

Scanband Version of Form 80-340-11-5 Affidavit In Support Of Reservation Indian Income Exclusion From Mississippi State Income Taxes

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 for 2011 in this list, but we may have missed a few. Please check the form as well as this list.

Changes -

- 1) Updated the form number and other dates.**
- 2) Updated the agency name**

Route to
IIT

MS

**Mississippi
Affidavit In Support Of
Reservation Indian Income Exclusion From
Mississippi State Income Taxes**

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

Your SSN: _____

Tax Year

Last Name	First name	Middle initial	Your SSN: _____
Mailing Address (Number & Street, Including Rural Route)		County	
City	State	ZIP	
			Your occupation

Indian Status

- (a) I am a Mississippi Choctaw Indian. Yes No
- (b) I am a member or am eligible for membership in a Federally recognized Indian Tribe other than the Mississippi Band of Choctaw Indians. Yes No **OR**
- Name of Tribe _____

Reservation Residency

- (a) During _____ I lived on the Mississippi Choctaw Indian Reservation for (Check one box ONLY below)
- The entire year.
- Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec (Circle months lived on reservation)
- I did not live on the Choctaw Reservation during _____.
- (b) My place(s) of residence on the Choctaw Reservation during _____ was (were) located on (Check one or more boxes below)
- A tribal housing site lease.
- A Choctaw housing authority house site.
- A BIA dormitory or house.

Reservation Income

- (a) During the months I lived on the Choctaw Reservation in _____, I earned the following income from work on the Choctaw Reservation _____.
- (b) My employer(s) for my on-reservation work during _____ was (were) the (Check one or more boxes below)
- Mississippi Band of Choctaw Indians.
- Bureau of Indian Affairs.
- Indian Health Service, USPHS.
- Other: _____

Name of Employer	Employer Phone
Employer Address	

I do hereby claim that the above described earned income falls outside the taxing jurisdiction of the State of Mississippi on the basis of the legal principles established in **McClanahan vs. Arizona Tax Commission**, 411 U.S. 164 (1973).

THIS FORM MUST BE SIGNED. If someone else completed this form, both of you must sign the return. Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief it is true, correct, and complete.

Taxpayer Signature

Date

Preparer Signature

Date

**Mail this form and your State Tax Return to:
Department of Revenue
P.O. Box 23050
Jackson, MS 39225-3050**

Route to
IIT

MS

Mississippi
**Affidavit In Support Of
Reservation Indian Income Exclusion From
Mississippi State Income Taxes**

12/9 to 13/9

18/9 to 27/9

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Your
SSN

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

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IIT

MS

**Mississippi
Affidavit In Support Of
Reservation Indian Income Exclusion From
Mississippi State Income Taxes**

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Your SSN

Tax Year

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Key to the data fields for the Affidavit In Support Of Reservation Indian Income Exclusion From Mississippi State Income Taxes income tax form scanband version for 2011. The form number is 80-340. This form must be approved by the Mississippi Department of Revenue.

Page 1:

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=11.

"MS" to the left of the header must begin in grid space 27/4 and end in grid space 28/4 and be in an 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 positions are 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. All numeric fields should be right justified. 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. 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.

Front (Page 1) of the form:

Field Name	Description
RC	Resident County Code - This code is a numeric field with the codes ranging from 01 to 82 or 90. These codes are found in the instructions to the taxpayer for this form. This field is 2 characters long.
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.