

Affidavit for Reservation Indian
Income Exclusion From Mississippi State Income Taxes

Form fields for Taxpayer First Name, Spouse First Name, Mailing Address, City, State, Zip, and County Code.

INDIAN STATUS (CHECK ONE)

(a) I am a Mississippi Choctaw Indian. (b) I am a member or am eligible for membership in an Indian Tribe other than the Mississippi Band of Choctaws.

Name of Tribe

RESERVATION RESIDENCY

(a) During 9999 I lived on the Mississippi Choctaw Indian Reservation for... (check one box ONLY below)

(b) My place(s) of residence on the Choctaw Reservation during 9999 was (were) located on (check one or more boxes below)

RESERVATION INCOME

(a) During the months I lived on the Choctaw Reservation in 9999, I earned the following income from work on the Choctaw Reservation

(b) My employer(s) for my on-reservation work during 9999 was (were) the... (check one or more boxes below)

Employer options: 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.

Signature and Date lines for the filer and preparer.