A	Column B
	OTHER INCOM	F	-		rom All Sources	Mississippi Income Only
34.	Wages, Salaries, Tips, Etc. (Must Attach W-2s)	-				
35.	Business Income or Loss (Must Attach Federal Sch	edule C or C-E7\		<u></u>		<u> </u>
				<u> </u>		<u> </u>
36.	Capital Gain or Loss (Must Attach Federal Schedule	•	ala adada EN	L		<u> </u>
37.	Rent, Royalties, Partnerships, S-Corps, Trusts, etc. (•	cneaule E)			<u> </u>
38.	Farm Income (Loss) (Must Attach Federal Schedule	е г <i>)</i>		<u></u>		<u> </u>
39.	Interest Income			<u>.</u>		·
40.	Dividend Income			<u></u>		<u></u>
41.	Alimony Received			<u></u>		<u></u>
42.	Taxable Pensions and Annuities (Must Attach 1099-	· ·		<u> </u>		<u></u>
43.	Unemployment Compensation (Must Attach Form(s	•		<u></u>	I	<u></u>
44.	Other Income (Loss) (Must Attach MS Schedule N))		<u> </u>		l L
45.	Total Income (Add Lines 34 through 44)			1		
	ADJUSTMENTS TO GROS	SS INCOME		Total fron	n All Sources	Mississippi Only
46.	Payments to an IRA			<u> </u>		l L
47.	Payments to Self-employed SEP, SIMPLE, & Qualifie	ed Retirement Plans.		<u> </u>		<u> </u>
48.	Interest Penalty on Early Withdrawal of Savings			l L	I	
49.	Alimony Paid (Must Complete Schedule P Below)			<u> </u>		<u> </u>
50.	Moving Expense (Must Attach Federal Form 3903)			1		
51.	National Guard or Reserve Pay (Enter the Lesser of t or the \$15,000 Statutory Exclusion Per Taxpayer)	the Guard/Reserve Pay				
52.	MS Prepaid Affordable College Tuition (MPACT) and/or M	MS Affordable College Sav	ings (MACS)			
53.	Self-Employed Health Insurance Deduction			I I		
54.	Health Savings Account Deduction			I I		
55.	Total Adjustments (Add Lines 46 through 54)			 		
56.	Adjusted Gross Income (Line 45 minus Line 55) Carry 1	Total AGI to Line 15b & MS	AGI Line 15a.			
57.	Split MS AGI on Line 56 between Taxpayer (T) and		Т	-	· [:	3
		Schedule	P - Alimony Pa	id	· L	
If a de	eduction is claimed for Alimony Paid, please furnish	Name_			SSN of Recipies	
	ame, SSN, and the state of residency of the individual om the amount was paid.				State of Resider	
THIS	RETURN MUST BE SIGNED. Under penaltie ments, and to the best of my knowledge and be	es of perjury, I declare elief it is true, correct a	that I have exa	mined this ret		•
Taxpa	ayer Signature	Taxpayer Phone		turn may ussed with	Paid Firm Identification	Number or PTIN
Spou	se Signature (If joint, BOTH must sign)	Date			Paid Preparer Social Se	ecurity Number or PTIN
 !	!	!	LYe	es No ¦		
	'		,	Paid Preparer (Pri	nt Firm Name)	
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Mississippi Non-Resident or Part-Year Resident **Individual Income Tax Return** 2011

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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

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

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		OTHER INCOME		То		from All Sources	Mi	ississippi Income Only
34.	Wages, Salaries, Tips, Etc. (Mu	st Attach W-2s)		Ī		-8,000		22,000
35.	Business Income or Loss (Must	Attach Federal Schedule	e C or C-EZ)	Ī		40,000	l L	
36.	Capital Gain or Loss (Must Attac	ch Federal Schedule D)		Ī				
37.	Rent, Royalties, Partnerships, S-	Corps, Trusts, etc. (Must	Attach Federal Schedule	e E)			i I	
38.	Farm Income (Loss) (Must Attac	ch Federal Schedule F)		Ĭ			<u> </u>	
39.	Interest Income	•				300	<u></u>	100
40.	Dividend Income					150	<u> </u>	
41.	Alimony Received						ļ	
42.	Taxable Pensions and Annuities	(Must Attach 1099-R)					!	
43.	Unemployment Compensation (N		9-G)	į			!	
44.	Other Income (Loss) (Must Atta		,	į			!	
45.	Total Income (Add Lines 34 thro	•				32,450	L	22,100
	•	ENTS TO GROSS I	NCOME	1	Total fro	m All Sources	'	Mississippi Only
46.	Payments to an IRA	LITTO TO ORGOOT	ITOOME	ī		879		
47.	Payments to Self-employed SEP	SIMPLE & Qualified Res	tirement Plans	L			<u> </u>	
48.	Interest Penalty on Early Withdra		urement rians.	L			<u> </u>	
		-		L			L	
49.	Alimony Paid (Must Complete S	•		L			<u> </u>	
50. 51.	Moving Expense (Must Attach F National Guard or Reserve Pay (or the \$15,000 Statutory Exclusi	•	uard/Reserve Pay	-			!= . = =	i
E 2				(CC)			<u> </u>	
52.	,		ordable College Savings (MA	ACS)		070	L	
53.	. ,			L		879	Ļ	
	Health Savings Account Deduction			Ĺ			<u>. </u>	00 100
	Total Adjustments (Add Lines 46	- '				31,571	<u> </u>	22,100
	Adjusted Gross Income (Line 48	, · ·		<u>'</u>		31,571		
57.	Split MS AGI on Line 56 betwe	en Taxpayer (1) and Spo	Schedule P - Alir	T]		i	S	i
If a de	eduction is claimed for Alimony Pa	aid, please furnish		nony Paid		SSN		
the na	ame, SSN, and the state of reside om the amount was paid.	ency of the individual	Name		·	Recij State Resid	pient of	'
THIS state	RETURN MUST BE SIGNE ments, and to the best of my	D. Under penalties of p knowledge and belief i	perjury, I declare that I hat I hat I hat I hat I hat I had contained to the contained	have exam mplete.	ined this re	turn, including acc	ompan	ying schedules and
Taxpa	ayer Signature	Taxı	payer Phone	This Retur		Paid Firm Identificati	on Numb	er or PTIN
			i	the prepar				
Spous	se Signature (If joint, BOTH must sign)	Date	· · · · · · · · · · · · · · · · · · · ·	Yes	□No	Paid Preparer Social	Security	Number or PTIN
			l i		;			
				Pa	id Preparer (Pr	int Firm Name)		
Paid F	Preparer Signature	Date	e 	į_				ا ا ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ
				Pa	id Preparer Ad	dress		
Paid F	Preparer Phone							

Key to the data fields for the Non-Resident Individual Income Tax form scanband version for 2011 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.