Scanband Version of Form 80-270-10-5
Non-Resident or Part Year Resident
Amended 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) Added two new fields on page 2 "Health Saving Account" (Fields 53A & 53B).
3) Added "Please enter surviving spouse first as taxpayer" page 1 line 2.
4) Deleted the check-off boxes on the left of pages 1& 2.
5) Updated the following lines on pages 1 & 2 (2, 3, 4, 22, 25, 30, 32, 33,43, 48, 54, 55, 56).
Updated the agency name

MS

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

IS A

802701051000

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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, Relationship, and SSN of the Dependent Living in the Home with You on Line 6.**

5. Single - Enter $6,000 on Line 12.

Taxpayer SSN

Spouse SSN

County Code

6. Dependents (In column (b) **Must enter** C for child, P for parent or R for relative).

(a) Name	(b) Relationship	(c) Dependent SSN

8. Number of Dependents Listed on Line 6   8.

9. Number of Boxes Marked "X" on Line 7   9.

10. Total of Line 8 plus Line 9.   10.

11. Line 10 x **$ 1,500** =   11.

12. Enter Amount from Lines 1-5.   12.

13. Total (Line 11 plus 12).   13.

14. If Married-Filing Separate Returns, Enter 1/2 of Line 13.   14.

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

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. **Round All Amounts to the Nearest Dollar**

15. Ratio Computation

16. Standard or Itemized Deduction

17. Exemption Computation

15a. MS AdjustedGross Income

16a. Standard or Itemized Deduction

17a. Exemption, Line 13 above. (Line 14 if MFS)

15b. Total Adjusted Gross Income From All Sources ▶(N)

16b. MS Deduction - 16a times 15c

17b. MS Exemption - 17a times 15c

15c. Ratio: Line 15a divided by Line15b   **%**

	Column A (Taxpayer)		Column B (Spouse)
18. **Mississippi Adjusted Gross Income** (From line 55 or line 56 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)		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 (See page 8 of the Resident and Non-Resident Instructions).**		22.	
23. Mississippi Income Tax Withheld **(Must Attach W-2s)**		23. ▶ (W)	
24. Estimated Tax Payments, Amount Paid with Extension and/or Amount Paid with ORIGINAL RETURN.		24. ▶ (E)	
25. Other Credits (See instructions) Enter code for each type of credit claimed. **(Must Attach Form 80-492)** 25A 25B 25C 25D		25. ▶ (O)	
26. Overpayment from original return		26.	
27. Total Credits (Add Lines 23 through 25 less Line 26)		27.	
28. Enter the Amount of Refund if Line 27 is Larger than Line 22. REFUND		28. ▶ (R)	
29. Enter Balance Due if Line 22 Is Larger Than Line 27. BALANCE DUE		29.	
30. Interest on Underpayment of Estimated Tax Payments. **(Must Attach Form 80-320)**		30. ▶ (I)	
31. Interest and Penalty (See Instructions)		31. ▶ (T)	
32. **Total Due** (Add Lines 29, 30, and 31) **Must Attach Check or Money Order for Total Due** payable to: **Department of Revenue. (ENCLOSE PAYMENT VOUCHER 80-106)** TOTAL DUE		32. ▶ (V)	

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

Form 80-270-10-5-2-000 (Rev. 05/10)

MS

Mississippi
Amended
**Non-Resident or Part-Year Resident
Individual Income Tax Return**
2010   Page 2 of 2

802701052000

SSN

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	Column A Total Income from All Sources	**Column B** Mississippi Income Only
OTHER INCOME		
33. Wages, Salaries, Tips, Etc. **(Must Attach W-2s)**		
34. Business Income (Loss) **(Must Attach Federal Schedule C or C-EZ)**		
35. Capital Gain or Loss **(Must Attach Federal Schedule D)**		
36. Rent, Royalties, P-Ship, S-Corps, Trusts, etc. **(Must Attach Federal Schedule E)**		
37. Farm Income or Loss **(Must Attach Federal Schedule F)**		
38. Interest Income		
39. Dividend Income		
40. Alimony Received		
41. Taxable Pensions and Annuities **(Must Attach 1099-R)**		
42. Unemployment Compensation **(Must Attach Form(s) 1099-G)**		
43. Other Income (Loss) **(Must Attach MS Schedule N)**		
44. **Total Income** (Add Lines 33 through 43)		
ADJUSTMENTS TO GROSS INCOME	**Total from All Sources**	**Mississippi Only**
45. Payments to an IRA		
46. Payments to Self-employed SEP, SIMPLE, & Qualified Retirement Plans.		
47. Interest Penalty on Early Withdrawal of Savings		
48. Alimony Paid **(Must Complete Schedule P Below)**		
49. Moving Expense **(Must Attach Federal Form 3903)**		
50. National Guard or Reserve Pay (Enter the Lesser of the Guard/Reserve Pay or the $15,000 Statutory Exclusion Per Taxpayer)		
51. MS Prepaid Affordable College Tuition (MPACT) and/or MS Affordable College Savings		
52. Self-Employed Health Insurance Deduction		
53. Health Savings Account Deduction		
54. **Total Adjustments** (Add Lines 45 through 53)		
55. **Adjusted Gross Income (Line 44 minus 54)** Carry Total AGI to line 15b & MS AGI line 15a.		
56. **Split MS AGI on Line 55 between Taxpayer (T) and Spouse (S)**	T	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

EXPLANATION FOR CHANGES TO ORIGINAL RETURN

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

Paid Firm Identification Number or PTIN

Spouse Signature (If joint, **BOTH** must sign)

Date

This Return may be discussed with the preparer.

Paid Preparer Social Security Number or PTIN

Paid Preparer Signature

Date

☐ Yes ☐ No

Paid Preparer (Print Firm Name)

Paid Preparer Phone

Paid Preparer Address

Mail **REFUND** To: Department of Revenue, P.O. Box 23058, Jackson, MS 39225-3058

Mail **All Other Returns** To: Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

802701051000

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

MS

IS A

6A	RC	11	15A	18A	22	25	DS1
6B	FS	12	15B	19A	23	26	DS2
6C	8	13	15C	20A	24	27	DS3
6D	9	14	16A	21A		28	DS4
7A	10		16B	18B	25A	29	TS
7B			17A	19B	25B	30	SS
7C			17B	20B	25C	31	TY
7D				21B	25D	32	PS

▶ N1   N2   N3
▶ N4   N5   N6

▶ A
▶ C1   C2   C3

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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, Relationship, and SSN of the Dependent Living in the Home with You on Line 6.**

5. ☐ Single - Enter $6,000 on Line 12.

Taxpayer SSN

Spouse SSN

County Code

6. Dependents (In column (b) **Must enter** C for child, P for parent or R for relative).

(a) Name	(b) Relationship	(c) Dependent SSN

8. Number of Dependents Listed on Line 6   **8.**

9. Number of Boxes Marked "X" on Line 7   **9.**

10. Total of Line 8 plus Line 9.   **10.**

11. Line 10 x **$ 1,500** =   **11.**

12. Enter Amount from Lines 1-5.   **12.**

13. Total (Line 11 plus 12).   **13.**

14. If Married-Filing Separate Returns, Enter 1/2 of Line 13.   **14.**

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

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.   **Round All Amounts to the Nearest Dollar**

15. Ratio Computation

16. Standard or Itemized Deduction

17. Exemption Computation

15a. MS AdjustedGross Income

16a. Standard or Itemized Deduction

17a. Exemption, Line 13 above. (Line 14 if MFS)

15b. Total Adjusted Gross Income From All Sources   ▶ (N)

16b. MS Deduction - 16a times 15c

17b. MS Exemption - 17a times 15c

15c. Ratio: Line 15a divided by Line15b   **%**

Column A (Taxpayer)   **Column B (Spouse)**

18. **Mississippi Adjusted Gross Income** (From line 55 or line 56 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)   **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 (See page 8 of the Resident and Non-Resident Instructions).**   **22.**

23. Mississippi Income Tax Withheld **(Must Attach W-2s)**   **23.** ▶ (W)

24. Estimated Tax Payments, Amount Paid with Extension and/or Amount Paid with ORIGINAL RETURN.   **24.** ▶ (E)

25. Other Credits (See instructions) Enter code for each type of credit claimed. **(Must Attach Form 80-492)**   25A 25B 25C 25D   **25.** ▶ (O)

26. Overpayment from original return   **26.**

27. Total Credits (Add Lines 23 through 25 less Line 26)   **27.**

28. Enter the Amount of Refund if Line 27 is Larger than Line 22.   **REFUND 28.** ▶ (R)

29. Enter Balance Due if Line 22 Is Larger Than Line 27.   **BALANCE DUE 29.**

30. Interest on Underpayment of Estimated Tax Payments. **(Must Attach Form 80-320)**   **30.** ▶ (I)

31. Interest and Penalty (See Instructions)   **31.** ▶ (T)

32. **TOTAL DUE** (Add Lines 29, 30, and 31) **Must Attach Check or Money Order for Total Due payable to: Department of Revenue. (ENCLOSE PAYMENT VOUCHER 80-106)**   **TOTAL DUE 32.** ▶ (V)

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

Form 80-270-10-5-1-000 (Rev. 05/10)

802701051000

MS

Mississippi
Amended
Non-Resident or Part-Year Resident
Individual Income Tax Return
2010   **Page 1 of 2**

IS A

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	10-11/1 1	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	10-11/1 3		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			25/15-33/15	36/15to44/15	54/15to55/15	58/15to66/15	75/15to78/15
7/16				36/16to44/16		58/16 to 66/16	69/16to78/16

▶ 13/18to32/18   35/18to46/18   48/18
▶ 13/19to32/19   35/19to46/19   48/19

▶ 13/21to40/21
▶ 13/22to24/22   27/22 to 28/22   31/22to39/22

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

802701051000

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

2010   Page 1 of 2

IS A

C	25	7500	22100	22100	232	0	1234569877
C	4	8000	31450	10850	600	0	1237547907
C	3	15500	07000	4200	0	600	1236547897
N	2	0	15500	7050	0	368	0
Y	5		10850	0	0	0	5871611116
Y			6000	0	0	0	0
N			4200	0	0	0	2006
N				0		0	0

▶ Smith   John   R
▶

▶ 1546 Dover Road
▶ Jackson   MS   392051546

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, Relationship, and SSN of the Dependent Living in the Home with You on Line 6.**

5. ☐ Single - Enter $6,000 on Line 12.

Taxpayer SSN   587-16-1111
Spouse SSN
County Code   25

6. Dependents (In column (b) **Must enter** C for child, P for parent or R for relative).

(a) Name	(b) Relationship	(c) Dependent SSN
Jon Smith	C	123-45-6987
Jen Smith	C	123-75-4790
Jan Smith	C	123-65-4789

8. Number of Dependents Listed on Line 6   8. 3
9. Number of Boxes Marked "X" on Line 7   9. 2
10. Total of Line 8 plus Line 9.   10. 5
11. Line 10 x **$1,500** =   11. 7,500
12. Enter Amount from Lines 1-5.   12. 8,000
13. Total (Line 11 plus 12).   13. 15,500

14. If Married-Filing Separate Returns, Enter 1/2 of Line 13.   14.

7. Mark "X" if | X | Taxpayer Age 65 or Over | X | Taxpayer Blind | ☐ Spouse Age 65 or Over | ☐ Spouse Blind

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.   **Round All Amounts to the Nearest Dollar**

15. Ratio Computation   16. Standard or Itemized Deduction   17. Exemption Computation

15a. MS AdjustedGross Income   16a. Standard or Itemized Deduction   17a. Exemption, Line 13 above. (Line 14 if MFS)
      22,015   15,500   6,000

15b. Total Adjusted Gross Income From All Sources   16b. MS Deduction - 16a times 15c   17b. MS Exemption - 17a times 15c
      ▶(N) 31,450   10,850   4,200

15c. Ratio: Line 15a divided by Line15b   70.00 %

	Column A (Taxpayer)		**Column B (Spouse)**
18. **Mississippi Adjusted Gross Income** (From line 55 or line 56 Page 2) ▶(P)	22,100	18. ▶ (B)	
19. Standard or Itemized Deductions (Line 16b, **Must Attach Sch. A,** Form 80-108) ▶(F)	10,850	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.**	7050	21.	
22. **Total Income Tax Due (See page 8 of the Resident and Non-Resident Instructions).**		22.	232
23. Mississippi Income Tax Withheld **(Must Attach W-2s)**		23. ▶ (W)	600
24. Estimated Tax Payments, Amount Paid with Extension and/or Amount Paid with ORIGINAL RETURN.		24. ▶ (E)	
25. Other Credits (See instructions) Enter code for each type of credit claimed. **(Must Attach Form 80-492)** 25A☐ 25B☐ 25C☐ 25D☐		25. ▶ (O)	
26. Overpayment from original return		26.	
27. Total Credits (Add Lines 23 through 25 less Line 26)		27.	600
28. Enter the Amount of Refund if Line 27 is Larger than Line 22. REFUND		28. ▶ (R)	368
29. Enter Balance Due if Line 22 Is Larger Than Line 27. BALANCE DUE		29.	
30. Interest on Underpayment of Estimated Tax Payments. (Must Attach Form 80-320)		30. ▶ (I)	
31. Interest and Penalty (See Instructions)		31. ▶ (T)	
32. **TOTAL DUE** (Add Lines 29, 30, and 31) **Must Attach Check or Money Order for** Total Due payable to: **Department of Revenue. (ENCLOSE PAYMENT VOUCHER 80-106)** TOTAL DUE		32. ▶ (V)	

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

802701052000

MS

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

39A	48A	33B	42B	50B
40A	49A	34B	43B	51B
41A	50A	35B	44B	52B
33A	42A	51A	36B	45B	53B

33A	42A	51A	36B	45B	53B
34A	43A	52A	37B	46B	54B
35A	44A	53A	38B	47B	55B
36A	45A	54A	39B	48B	56B
37A	46A	55A	40B	49B	RS
38A	47A	56A	41B		ST

SSN

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OTHER INCOME

	Column A Total Income from All Sources	Column B Mississippi Income Only
33. Wages, Salaries, Tips, Etc. **(Must Attach W-2s)**		
34. Business Income (Loss) **(Must Attach Federal Schedule C or C-EZ)**		
35. Capital Gain or Loss **(Must Attach Federal Schedule D)**		
36. Rent, Royalties, P-Ship, S-Corps, Trusts, etc. **(Must Attach Federal Schedule E)**		
37. Farm Income or Loss **(Must Attach Federal Schedule F)**		
38. Interest Income		
39. Dividend Income		
40. Alimony Received		
41. Taxable Pensions and Annuities **(Must Attach 1099-R)**		
42. Unemployment Compensation **(Must Attach Form(s) 1099-G)**		
43. Other Income (Loss) **(Must Attach MS Schedule N)**		
44. **Total Income** (Add Lines 33 through 43.)		

ADJUSTMENTS TO GROSS INCOME

	Total from All Sources	Mississippi Only
45. Payments to an IRA		
46. Payments to Self-employed SEP, SIMPLE, & Qualified Retirement Plans.		
47. Interest Penalty on Early Withdrawal of Savings		
48. Alimony Paid **(Must Complete Schedule P Below)**		
49. Moving Expense **(Must Attach Federal Form 3903)**		
50. National Guard or Reserve Pay (Enter the Lesser of the Guard/Reserve Pay or the $15,000 Statutory Exclusion Per Taxpayer)		
51. MS Prepaid Affordable College Tuition (MPACT) and/or MS Affordable College Savings		
52. Self-Employed Health Insurance Deduction		
53. Health Savings Account Deduction		
54. **Total Adjustments** (Add Lines 45 through 53)		
55. **Adjusted Gross Income (Line 44 minus 54) Carry Total AGI to line 15b & MS AGI line 15a.**		
56. **Split MS AGI on Line 55 between Taxpayer (T) and Spouse (S)**	T	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

EXPLANATION FOR CHANGES TO ORIGINAL RETURN

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

Paid Firm Identification Number or PTIN

Spouse Signature (If joint, **BOTH** must sign)

Date

This Return may be discussed with the preparer.

Paid Preparer Social Security Number or PTIN

Paid Preparer Signature

Date

☐ Yes ☐ No

Paid Preparer (Print Firm Name)

Paid Preparer Phone

Paid Preparer Address

Mail **REFUND** To: Department of Revenue, P.O. Box 23058, Jackson, MS 39225-3058

Mail **All Other Returns** To: Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

Form 80-270-10-5-2-000 (Rev. 05/10)

802701052000

Mississippi
Amended
MS
Non-Resident or Part-Year Resident
Individual Income Tax Return
2010   **Page 2 of 2**

	21/9to29/9	33/9to41/9	45/9to53/9	57/9to65/9	69/9to77/9
	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
9/12to17/12	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	68/16 to 77/16
9/17to17/17	21/17to29/17	33/17to41/17	45/17to53/17		76/17 to 77/17

SSN

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

Form 80-270-10-5-2-000 (Rev. 05/10)

802701052000

MS

Mississippi
Amended
Non-Resident or Part-Year Resident
Individual Income Tax Return
2010
Page 2 of 2

150	0	0	0	0
0	0	22000	0	0
0	0	0	22015	0
−8000	0	0	0	0
40000	0	0	0	0
0	32450	0	15	0	22015
0	1000	1000	0	0	0
0	0	31450	0	0	0
300	0	0	0	N

SSN 587-16-1111

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

	Column A Total Income from All Sources	**Column B** Mississippi Income Only
OTHER INCOME		
33. Wages, Salaries, Tips, Etc. **(Must Attach W-2s)**	−8,000	
34. Business Income (Loss) **(Must Attach Federal Schedule C or C-EZ)**	40,000	22,000
35. Capital Gain or Loss **(Must Attach Federal Schedule D)**		
36. Rent, Royalties, P-Ship, S-Corps, Trusts, etc. **(Must Attach Federal Schedule E)**		
37. Farm Income or Loss **(Must Attach Federal Schedule F)**		
38. Interest Income	300	15
39. Dividend Income	150	
40. Alimony Received		
41. Taxable Pensions and Annuities **(Must Attach 1099-R)**		
42. Unemployment Compensation **(Must Attach Form(s) 1099-G)**		
43. Other Income (Loss) **(Must Attach MS Schedule N)**		
44. **Total Income** (Add Lines 33 through 43.)	32,450	22,015
ADJUSTMENTS TO GROSS INCOME	**Total from All Sources**	**Mississippi Only**
45. Payments to an IRA	1,000	
46. Payments to Self-employed SEP, SIMPLE, & Qualified Retirement Plans.		
47. Interest Penalty on Early Withdrawal of Savings		
48. Alimony Paid **(Must Complete Schedule P Below)**		
49. Moving Expense **(Must Attach Federal Form 3903)**		
50. National Guard or Reserve Pay (Enter the Lesser of the Guard/Reserve Pay or the $15,000 Statutory Exclusion Per Taxpayer)		
51. MS Prepaid Affordable College Tuition (MPACT) and/or MS Affordable College Savings (MACS)		
52. Self-Employed Health Insurance Deduction		
53. Health Savings Account Deduction		
54. **Total Adjustments** (Add Lines 45 through 53)	1,000	
55. **Adjusted Gross Income (Line 44 minus 54)** **Carry Total AGI to line 15b & MS AGI line 15a.**	31,450	22,015
56. **Split MS AGI on Line 55 between Taxpayer (T) and Spouse (S)**	T	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

EXPLANATION FOR CHANGES TO ORIGINAL RETURN

_____

_____

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

Paid Firm Identification Number or PTIN

Spouse Signature (If joint, **BOTH** must sign)

Date

This Return may be discussed with the preparer.

Paid Preparer Social Security Number or PTIN

Paid Preparer Signature

Date

☐ Yes ☐ No

Paid Preparer (Print Firm Name)

Paid Preparer Phone

Paid Preparer Address

Mail **REFUND** To: Department of Revenue, P.O. Box 23058, Jackson, MS 39225-3058

Mail **All Other Returns** To: Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

Key to Data Fields for the Non-Resident Amended Individual Income Tax Form 2010. The form number is 80-270. This form must be approved by 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 A" 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=18.
>   **"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 alpha, for dependents and indicate relationship. A code should be entered: C for child, P for parent, and R for relative. The code should go in the scanband and in the body of the form under relationship. These fields are 1 character long.

7A,7C   These fields indicate that the Taxpayer or the Spouse of the taxpayer is 65 years of age or older. These fields should be Y or N in the scanband, X or blank in the body of form. This field is 1character 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   This is a numeric field and is a money field, "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   This is a numeric field and is a money field, "A" being the taxpayer's Standard or Itemized Deduction and "B" being the spouse's standard or itemized deduction. These fields are each 9 characters long.

20A & 20B   This is a numeric field and is a money field, "A" being the taxpayer's Exemption and "B" being the spouse's exemption. These fields are each 9 characters long.

21A & 21B   This is a numeric field and is a money field, "A" being the Taxpayers 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. Taxpayer 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. NOTE: THIS FIELD MAY CONTAIN NEGATIVE VALUES.

25   This is a numeric field and a money field, the taxpayer provides information in this field for 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.

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 shoud 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 shoud 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.

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**

33A to 44B   This is a numeric field and is a money field. 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.

45A to 56B   This is a numeric field and is a money field. 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 receipient's social security number. This field is 10 characters long. The last digit in this field is a check digit. This check digit is in the scanband but not in the body of the form. Check digits should be calculated using Modulus 10 Self-check Digit Computation found in the Mississippi Guidelines for Provider of Substitute Forms. This field may be blank if there is no Alimony Paid.

ST   This is an alphanumeric field. This is the state of residency for the recipient of the Alimony Paid. This field is 2 characters long.