Scanband Version of Form 80-405-96-5 Prior Year Non-Resident or Part Year Resident Individual Income Tax Return

This form is to be used for all returns filed for 1997 and Prior. We will not be making any changes to this form. The barcode and all other dates will stay the same.

Route to IIT

MS

Mississippi

Non-Resident or Part-Year Resident
Income Tax Return For Prior Years

Page 1 of 2 1997 and Prior Enter Year

For	Official	Use	Only

	Page 1 of 2 1997 and Prior Enter Year	
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. <u>;</u> ;	Married - Combined or Joint Return - Enter \$9,500 on Line 13.	For Computer Use Only Do Not Write Above This Line
	Married - Spouse Died in 19 Enter \$9,500 on Line 13.	Your SSN
s.	Married - Filing Separate Returns is Not Allowed for Nonresidents or Part-Year Residents	Spouse SSN
		Your Occupation
	Head of Family - Enter \$9,500 on Line 13. Provide Name, SSN, and	Spouse Occupation
	Relationship of the Dependent, in space provided on line 6, Living in your Home.	8. Number of Dependents Listed on Line 6
. []	Single - Enter \$6,000 on Line 13.	9. Number of Boxes Marked "X" on Line 7
Dep	pendents (Do NOT Claim Yourself or Your Spouse)	10. If You Marked Line 4, Enter a "1" Here
	(a) Name (b) Dependent's SSN (c) Relationship	11. Total of Line 8 plus Line 9 minus Line 10
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j		13. Enter Amount from Lines 1 through 5
7.	Mark "X" if Taxpayer Age Taxpayer Spouse Age Spouse	 Married-Filing Separate Returns is Not Allowed for Nonresidents or Part-Year Residents
	- 65 or Over - Blind - 65 or Over - Blind	Round All Amounts to the Nearest Dollar
Comp	• blete Schedule of Income on Page 2 before proceeding further. The Exemption and Deduction (sta	
Missis	ssippi Income to Total Income of Taxpayer and Spouse from all sources.	
16.		
	Ratio Computation 17. Standard or Itemized Deduction	18. Exemption Computation
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16b.	MS Adjusted Gross Income 17a. Standard or Itemized Deduction Total Adjusted Gross Income From All Sources (N) (N)	18. Exemption Computation 18a. Total Exemption Line 14 18b. Ratio from Line 16c
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Route to

MS

Mississippi Non-Resident or Part-Year Resident Income Tax Return For Prior Years

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Page 2 of 2 1997 and Prior

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SCHEDULE P - ALIMONY PAID If a deduction is claimed for Alimony Paid, please furnish the lame, SSN, and state of residency of the individual to whom learnount was paid. SCHEDULE A WORKSHEET See Prior Year instructions for limitations on Prior Year Itemized Deductions. Items ETURN MUST BE SIGNED. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Paid Preparer's Signature If I spayer Income Spouse Income Source Income Son of Recipient SSN of Recipient Name State of Residency Name State of Residency I center Total Itemized Deductions from Federal Schedule A. I center Total Itemized Deductions from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Inco	52. Total Adjustments (Add L	ines 46 through 51)			
SCHEDULE P - ALIMONY PAID If a deduction is claimed for Alimony Paid, please furnish the lame, SSN, and state of residency of the individual to whom learnount was paid. SCHEDULE A WORKSHEET See Prior Year instructions for limitations on Prior Year Itemized Deductions. Items ETURN MUST BE SIGNED. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Paid Preparer's Signature If I spayer Income Spouse Income Source Income Son of Recipient SSN of Recipient Name State of Residency Name State of Residency I center Total Itemized Deductions from Federal Schedule A. I center Total Itemized Deductions from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Income Tax from Federal Schedule A. I center Total Amount of State Inco	53 Total & MS Adjusted Gros	ss Income (Subtract Line 52 from	Line 45)	''	'
between Taxpayer and Spouse				!	
SSN of Recipient State of residency of the individual to whom hame, SSN, and state of residency of the individual to whom hame amount was paid. SCHEDULE A WORKSHEET For Federal Schedule A Filers only. Must Attach Federal Schedule A. See Prior Year instructions for limitations on Prior Year Itemized Deductions. Subtract Line 2 from Line 1. Enter this Amount on Page 1, Line 20				Taxpayer Income	Spouse Income
SSN of Recipient State of residency of the individual to whom hame, SSN, and state of residency of the individual to whom hame amount was paid. SCHEDULE A WORKSHEET For Federal Schedule A Filers only. Must Attach Federal Schedule A. See Prior Year instructions for limitations on Prior Year Itemized Deductions. Subtract Line 2 from Line 1. Enter this Amount on Page 1, Line 20				''	
SSN of Recipient State of residency of the individual to whom hame, SSN, and state of residency of the individual to whom hame amount was paid. SCHEDULE A WORKSHEET For Federal Schedule A Filers only. Must Attach Federal Schedule A. See Prior Year instructions for limitations on Prior Year Itemized Deductions. Subtract Line 2 from Line 1. Enter this Amount on Page 1, Line 20	SCHEDULE P - ALIMONY	' PAID			
Name State of Residency Name Name Name State of Residency Name Name State of Residency Name Name State of Residency Name				SSN of Recip	pient
SCHEDULE A WORKSHEET For Federal Schedule A Filers only. Must Attach Federal Schedule A. 1. Enter Total Itemized Deductions from Federal Schedule A. 2. Enter Total Amount of State Income Tax from Federal Schedule A. 3. Subtract Line 2 from Line 1. Enter this Amount on Page 1, Line 20	ame, SSN, and state of residency	of the individual to whom	 Name	State of Resi	dency
1. Enter Total Itemized Deductions from Federal Schedule A,	•	For Federal Schedul	e A Filers only Must Att	ach Federal Schedule A	
2. Enter Total Amount of State Income Tax from Federal Schedule A,	JOHEDOLL A WORKSHE		•		
3. Subtract Line 2 from Line 1. Enter this Amount on Page 1, Line 20		limitations on 2 Enter Total			
HIS RETURN MUST BE SIGNED. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and tatements, and to the best of my knowledge and belief it is true, correct and complete. Your Signature Taxpayer's Phone Paid Firm's Identification Number Spouse's Signature (If joint, BOTH must sign) Date Paid Preparer's Social Security Number Paid Preparer (Print Firm's Name)	Prior Year Itemized Deduction	15.		,	
Your Signature Taxpayer's Phone Paid Firm's Identification Number Spouse's Signature (If joint, BOTH must sign) Date Paid Preparer's Social Security Number Paid Preparer (Print Firm's Name)	THIS RETURN MUST BE SIG			•	npanying schedules and
Spouse's Signature (If joint, BOTH must sign) Date Paid Preparer's Social Security Number Paid Preparer's Signature Paid Preparer (Print Firm's Name)	statements, and to the best of	my knowledge and belief it is	true, correct and comple	e.	ipanying concadios and
Spouse's Signature (If joint, BOTH must sign) Date Paid Preparer's Social Security Number Paid Preparer's Signature Paid Preparer (Print Firm's Name)	Your Signature		Taxpaver's Phone	Paid Firm's Identification Num	nber
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Paid Preparer's Signature Date Paid Preparer (Print Firm's Name)			L	P.H.B. and J. O.	¹
Deld Described Division of the control of the contr	Spouse's Signature (If joint, BO	IH must sign)	Date	Paid Preparer's Social Securi	ty <u>Number</u>
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	Paid Preparer's Phone	1	Daid Danas L. A.L.		

oute t	.0	Page 1 of 2	Non-Resider Income Tax	Mississippi nt or Part-Year Return For Pri		icial Use Only IP N
- 3 / ₁ 9	14/9	18/9to26/9	36/9to38/9 1	42/9to50/9	54/9to62/9	66/9to74/9
3/10	13/10	18/10to26/10	30/10to38/10	42/10to50/10	54/10to62/10	66/10to74/10
3/11	13/11	18/11to26/11	30/11to38/11	42/11to50/11	54/11to62/11	66/11to74/11
3/ ₁ 12	14/12	18/12to26/12	36/12to38/12	42/12to50/12	54/12to62/12	66/12to74/12
_	14/13	18/13to26/13	30/13to38/13	42/13to50/13	54/13to62/13	67/13to74/13
	13/14	24/14to26/14	30/14to38/14	42/14to50/14	54/14to62/14	67/14to74/14
		18/15to26/15	30/15to38/15	42/15to50/15	54/15to62/15	71/15to74/15

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

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▶ 5	Smith	Joh	ın R					
	5.4.6. D	- 1						
1	.546 Dover	Road						
▶ J	ackson	MS 39205	1546					
1.		or Joint Return - Enter \$9,50			For Computer Use	e Only D		
2.	Married - Spouse Died Married - Filing Sepa	d in 19 Enter \$9,500 c	on Line 13.	NI	Your SSN	-	587-16	<u> </u>
3.	Allowed for Nonresi	idents or Part-Year Resid	ents	I	Spouse SSN	i_		
					Your Occupation		L ACCOL	ıntant
		r \$9,500 on Line 13. Provid			Spouse Occupation		'	
4.		endent, in space provided on	illie 6, Living III your Home	•	8. Number of Depen			
5. X	Single - Enter \$6,000		100)				X" on Line 7	
6. [Dep	. – – – – – – – – – –	im Yourself or Your Spou	Dependent's SSN (d	N Polotionship	10. If You Marked Lir	e 4, Ente	er a "1" Here minus Line 10	
	(a) Nam	e (b)	Dependent's 55iv (C	:) Relationship	11. Total of Line 8 plu12. Line 11 x \$ 1,5	s Line 9 i NN _	ninus Line 10	
<u> </u>					13. Enter Amount from			6,000
<u> </u>				·				
<u> </u>								
7.	Mark "X" if	axpayer Age Taxp 5 or Over Blind	ayer Spouse Age	Spouse	 Married-Filing Sep Nonresidents or P 			ז וסו
	ı – 68	o or Over L – Blind	65 or Over		ound All Amoun	ts to	the Neares	t Dollar
Comp	lete Schedule of Incom	ne on Page 2 before procee	eding further. The Exempt					
Missis	sippi Income to Total I	ncome of Taxpayer and Sp	ouse from all sources.	`	,		Ü	
	Ratio Computation		17. Standard or It		18. Ex	emption	Computation	
16a.	MS AdjustedGross Inc	come	17a. Standard or It	temized Deduction	18a. To	talExem	otion Line 14	
	į	22,100		6,500		i 	6,0	000
16b.	Total AdjustedGross I	ncomeFrom All Sources	17b. Ratio from Lir	ne 16c 	18b. Ra	tio from	Line 16c 	
	►(N)	31,450	1	70	%	<u>-</u>		70 8
16C.	Ratio: Line 16a divide		r	n- Multiply 17a and 17b	18c. MS	Exemp	tion Multiply 18a a	
	i	70¦ %	L	4,550		ļ		200
19.					n A (Taxpayer)		Column B (S	pouse)
	• • • • •	d Gross Income (From Lin	• ,	1		(B)		
20.		Deductions (Line 17c)		· ` ' :		► (H)		
21. 22.	Mississippi Taxable	(Line 18c) Income (Line 19 minus Li	nes 20 and 21).		4,200 13,350	<u> </u>		
22		.e. (From Dago 9 of Instruct				١	r	518
23. 24.		ie (From Page 8 of Instruct ax Withheld (Must Attach \	*			 (W)	+	600
25.	* *	Payments and/or Amount	•			(E)		
26.	Other Credit (See Inst	-				(O)	+	
27.	Total Credits (Add Lin				'	- ` '	·	600
28.	,	an Line 23, Enter the Amou	int of Overpayment		OVERPAY	MENT	<u> </u>	82
29.	•	ent to be Refunded to You				(R)	<u> </u>	82
30.		ent to be Applied to Your 1				(C)	!	
31.		nan Line 27, Enter Balance					!	
32.	=	ment of Estimated Tax Pay			5, (2, (1,02)	(I)	! !	
33.	Interest and Penalty (See Instructions)				(T)	T	

Route to IIT

MS

Mississippi Non-Resident or Part-Year Resident **Income Tax Return For Prior Years**

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Page 2 of 2 1997 and Prior For Computer Use Only Do Not Write Above This Line To show a loss, place a minus (-) in front of the dollar amount. Column A Column B SCHEDULE OF INCOME **Total Income from All Sources** Mississippi Income Only 35. Wages, Salaries, Tips, Etc. (Must Attach W-2s)..... 36. Interest Income (Must Attach Schedule B if over \$1000)..... 37. Dividend Income (Must Attach Schedule B if over \$1000)... 38. Alimony 39. Business Income or Loss (Must Attach Federal Schedule C or C-EZ)...... 40. Capital Gain or Loss (Must Attach Federal Schedule D). See Instructions..... 41. Pensions and Annuities. (See Instructions) Amount Total Taxpaver **Total Spouse** 42. Farm Income or Loss (Must Attach Federal Schedule F)...... 43. Unemployment Compensation (Form(s) 1099-G)..... Other Income or Loss (Must Attach Federal Schedule E and/or Mississippi Schedule N) Total Income (Add Lines 35 through 44)..... **Total from All Sources** Mississippi Only SCHEDULE OF ADJUSTMENTS TO GROSS INCOME 46. Payments to an IRA and/or a SEP..... 47. Payments to KEOGH (HR10) Retirement Plan...... 48. Interest Penalty on Early Withdrawal of Savings.... 49. Alimony Paid (Complete Schedule P)..... 50. Moving Expense (Must Attach Federal Form 3903 or 3903F)..... 51. Lesser of National Guard Pay or the \$5,000 Statutory Exclusion Per Taxpayer.... 52. Total Adjustments (Add Lines 46 through 51)...... Total & MS Adjusted Gross Income (Subtract Line 52 from Line 45) Carry Total Column to Line 16b & Combined MS Incomes Column to Line 16a. **Taxpayer Income** Spouse Income If Filing Combined Return, Split MS AGI on Line 53 according to ownership between Taxpayer and Spouse..... **SCHEDULE P - ALIMONY PAID** SSN of Recipient If a deduction is claimed for Alimony Paid, please furnish the name, SSN, and state of residency of the individual to whom State of Residency Name

the amount was paid.

SCHEDULE A WORKSHEET

For Federal Schedule A Filers only. Must Attach Federal Schedule A. 1. Enter Total Itemized Deductions from Federal Schedule A.....

See Prior Year instructions for limitations on Prior Year Itemized Deductions.

- 2. Enter Total Amount of State Income Tax from Federal Schedule A,.....
- 3. Subtract Line 2 from Line 1. Enter this Amount on Page 1, Line 20...... THIS RETURN MUST BE SIGNED. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete.

Your Signature	Taxpayer's Phone	Paid Firm's Identification Number
Spouse's Signature (If joint, BOTH must sign)	Date	Paid Preparer's Social Security Number
	<u> </u>	
Paid Preparer's Signature	Date	Paid Preparer (Print Firm's Name)
	<u> </u>	'
Paid Preparer's Phone		
raiu riepaiei s riiviie	Paid Preparer's Address	

Earm	20 JOE	-96-5-2-000) (rov	0/07)

Route to

MS Mississippi Non-Resident or Part-Year Resident Income Tax Return For Prior Years

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Page 2 of 2 1997 and Prior

9/9to17/9	21/9to29/9	33/9to41/9	45/9to53/9	57/9to65/9	69/9to77/9
9/10to17/10	21/10to29/10	33/10to41/10	45/10to53/10	57/10to65/10	69/10to77/10
9/11to17/11	21/11to29/11	33/11to41/11	45/11to53/11	57/11to65/11	69/11to77/11
9/12to17/12	21/12to29/12	33/12to41/12	45/12to53/12	57/12to65/12	69/12to77/12
9/13to17/13	21/13to29/13	33/13to41/13	45/13to53/13	57/13to65/13	69/13to77/13
9/14to17/14	21/14to29/14	33/14to41/14	45/14to53/14	57/14to65/14	69/14to77/14
9/15to17/15	21/15to29/15	33/15to41/15	45/15to53/15	57/15to65/15	
9/16to17/16	21/16to29/16	33/16to41/16	45/16to53/16	57/16to65/16	76/16to77/16

For Computer Use Only Do Not Write Above This Line

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

Route to IIT

Mississippi Non-Resident or Part-Year Resident Income Tax Return For Prior Years

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Page 2 of 2 1997 and Prior

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For Computer Use Only Do Not Write Above This Line

	To show a loss, place a minus (-) in front of the dollar amount SCHEDULE OF INCOME	t.	Column A Total Income from All Sources	Column B Mississippi Income Only
35.	Wages, Salaries, Tips, Etc. (Must Attach W-2s)		40,000	22,000
36.	Interest Income (Must Attach Schedule B if over \$1000)		300	100
37.	Dividend Income (Must Attach Schedule B if over \$1000)		150	
38.	Alimony			
39.	Business Income or Loss (Must Attach Federal Schedule C or C-EZ)		-8,000	
40.	Capital Gain or Loss (Must Attach Federal Schedule D). See Instructions			
41.	Pensions and Annuities. (See Instructions)	axable	,	
		Amount	!	
42.	Farm Income or Loss (Must Attach Federal Schedule F)			
43.	Unemployment Compensation (Form(s) 1099-G)			
44.	Other Income or Loss (Must Attach Federal Schedule E and/or Mississippi Sc			
45.	Total Income (Add Lines 35 through 44)		32,450	22,100
	SCHEDULE OF ADJUSTMENTS TO GROSS INCOME		Total from All Sources	Mississippi Only
46.	Payments to an IRA and/or a SEP		·	
47.	Payments to KEOGH (HR10) Retirement Plan		1,000	
48.	Interest Penalty on Early Withdrawal of Savings			
49.	Alimony Paid (Complete Schedule P)		!	
50.	Moving Expense (Must Attach Federal Form 3903 or 3903F)			
51.	Lesser of National Guard Pay or the \$5,000 Statutory Exclusion Per Taxpayer.			
52.			1,000	
			1	'
55.	Total & MS Adjusted Gross Income (Subtract Line 52 from Line 45) Carry Total Column to Line 16b & Combined MS Incomes Column to Line 16a		31,450	22,100
- 4	If Eiling Combined Datum Colit MC ACL and in 50 according to according		Taxpayer Income	Spouse Income
54.	If Filing Combined Return, Split MS AGI on Line 53 according to ownership between Taxpayer and Spouse			
If a de	EDULE P - ALIMONY PAID Eduction is claimed for Alimony Paid, please furnish the , SSN, and state of residency of the individual to whom Name		SSN of Recip	
	nount was paid.	Much Atta		i
эсп	For Federal Schedule A Filers only.			
See	Prior Year instructions for limitations on		deral Schedule A,	L
Prior	real itemized Deductions.		rom Federal Schedule A,	L
тые	3. Subtract Line 2 from Line 1. It		nount on Page 1, Line 20	nonving schodules and
state	ments, and to the best of my knowledge and belief it is true, correct an	nd complet	e.	ipanying scriedules and
Yo	ur Signature Taxpayer's Pho	ne	Paid Firm's Identification Num	nber
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Sp	ouse's Signature (If joint, BOTH must sign) Date		Paid Preparer's Social Securi	ty Number
Pa	id Preparer's Signature Date		Paid Preparer (Print Firm's Na	ame)
Pa	id Preparer's Phone Paid Preparer's	s Address		!

Key to Data Fields for the Prior Year Non-Resident Individual Income Tax Form Only 1997 and Prior

Key to the data fields for the Income Tax form scanband version for 1998. The form number is 80-405-96.

Page 1:

The top left corner of the barcode is located at position x=6, y=4 on the 10/6 grid.

The top right registration mark is located at the top right corner of grid box x=81, y=4.

The lower left corner of the scanband must be located on the left and bottom edge of grid space x=6, y=22.

The Letters "MS" in the header begins at grid 24/4 and ends at grid 25/4, and is in Courier 12 pt.

Page 2:

The top left corner of the barcode is located at position x=6, y=4 on the 10/6 grid.

The top right registration mark is located at the top right corner of grid box x=81, y=4.

The lower left corner of the scandand must be located on the left and bottom edge of grid space x=6, y=20.

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. In the Scanband, the name and address fields should be left justified. All other fields should be right justified. All fields in the scanband must be filled. 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:

Date Box The date of the prior year return. This date will be 1997 and prior years.

For Official Use Only Boxes: The top left corner of the "Official Use Only" boxes should begin at position 61/6.

Box 1 - If the taxpayer has a Mississippi address, enter the number of the Resident County

Code for the county in which the taxpayer is located in a 14 point Arial font. If the taxpayer has a non-Mississippi address, enter "90" as the county code in a 14 point Arial font. Box 2 - Enter the number of the filing status (1 through 5) in a 14 point Arial font.

Box 3 - Enter the number of dependents claimed in a 14 point Arial font.

Box 4 - Leave blank.

Field Name	Description
RC	Resident County Code - This code is a numeric field with the codes ranging from 01 to 82. This code is found in the instruction to the taxpayer for this form. This field is two characters long. Data begins at grid 13/10 and ends at grid 14/10.
FS	Filing Status - This field is a numeric field ranging from 1 to 5 (Excluding 3). In the scanband the number is entered in the field. In the body of the return an X is place in the appropriate box. This field is one character long. Data begins and ends at grid 13/9.
7A,7C	These fields indicate that the Taxpayer or the Spouse of the taxpayer is 65 years of age or older. These fields should be Y or N in the scanband, X or blank in the body of form. This field is one character long. Data begins and ends at grid 8/9 and 8/11.
7B,7D	These fields indicate that the Taxpayer or the Spouse of the taxpayer is Blind. This fields should be Y or N in the scanband, X or blank in the body of form. This field is one character long. Data begins and ends at grids 8/10 and 8/12.

8	This is a numeric field indicating the number of dependents listed on line 6 in the body of the return. In the scanband this number is 1 or greater or zero. In the body of the return the dependents are listed by name, social security number, and relationship to the taxpayer. The number of dependents listed should match the number in this field. This field is 2 characters long. Data begins at grid 13/11 and ends at 14/11.
9	This field is a numeric field indicating the number of Y in the scanband for items 7A - 7D or the number of X in line 7 of the body of the return. This numeric field will range from 1 to 4 or zero. This field is 1 character long. Data begins and ends at grid 13/12.
10	This field is to be zero unless the taxpayer Filing Status (FS) field has a 4, then this field has a one (1) entered. This field is 1 character long. Data begins and ends at grid 13/13.
11	This is a numeric field. This field is 2 characters long. Data begins at grid 13/13 and ends at grid 13/14.
12	This is a numeric money field. This field is 9 characters long. Data begins at grid 18/9 and ends at grid 26/9.
13	This is a numeric money field. This field is 9 characters long. Data begins at grid 18/10 and ends at grid 26/10.
14	This is a numeric money field. This field is 9 characters long. Data begins at grid 18/11 and ends at grid 26/11.
16A & 16B	These are numeric money fields, "A" being the taxpayer's Mississippi Adjusted Gross Income and "B" being the taxpayer spouse's Mississippi Adjusted Gross Income. These fields are each 9 characters long. Data begins and ends at grids 18/12, 26/12 and 18/13, 26/13.
16C	This is a numeric field and is the ratio of Mississippi AGI to Total AGI form all Sources. This field is 3 characters and should have no decimal place. Data begins at grid 24/14 and ends at grid 26/14.
17A & 17C	These are numeric money fields, "A" being the standard or itemized deduction and "C" being the product of 17A times 17B. These fields are each 9 characters long. Data begins and ends at grids 18/15, 26/15 and 30/10, 38/10.
17B	This is a numeric field and is the ratio of Mississippi AGI to Total AGI form all Sources. This field is 3 characters and should have no decimal place. See 16C. Data begins at grid 36/9 and ends at grid 38/9.
18A & 18C	These are numeric money fields, "A" being the total exemption and "C" being the product of 18A times 18B. These fields are each 9 characters long. Data begins and ends at grids 30/11, 38/11 and 30/13, 38/13.
18B	This is a numeric field and is the ratio of Mississippi AGI to Total AGI form all Sources. This field is 3 characters and should have no decimal place. See 16C. Data begins at grid 36/12 and ends at grid 38/12.
19A & 19B	These are numeric money fields, "A" being the taxpayer's Mississippi Adjusted Gross Income and "B" being the taxpayer spouse's Mississippi Adjusted Gross Income. These fields are each 9 characters long. Data begins and ends at grids 30/14, 38/14 and 42/11, 50/11.
20A & 20B	These are numeric money fields, "A" being the taxpayer's Standard or Itemized Deduction and "H" being the taxpayer spouse's standard or itemized deduction. These fields are each 9 characters long. Data begins and end at grids 30/15, 38/15 and 42/12, 50/12.
21A & 21B	These are numeric money fields, "A" being the taxpayer's Exemption and "B" being the taxpayer spouse's exemption. These fields are each 9 characters long. Data begins and ends at grids 42/9, 50/9 and 42/13, 50/13.
22A & 22B	These are numeric fields, "A" being the taxpayer's Mississippi Taxable Income and "B" being the taxpayer spouse's Mississippi Taxable Income. These fields are each 9 characters long. Data begins and ends at grids 42/10, 50/10 and 42/14, 50/14.

- This is a numeric money field, Total Income Tax due per the Schedule of Tax computation. This field is 9 characters long. Data begins at grid 42/15 and ends at grid 50/15.
- 24 This is a numeric money field. This field is 9 characters long. Data begins at grid 54/9 and end at grid 62/9.
- This is a numeric money field, taxpayer provides information in this field per estimates paid or payment with extension. This field is 9 characters long. Data begins at grid 54/10 and ends at grid 62/10.
- This is a numeric money field. The taxpayer provides information in this field for other tax credit allowed. This field is 9 characters long. Data begins at grid 54/11 and ends at grid 62/11.
- 27 This is a numeric money field. This field is 9 characters long. Data begins at grid 54/12 and ends at grid 62/12.
- 28 This is a numeric money field. This field is 9 characters long. Data begins at grid 54/13 and ends at grid 62/13.
- 29 This is a numeric money field. This field is 9 characters long. Data begins at grid 54/14 and ends at grid 62/14.
- This is a numeric money field. This field is 9 characters long. Data begins at grid 54/15 and ends at grid 62/15.
- 31 This is a numeric money field. This field is 9 characters long. Data begins at grid 66/9 and ends at grid 74/9.
- This is a numeric money field. This field is 9 characters long. Data begins at grid 66/10 and end at grid 74/10.
- This is a numeric money field. This field is 9 characters long. Data begins at grid 66/11 and ends at grid 74/11.
- This is a numeric money field. This field is 9 characters long. Data begins at grid 66/12 and ends at grid 74/12.
- This is a numeric field. This is the Taxpayer's Social Security Number. 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 NACTP Tax Form Design Guidelines. This field is 10 characters long. Data begins at grid 66/13 and ends at grid 74/13.
- This is a numeric field. This is the Taxpayer Spouse'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 NACTP Tax Form Design Guidelines. Data begins at grid 66/14 and end at grid 74/14.
- TY This is a numeric field. This is the tax year. This field is 4 characters long. Data begins at grid 71/15 and ends at grid 74/15.
- Name. The three fields must be in the order of last name, taxpayer's first and middle initial, and spouse's first name and middle initial. These are alpha fields. The field for last name is 20 characters long. Data begins at grid 10/17 and ends at grid 26/17. The field for the taxpayer's first name and middle initial is12 characters long. Data begins at grid 29/17 and ends at grid 39/17. The field for the spouse's first name and middle initial is12 characters long. Data begins at grid 42/17 and ends at grid 52/17.
- A Taxpayer's current street address or P. O. Box. This is an alphanumeric field. This field is 28 characters long. Data begins at grid 10/19 and ends at grid 33/19.
- C Taxpayer's current address. The three fields must be in the order of city, state, and ZIP code. The city field is an alpha field. This field is 12 characters long. Data begins at grid 10/21 and ends at grid 20/21. The state field is the Taxpayer's state of residency. This is an alpha field and contains the state two letter abbreviation of the taxpayer's residency. This field is 2 characters long. Data begins at grid 23/21 and end at grid 24/21. The ZIP Code is a numeric field and contains the taxpayer's zip code (ZIP plus 4). If you do not have the plus 4, leave that portion blank and only enter the 5 digit Zip Code. This field is 9 characters long. Data begins at grid 27/21 and end at grid 36/21.

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All grid positions are found on page 6 of the packet and all data is to be in Courier 12pt.

Field Name	Description
35A to 45B	These are numeric money fields. Column "A" is the Total Income from all Sources and Column "B" is Mississippi income only. These fields are 9 characters long.
46A to 54B	These are numeric money fields. Column "A" is the Adjustments total from all sources and Column "B" is the Adjustments for Mississippi only. These fields are 9 characters long.
AR	This is a numeric field and is the Social Security number of the recipient of Alimony Paid by the taxpayer. This field is 9 characters long.
AS	This is an alpha field and is the state of residency of the recipient of Alimony Paid by the taxpayer. This field is 2 characters long.
A1	This is a numeric field and is the first line of the Schedule A Worksheet. This field is 9 characters long.
A2	This is a numeric field and is the second line of the Schedule A Worksheet. This field is 9 characters long.
A3	This is a numeric field and is the last line of the Schedule A Worksheet. This field is 9 characters long.
PF	This is a numeric field and is the Paid Firm's Identification Number. This field is 9 characters long.
PS	This is a numeric field and is the Paid Preparer's Social Security Number. This field is 9 characters long.