

MS

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

Tax Year _____

Taxpayer Last Name	First Name	Middle Initial	YOU MUST ENTER SSN
Spouse Last Name	Spouse First Name	Middle Initial	
Mailing Address (Number & Street, Including Rural Route)			
City	State	Zip	
			SSN _____ - _____ - _____
			Spouse SSN _____ - _____ - _____
			Residence County Code - See Instructions _____

Indian Status (Check One)

- (a) I am a Mississippi Choctaw Indian. Yes No
- (b) I am a member or am eligible for membership in an Indian Tribe other than the Mississippi Band of Choctaws. 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 form. Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief this form is true, correct, and complete.

Signature

Date

Preparer Signature

Date

Mail this form separately from your State Tax Return to:
Department of Revenue
P.O. Box 1033
Jackson, MS 39215

Duplex or Photocopies NOT Acceptable