		Affi	davit for Re	eservation Ir	ndian	64 65 66 67 68 69 70 71 72 73 74 75 76 77 78
	Income E	xclusio	n From Mis	ssissippi Sta	ate Income Taxe	es
Taxpayer First Name	116	nitial Last Name				T. W. 0000
				<u> </u>		Tax Year 9999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			SSN	99999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			Spouse SSN	999999999
x9x9x9x9x9x9			x9x9x9x9x	x9x9x9x9x		
City		State Zip		County Code		
XXXXXXXXXX	xxxxxxxx	XX	99999	99		
INDIAN STATUS	(CHECK ONE)					
	,					
(a) I am a Mississippi Cl	octaw Indian		Х	Yes X No		
(a) Tairi a Wississippi Oi	loctaw Iridian.		Λ	. 66 X		
(h) I am a mambar ar ar	a aliaible for member	robin in on l	ndian Triba athar	than the Mississian	i Pand of Chaptows	X Yes X No
(b) I am a member or ar	r enginie ioi member	SIIIP III dii II	iuiaii iiibe oliler	uiaii uie wiississipp	Danu or Choclaws.	X Yes X No
N1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,	7777777			
Name of Tribe X	XXXXXXXXXX	XXXXXX	XXXX			
RESERVATION RE	SIDENCY					
(a) During 9999 I	lived on the Mississi	ippi Choctav	w Indian Reservat	tion for (check on	e box ONLY below)	
X The entire yea	r					
X Jan Feb Mar A	pr May June July Au	g Sept Oct	Nov Dec	(Circle r	months lived on reservati	ion.)
X I did not live or	the Choctaw Reser	vation durin	g 9999			
21 1 1 1 1 1 1 1 1 1 1			9 9999			
(1) 14 - 1 (-) - 6 1-		5		was (ware) leaste	d on (abook one or more	havaa halaw)
(b) My place(s) of reside	nce on the Choctaw	Reservation	1 during 9999	was (were) locate	u on (check one or more	DOXES DEIOW)
X A tribal housin	9					
X A Choctaw hor	using authority house	e site				
X A BIA dormitor	y or house					
RESERVATION INC	OME					
(a) During the months I	ived on the Choctaw	/ Reservatio	n in 9999 . I	earned the following	income from work on th	ne Choctaw Reservation
					X9X9X9X9X9X9	
2132132132132		217117117	1151151151	13113113113113	115115115115115115	213
(b) My employer(s) for n	w on-recordation wa	rk during O	999 200	ere) the (chas	k one or more boyes bal	OW)
(b) IVIY employer(s) for n	ıy on-reservation wo	ik duling 9	פכע was (w	ere) the (chec	k one or more boxes bel	Ovv j
77 84	1.501					
	nd of Choctaw Indiar	18				
X Bureau of India						
X Indian Health S	Service, USPHS					
X Other:						
Name of Employer		+++++		Employer	Phone	
X9X9X9X9X9X9	x9x9x9x9x9	x9x9x9	X9X9X9X9X)999-9999	
Employer Address				- ()	, , , , , , , , , , , , , , , , , , , ,	
	VOVOVOVOVO	VOVOVO	VOVOVOVOT	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	xxxxxxxxxx	XX XX 99999
	<u> </u>	<u> </u>	X9X9X9X9Z		.xxxxxxxxxx	XX XX 99999
x9x9x9X9X9X9	ax Commission , 411 l	U.S. 164 (197	3). THIS FORM MU	JST BE SIGNED. If s	omeone else completed this	the legal principles established in form, both of you must sign the form
do hereby claim that the ab McClanahan vs. Arizona T	declare that I have ever		in and to the best of	my knowledge and bo	and this form is true, correct	i, and complete.
l do hereby claim that the ab McClanahan vs. Arizona T	declare that I have exa					
l do hereby claim that the ab McClanahan vs. Arizona T	declare that I have exa					
I do hereby claim that the at McClanahan vs. Arizona T Under penalties of perjury, I	declare that I have exa			Date		
X9X9X9X9X9X9 I do hereby claim that the at McClanahan vs. Arizona T Under penalties of perjury, I	declare that I have exa			Date		
I do hereby claim that the ab McClanahan vs. Arizona T Under penalties of perjury, I Signature	declare that I have exa			Date		
do hereby claim that the at McClanahan vs. Arizona T Under penalties of perjury, I	declare that I have exa					