Scanband Version of Form 80-270-11-5 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



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

IS A

		<u>)11 </u>	Page 1 of 2			10 / (
$\{1, 1\}$!
13 "					ı	!
<u> </u>	<u> </u>				I	!
+-		'				
17 7	+					
<u> </u>			<u> </u>		<u></u>	
<u> </u>	ļ		<u> </u>			
+-	i		'! }			
1.1	`	'	i	'	1	i
	• (:-				
		;;;-				
r =	For Computer Use C	Only - Do Not Writ	te Above This Line Duplex or	Photo	opies 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 taxp Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided a		Taxpayer SSN			
3.	Married - Filing Separate Returns - Enter \$12,000 on Line 12. Enter Spouse N	Name and SSN in	Spouse SSN			 _
4.	boxes provided above. (Cannot change from Joint to Separate after due of Head of Family - Enter \$8,000 on Line 12. Provide Name, Relationship	,	County Code			ļ
	the Dependent Living in the Home with You on Line 6.	., 5517 01				,
5. []	Single - Enter \$6,000 on Line 12.		8. Number of Depender	ts Listed o	on Line 6	8.
6.	Dependents (In column (b) Must enter C for child, P for parent or R for	relative).	9. Number of Boxes Ma	rked "X" o	n Line 7	9.
	(a) Name (b) Relationship (c) Dep	pendent SSN	10. Total of Line 8 plus L	ne 9.		10.
[11. Line 10 x \$ 1,500	=	11.	
!			12. Enter Amount from Li	nes 1-5.	12.	
!			i 13. Total (Line 11 plus 12	<u>'</u>).	13.	
+ -			i I			
7. Mark	"X" if Taxpayer Age Taxpayer Spouse Age	Spouse Blind	14. If Married-Filing Sepa Enter 1/2 of Line 13.	rate Retu	rns, 14.	
Com	" 65 or Over Blind 65 or Over	ntion and Dadeet		nrorotod	-	o the ratio of
Missi	lete Schedule of Income on Page 2 Before Proceeding Further. The Exem ssippi Income to Total Income of Taxpayer and Spouse from all sources.		Round All Amo			
15.	Ratio Computation 16. Standard or Itemized Dedu	uction 17.	Exemption Computation			
15a	MS AdjustedGross Income 16a. Standard or Itemized Dedu	uction 17a.	Exemption, Line 13 above. (Line 1	4 if MFS)		
				1		
15b	Total Adjusted Gross Income From All Sources 16b. MS Deduction - 16a times	s 15c 17b.	MS Exemption - 17a times 15c	-		
	►(N)			- 		
15c.	Ratio: Line 15a divided by Line15b	Colum	n A (Taxpayer)	· -	Column F	3 (Spouse)
18.		►(P)	18.	► (B) 「	-2.41111	- 7 <u>5</u> 65930)
19.	Standard or Itemized Deductions (Line 16b, Must Attach Sch. A, Form 80-108)	(') (F)	19.	(B) ;		
20.	Amount of Exemption (Line 17b)		20.	(1)		
20. 21.	Mississippi Taxable Income (Line 17b) See Instructions If less than 0, enter 0.			ŀ		
		Instructions)		Ė		
22.	Total Income Tax Due (See page 8 of the Resident and Non-Resident	. เกอเกนนเบทร).		()()		
23.	Mississippi Income Tax Withheld (Must Attach W-2s) Estimated Tax Payments, Amount Paid with Extension and/or Amount Pai	id with ORIGINAL	23. PETURN. 24	► (W) ¦		
24.	Other Credits (See instructions) Enter code for each type of credit			(E) ¦		
25.	claimed. (Must Attach Form 80-492)	25A 25B	25C 25D	· (0)		
			25.	• (O) ¦		
26.	Overpayment from original return		26.	ļ.		
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.	ļ		
30.	Interest on Underpayment of Estimated Tax Payments. (Must Attach For	m 80-320)	30.	▶ (l) ¦		
31.	Interest and Penalty (See Instructions)		31.	► (T) ¦		
32.	Total Due (Add Lines 29, 30, and 31) Must Attach Check or Money Or Due payable to: Department of Revenue. (ENCLOSE PAYMENT VO	ger for Total OUCHER 80-106)	TOTAL DUE 32.	► (V) ¦		



Mississippi *Amended* MS

on-Resident of Part-Yea	r Resident
Individual Income Tax	Return
2011	Page 2 of 2

	[1		
					:		
	[]				!	- 7	
					!	- 7	
	!				!		
	·				!		!
	·				!		!
	·						'
							''
SSN		For Computer Use Only - I	Do Not Write	e Above This L	ine Duplex or	Photo	ocopies NOT Acceptable
	''			Col	umn A		Column B
	OTHER INCOME		То		from All Sources	s <u>N</u>	Mississippi Income Only
33.	Wages, Salaries, Tips, Etc. (Must Attach W-2s)		Ī			Ī	
34.	Business Income (Loss) (Must Attach Federal Schedule	e C or C-EZ)	Ī				
35.	Capital Gain or Loss (Must Attach Federal Schedule D)		Ī				
36.	Rent, Royalties, P-Ship, S-Corps, Trusts, etc. (Must Atta	nch Federal Schedule E)	I I			Ī	
37.	Farm Income or Loss (Must Attach Federal Schedule F))	I I			- 1	
38.	Interest Income		I i			1	
39.	Dividend Income		I I				
40.	Alimony Received		I I				
41.	Taxable Pensions and Annuities (Must Attach 1099-R)		I I				
42.	Unemployment Compensation (Must Attach Form(s) 109	99-G)	I I				
43.	Other Income (Loss) (Must Attach MS Schedule N)		I I				
44.	Total Income (Add Lines 33 through 43)		I I				
	ADJUSTMENTS TO GROSS IN	ICOME	,	Total from	All Sources		Mississippi Only
45.	Payments to an IRA		!			Ī	
	Payments to Self-employed SEP, SIMPLE, & Qualified Re	etirement Plans.	!				
	Interest Penalty on Early Withdrawal of Savings		1				
	Alimony Paid (Must Complete Schedule P Below)						
	Moving Expense (Must Attach Federal Form 3903)						
		Guard/Pasarya Pay	Ţ			'-	
50.	National Guard or Reserve Pay (Enter the Lesser of the C or the \$15,000 Statutory Exclusion Per Taxpayer)	·	i L				
51.	MS Prepaid Affordable College Tuition (MPACT) and/or N	MS Affordable College Savin	ngs ¦			Ĺ	
52.	Self-Employed Health Insurance Deduction		l L			Ļ	
53.	Health Savings Account Deduction		l L			Ĺ	
54.	Total Adjustments (Add Lines 45 through 53)		 			- 1.	
55.	Adjusted Gross Income (Line 44 minus 54) Carry Total AGI to line 15b & MS AGI line 15a.		:			-	
	•					<u> </u>	
56.	Split MS AGI on Line 55 between Taxpayer (T) and Sp	• •	Ţ			S	
f a de	duction is claimed for Alimony Paid, please furnish	Schedule P - Alin	nony Paid	_{[S}	 SN of		
he na	ime, SSN, and the state of residency of the individual [Nal	me		'R	ecipient tate of		
o wn	om the amount was paid.			<u></u>	esidency		
	EXPLAN	NATION FOR CHANGES TO	ORIGINAL R	RETURN			
THIS	RETURN MUST BE SIGNED. Under penalties of	perjury, I declare that I h	have exam	nined this retu	urn, including acc	ompai	nying schedules and
state	nents, and to the best of my knowledge and belief	it is true, correct and cor	mplete.				
ıax	eayer Signature	Taxpayer Phone	. I This R	eturn may	Paid Firm Identific	Jauon I	Number of PTIN
Spou	se Signature (If joint, BOTH must sign)	' Date	be disc	cussed with	Poid Properer Sec	cial Sa	curity Number or DTIN
2200		1	- the pre	eparer.	Paid Preparer So	uai 5e	curity Number or PTIN
Paid	Preparer Signature	Date	- - - - -	es No	Poid Property (D.		o Namo)
]		Paid Preparer (Pr	ınt Firn	п магле)
Paid	Preparer Phone	Paid Preparer Address			_'		



Mississippi Amended Non-Resident or Part-Year Resident Individual Income Tax Return 2011 Page 1

IS A

			2011		Page 1 of 2				IS A	
				r						
6A ¦!	RC 11 15/	١	18A	22	25			DS1		
6B	FS 12 15E	3	19A	23	26			DS2		
6C	8 13 150		20A	24	27			DS3		
6D	9 14 16/	١	21A		25A 28			DS4	i	
7A	10 166	3	18B		25B 29			TS		
7B	17/	λ	19B		25C 30			SS		
64-6-6-6-7A-7-77-77-7	178	3	20B		25D 31				TY	
לְDֵ			21B		32			PS]	
	.		L							
	N1		N2	N6						
	N4		N5							
	•									
	A									
	C1	C2 C3								
			For Computer Use Only -	Do Not Write Ab	oove This Line Du	inlex or	Photo	conies NO	T Acceptabl	
1.	Married - Combined or Joint Return - E	nter \$12,000 on I				ipiex oi	1 11010	oopies ito	1 Addeptubl	·
2.	Married - Spouse Died in Tax Year - Pl	ease enter surviv	ring spouse first as taxpayer.		Taxpayer SS	SN				
3.	Enter \$12,000 on Line 12. Enter Spou Married - Filing Separate Returns - Ent				Spouse SSN					
	boxes provided above. (Cannot cha	ange from Joint	to Separate after due date.)		County Code			'	·	
4.	Head of Family - Enter \$8,000 on Li the Dependent Living in the Home			SSN of	,				'	
5. <u>[</u>]	Single - Enter \$6,000 on Line 12.				8. Number of	Dependen	ts Listed	on Line 6	8.	
6.	Dependents (In column (b) Must	enter C for child	d, P for parent or R for relati	ve).	9. Number of	Boxes Mar	ked "X"	on Line 7	9.	
r	(a) Name	(b) Relat	tionship (c) Depende	nt SSN	10. Total of Lin			1.5	10.	'
ļ +					11. Line 10 x \$	1,500	=	11.		
ļ +					12. Enter Amou	ınt from Lii	nes 1-5.	12.		- 4
i 					13. Total (Line	11 plus 12).	13.		
i					44 (684		D			
7. Mark	"X" if Taxpayer Age 5 or Over 5 1	Taxpayer Blind	Spouse Age Spo	use Blind	14. If Married-F Enter 1/2 or		rate Rett	ums, 14.		_ !
	olete Schedule of Income on Page 2 B			and Deduction (
	ssippi Income to Total Income of Taxp Ratio Computation		se from all sources. dard or Itemized Deduction	17. Exe	Round emption Computation		unts to	the Neare	est Dollar	
	. MS AdjustedGross Income		dard or Itemized Deduction		emption, Line 13 abov		l if MFS)			
		1		- 7			7			
15b.	Total Adjusted Gross Income From All	_' 16b. MS [Deduction - 16a times 15c	['] 17b. MS	Exemption - 17a tin	nes 15c	_'			
	Sources	7			r		7			
150	► (N)	-'		'	i		_'			
	Ratio: Line 15a divided by Line15b		' %	Column A	(Taxpayer)			Column E	3 (Spouse)	
18.	Mississippi Adjusted Gross Income	•	, , ,			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 mi	nue Linne 10 and 1)))			20.				
21.	See Instructions If less than 0, enter 0.		1			21.				
22.	Total Income Tax Due (See page 8			uctions).		22.	(1.0			
23.	Mississippi Income Tax Withheld (M		•	OBIGINIAL DE	TURN	23.	(W)			
24.	Estimated Tax Payments, Amount P Other Credits (See instructions) Ente			 -		24.	(E)			!
25.	claimed. (Must Attach Form 80-492		type of credit 25A	\25B	5C 25D	25	. (0)			
20	Overnovment from exists at the					25. •	(O)			
26.	Overpayment from original return	25 loop line 20				26. 27	ļ			
27. 28.	Total Credits (Add Lines 23 through	,			D==:	27. 28	(P)			
28. 29.	Enter the Amount of Refund if Line 2 Enter Balance Due if Line 22 Is Larg	•			REFUND	28. • 29.	(R)			
29. 30.	Interest on Underpayment of Estima			320)	BALANCE DUE	29. 30.	(I)			
	• •	•	no. (Muot Attach FOIII 80-	J20)		_	► (I) ¦			
31.	Interest and Penalty (See Instruction TOTAL DUE (Add Lines 29, 30, and	•	ch Check or Money Order	for Total	TOT: -:-	31.	(1)			
32.	Due payable to: Department of F	Revenue. (ENC	LOSE PAYMENT VOUCHE	R 80-106)	TOTAL DUE	32. •	- (v) ¦			



Mississippi Amended Non-Resident or Part-Year Resident Individual Income Tax Return 2011 Page 1 of 2

IS A

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	54/13to\$5/13	58/13to66/13	69/13to78/13
		25/14to33/14	36/14to44/14	54/14to\$5/14	58/14to66/14	69/14to78/14
		25/15-33/15	36/15to44/15 +	54/15to\$5/15	58/15to66/15 58/16 to 66/16	75/15to78/ 69/16to78/16
>	13/18īo32/18		35/18to46/18			'
•	13/21to40/21					
•	13/22to24/22	27/22 31/22to39	3/22			

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

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



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

Page 1 of 2 C C C Ν Υ Υ Ν Ν Smith John R

1546 Dover Road

Jackson MS

For Computer Use Only - Do Not Write Abo	ove This Line Duplex or Photocopies NOT Acceptable
1. Married - Combined or Joint Return - Enter \$12,000 on Line 12.	
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. Married - Filing Separate Returns - Enter \$12,000 on Line 12. Enter Spouse Name and SSN in	Taxpayer SSN 587-16-1111 Spouse SSN
 boxes provided above. (Cannot change from Joint to Separate after due date.) 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. 	County Code 25
5. Single - Enter \$6,000 on Line 12.	8. Number of Dependents Listed on Line 6
6. Dependents (In column (b) Must enter C for child, P for parent or R for relative).	9. Number of Boxes Marked "X" on Line 7 9.
(a) Name (b) Relationship (c) Dependent SSN	10. Total of Line 8 plus Line 9.
Jon Smith C 123-45-6987	11. Line $10 \times \$ 1,500 =$ 11. $7,500$
Jen Smith C 123-75-4790	12. Enter Amount from Lines 1-5.
Jan Smith C 123-65-4789	13. Total (Line 11 plus 12).
7. Mark "X" if X Taxpayer Age X Taxpayer Spouse Age Spouse Blind	14. If Married-Filing Separate Returns, Enter 1/2 of Line 13.
Complete Schedule of Income on Page 2 Before Proceeding Further. The Exemption and Deduction (st. Mississippi Income to Total Income of Taxpayer and Spouse from all sources.	tandard or itemized) must be prorated according to the ratio of Round All Amounts to the Nearest Dollar
	nption Computation
15a. MS AdjustedGross Income 16a. Standard or Itemized Deduction 17a. Exem	mption, 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 E	Exemption - 17a times 15c
▶(N) 31,450 10,850	4,200
15c. Ratio: Line 15a divided by Line15b 70.00 % Column A (
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.
23. Mississippi Income Tax Withheld (Must Attach W-2s)	23. ► (W) 1 600
24. Estimated Tax Payments, Amount Paid with Extension and/or Amount Paid with ORIGINAL RETU	URN. 24. ► (E)
25. Other Credits (See instructions) Enter code for each type of credit claimed. (Must Attach Form 80-492)	C 25D
credit claimed. (Must Attach Form 60-492)	25. ► (O)
26. Overpayment from original return	, , , , , , , , , , , , , , , , , , , ,
	26.
27. Total Credits (Add Lines 23 through 25 less Line 26)	27. 600
27. Total Credits (Add Lines 23 through 25 less Line 26)28. Enter the Amount of Refund if Line 27 is Larger than Line 22.	L
28. Enter the Amount of Refund if Line 27 is Larger than Line 22.	27. 600
28. Enter the Amount of Refund if Line 27 is Larger than Line 22.	27. 600 REFUND 28. (R) 368
28. Enter the Amount of Refund if Line 27 is Larger than Line 22.29. Enter Balance Due if Line 22 Is Larger Than Line 27.	27. 600 REFUND 28. (R) 368 BALANCE DUE 29.



Mississippi MS Amended Non-Resident or Part-Year

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

2011 Page 2 of 2 33B 34B 48A 50B 40A 49A 51B 43B 35B 36B 37B 52B 53B 54B 44B 41A 50A 42A 43A 45B 46B 51A 33A 52A

	0-7/	70/1				'	705	'	040
	35A	44A	53A	¦ 38B		I I	47B		55B
	36A	45A	54A	39B		7	48B		56B
	37A	46A	55A	40B		1	+ 49B		RS
	38A	47A	56A	41B		-		'	ST
	1	777				-'			P-1_1
	1		For Computer Us	e Only - Do Not	Write Above	e This Li	ne Duploy or	Pho	tocopies NOT Acceptable
SSN	i	i	1 of Computer Co	C Offiny Do 1401	WINC ABOV		-	FIIO	
		OTHE	R INCOME		Total Inc		mn A om All Source:	•	Column B Mississippi Income Only
22	Wages, Salaries, Tips, Etc.	_				201116 11	om An Oodice.		inississippi income only
	, , , ,	•	•		<u></u>			l I	L
	Business Income (Loss) (N		·		<u> </u>			l I	L
	Capital Gain or Loss (Must		•	lula EV	<u> </u>			l I	L
		•	c. (Must Attach Federal Sched	iule E)	<u></u>			į	
	Farm Income or Loss (Mus	st Attach Federa	Il Schedule F)		<u> </u>			į	<u></u>
	Interest Income							į	<u></u>
	Dividend Income				<u> </u>			ļ	
40.	Alimony Received							,	, L
41.	Taxable Pensions and Ann	uities (Must Atta	ach 1099-R)		L			l I	,
42.	Unemployment Compensa	tion (Must Attac	h Form(s) 1099-G)		<u> </u>			1	<u> </u>
43.	Other Income (Loss) (Must	t Attach MS Sch	nedule N)		ļ 			ļ	(
44.	Total Income (Add Lines	33 through 43.)					!	1	
	ADJUST	IMENTS TO	GROSS INCOME		Tota	l from	All Sources		Mississippi Only
45.	Payments to an IRA							1	I L
46.	Payments to Self-employed	d SEP, SIMPLE,	& Qualified Retirement Plans.		l L			I I	I L
47.	Interest Penalty on Early W	ithdrawal of Sav	rings				1	i	
48.	Alimony Paid (Must Comp	lete Schedule P	Below)		1			ì	
49.	Moving Expense (Must Att	ach Federal Fo	rm 3903)		i			İ	
50.	National Guard or Reserve or the \$15,000 Statutory E	Pay (Enter the lexclusion Per Tax	_esser of the Guard/Reserve Pay cpayer)	1					
51	MS Prepaid Affordable Col	llege Tuition (MP	ACT) and/or MS Affordable Colle	ege Savings					
	Self-Employed Health Insu		•	go caringo	ļ				
	Health Savings Account De								
			53)		<u> </u>				<u> </u>
54.	-	_			1			1	'
55.	Adjusted Gross Income (Carry Total AGI to line 15	Line 44 minus 5 b & MS AGI line	54) e 15a.				7		
					—				
56.	Split MS AGI on Line 55 b	between Taxpay	(, , , , , , , , , , , , , , , , , , ,	5 411	<u>_</u>		i	S	Í
f a d	eduction is claimed for Alim	ony Paid please		P - Alimony	-aid	_{15.5}			
he n	ame, SSN, and the state of	residency of the	individual Name			Re	cipient		
o wh	nom the amount was paid.					'R <u>.</u> e	sidency		
			EXPLANATION FOR CHAN	GES TO ORIGIN	IAL RETURN	1			
ше	PETUDN MUST DE CU	CNED Under	nonalting of parium. I dealer	a that I have a	waminad t	hio rotu	rn induding on		anving ashadulas and
tate	ments, and to the best of	of my knowledg	penalties of perjury, I declar e and belief it is true, correct	and complete	examined ti e.	nis retui	m, including acc	ompa	anying schedules and
Tax	payer Signature		Taxpayer Phone				Paid Firm Identifi	cation	Number or PTIN
					nis Return r e discussed				
Spor	use Signature (If joint, BOTH	<u>I must sign)</u>	Date		e preparer.		Paid Preparer So	cial S	Security Number or PTIN
	Preparer Signature		Date			- !	! !		
_aiu	Preparer Signature				Yes	No	Paid Preparer (P	rint Fir	rm Name)
									1
Paid	Preparer Phone		Paid Preparer Ad	dress					



Mississippi MS Amended Non-Resident or Part-Year Resident Individual Income Tax Return 2011 Page 2 of 2

		ige z oi z			
	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 |

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

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



Mississippi MS Amended Non-Resident or Part-Year Resident

on-Resident or Part-Year Resident Individual Income Tax Return

Page 2 of 2 -8000

	300 0	U	(J			N
SSN	587-16-1111 For Comput	er Use Only - Do Not Wri	te Above	This L	ine Duplex or	Photo	ocopies NOT Acceptable
	OTHER INCOME	т.	atal Ina		ımn A		Column B
20	OTHER INCOME	10	otal inc	ome r	rom All Sources	5 <u>I</u> V	lississippi Income Only
33.	•				-8,000 40,000	Ļ	22 000
34.					40,000	Ļ	22,000
35.		Nahadula EV	<u></u>			<u> </u>	
36.		scnedule E)				Ļ	
	Farm Income or Loss (Must Attach Federal Schedule F)				200	Ļ	
38.					300	Ļ	
39.					150	Ļ	
40.	•		<u></u>			Ļ	
41.	,		<u></u>			į.	
42.			<u></u>			į.	
43.			<u></u>			į.	
44.	Total Income (Add Lines 33 through 43.)		i- <u>-</u>		32,450	i -	22,01
	ADJUSTMENTS TO GROSS INCOME		lota	Trom	All Sources	-	Mississippi Only
45.	•		<u></u>		1,000	į.	
46.		ns.	<u></u>			į.	
47.	, , ,		<u></u>			į.	
48.	Alimony Paid (Must Complete Schedule P Below)		<u></u>			į.	
49.	Moving Expense (Must Attach Federal Form 3903)		i			i -	
50.	National Guard or Reserve Pay (Enter the Lesser of the Guard/Reservor the \$15,000 Statutory Exclusion Per Taxpayer)	e Pay	 			-	
51.	MS Prepaid Affordable College Tuition (MPACT) and/or MS Affordable College	ege Savings (MACS)	<u>L</u>			L	
52.	Self-Employed Health Insurance Deduction		<u></u>			L	
53.	Health Savings Account Deduction		ļ			<u> </u>	
54.	Total Adjustments (Add Lines 45 through 53)		i		1,000	1	
55.	Adjusted Gross Income (Line 44 minus 54) Carry Total AGI to line 15b & MS AGI line 15a.				31,450	-	22,01
56.	Split MS AGI on Line 55 between Taxpayer (T) and Spouse (S)	Т				s	
	Sch	edule P - Alimony Paid	 ;			ш-	
the	deduction is claimed for Alimony Paid, please furnish name, SSN, and the state of residency of the individual Name			R	SN of ecipient ate of		
<u> </u>		CHANGES TO ORIGINAL	RETURN		esidency		
state	S RETURN MUST BE SIGNED. Under penalties of perjury, I dements, and to the best of my knowledge and belief it is true, compayer Signature Taxpayer Pt	orrect and complete.	nined th	nis retu	rn, including acc		
		This I	 Return m				
Spo	use Signature (If joint, BOTH must sign) Date	be dis	scussed eparer.		Paid Preparer So	cial Se	curity Number or PTIN
			chaici.	1	1		
Paid	Preparer Signature Date		es	No	Paid Preparer (Pr	int Fire	 n Name)
					. a.a		
Paid	d Preparer Phone Paid Prepar	rer Address			.'		

Key to Data Fields for the Non-Resident Amended Individual Income Tax Form 2011. 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.
- 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.
- 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.
- 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.
- 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. 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. These are numeric fields and are money fields, "A" being the total exemption and "B" 17A & 17B 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 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.