Mississippi Affidavit for Reservation Indian Income Exclusion From Mississippi State Income Taxes

Taxpayer First Name	Initial	Last Name		Tax Year		
Spouse First Name	Initial	Spouse Last Name		SSN		
Mailing Address (Number and Street, Including Rural Ro	ute)			Spouse SSN		
City	State	Zip	County Code			
INDIAN STATUS (CHECK ONE)						
(a) I am a Mississippi Choctaw Indian.		Ye	es 📄 No)		
(b) I am a member or am eligible for mem	bershi	p in an Indian Tribe other than t	he Mississip	pi Band of Choctaws.		
Name of Tribe						
RESERVATION RESIDENCY						
(a) During I lived on the Missi	ssinni	Choctaw Indian Reservation fo	or (check o	ne hox ONI X helow)		
	ooippi					
The entire year Jan Feb Mar Apr May June July		Cont Oct Nov Doc	(Circlo	months lived on reservation.)		
I did not live on the Choctaw Res	-		(Olicie			
	_		(wara) la act			
(b) My place(s) of residence on the Chocta	aw Re	servation during was	(were) locate	ed on (check one or more boxes below)		
A tribal housing site lease						
A Choctaw housing authority hou A BIA dormitory or house	ise sit	e				
RESERVATION INCOME						
(a) During the months I lived on the Choct	aw Re	eservation in, I earned	d the followir	ng income from work on the Choctaw Reservation		
(b) My employer(s) for my on-reservation v	work o	luring was (were) t	he (che	ck one or more boxes below)		
	VOIR C			ck one of more boxes below)		
Mississippi Band of Choctaw Ind	ians					
Bureau of Indian Affairs Indian Health Service, USPHS						
Other:						
			Freedow	- Di sur		
Name of Employer			Employe	r Phone		
Employer Address						
	1 U.S.	164 (1973). THIS FORM MUST BE	E SIGNED. If:	of Mississippi on the basis of the legal principles established in someone else completed this form, both of you must sign the form. belief this form is true, correct, and complete.		
Signature						
Preparer Signature			Date	3		

Mail this form separately from your state tax return to: P.O. Box 1030, Jackson, MS 39215 Duplex or Photocopies NOT Acceptable

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	Income				ite Income Tax	es	
axpayer First	Name	Initial Last Name				Tax Year	9999
xxxxx	xxxxxxxxxxxxxxx	x xxxxxxx	XXXXXXXXX	xxxxxx			
Spouse First I		Initial Spouse Last Nan			SSN	999	9999999
XXXXX	xxxxxxxxxxxxxxx	X XXXXXXX	XXXXXXXXX	XXXXXX			
Mailing Addre	ess (Number and Street, Including Rural Ro	oute)			Spouse SSN	999	9999999
	9X9X9X9X9X9X9X9X		<u>(9X9X9X9</u> 2				
City		State Zip		County Code			
XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	99999	99			
INDIAN	STATUS (CHECK ONE)						
(a) Iam a	Mississippi Choctaw Indian.		X Y	∕es <u>x</u> No			
a) ranra			A .				
(b) Iam a	member or am eligible for meml	bership in an Indian	Tribe other than	the Mississippi	Band of Choctaws.	X Yes X	ζ Νο
							-
Name	of Tribe XXXXXXXXX	XXXXXXXXXXX	XXX				
RESER	VATION RESIDENCY						
(a) During	9999 I lived on the Missi	issippi Choctaw India	an Reservation f	for (check one	e box ONLY below)		
X I	The entire year						
X J	Jan Feb Mar Apr May June July	Aug Sept Oct Nov E)ec	(Circle n	nonths lived on reservat	ion.)	
ХI	did not live on the Choctaw Res	servation during	9999				
(b) My pla	ce(s) of residence on the Chocta	aw Reservation durir	ng 9999 wa	s (were) located	l on (check one or more	boxes below)	
X A	A tribal housing site lease						
X A	A Choctaw housing authority hou	use site					
XA	A BIA dormitory or house						
RESER	VATION INCOME						
(a) During	the months I lived on the Choct	aw Reservation in 9	999, Iearn	ed the following	income from work on t	he Choctaw Reser	vation
X9X9	9X9X9X9X9X9X9X9X9X	9X9X9X9X9X9X	29X9X9X92	x9x9x9x9	X9X9X9X9X9X9X	€X9	
(b) My em	ployer(s) for my on-reservation v	work during 9999) was (were)	the (check	one or more boxes be	low)	
XN	Mississippi Band of Choctaw Ind	Jians					
	Bureau of Indian Affairs						
	ndian Health Service, USPHS						
	Other:						
Name of Emplo	over			Employer	Phone		
	9x9x9x9x9x9x9x9x9x	axaxaxaxax	x a x a x a x)999-9999		
Employer Addr				()))			
	9X9X9X9X9X9X9X9X9X	axaxaxaxav	axaxax	xxxxxxx	xxxxxxxxxxx		999999
	claim that the above described earne n vs. Arizona Tax Commission , 41	ed income falls outside	the taxing jurisdict	ion of the State of	Mississippi on the basis of	the legal principles e	established in
do hereby o	ties of perjury, I declare that I have e	examined this form and	to the best of my l	knowledge and be	lief this form is true, correct	t, and complete.	ust sign the ion
McClanahar						· · · · · · · · · · · · · · · · · · ·	
McClanahar							
McClanahar Under penal				Date			
McClanahar Under penal							
McClanahar Under penali Signature							
McClanahar Under penall Signature				Date			
McClanahar Under penalt Signature	iture			Date			

Duplex or Photocopies NOT Acceptable