

Scanband Version of Form 80-491-11-5-1-000 Individual Income Tax Statement Additional Dependents

There must be data in all fields of the scanband. There cannot be any handwritten information on these forms. The preparer or taxpayer should not be able to print this form with data missing from the scanband.

We have tried to include the changes from the previous year in this list, but we may have missed a few. Please check the form as well as this list.

- 1) Updated barcode, year, and form number.**
- 2) Added Duplex or Photocopies not Acceptable.**
- 3) Added more lines for dependent name**
- 4) Updated the agency name**



MS

Mississippi Individual Income Tax Statement of Additional Dependents 2011

Photocopies or Duplex Forms NOT Acceptable

Large dashed box for handwritten entries.

For Computer Use Only - Do not Write Above This Line

Duplex or Photocopies NOT Acceptable

Taxpayer NAME

Spouse Name

TSSN 000-00-0000

SSSN 111-11-1111

A dependent is a relative or other person who qualifies for federal income tax purposes as a dependent of the taxpayer. Enter the dependent's name, the dependent's relationship to taxpayer, (Enter C for child, P for parent, R for relative) and the dependent's Social Security Number.

Table with 3 columns: (A) Dependent's Name, (B) Dependents (C for child, P for parent, and R for relative), (C) Dependent's SSN. Rows 1-20.

Submit this form with both paper and electronically filed returns to ensure accuracy.

Tax Information

All Taxpayers are encouraged to file their return electronically. Mississippi allows returns to be filed electronically two ways:
• By using an approved e-file tax preparer, or
• On-line by using an approved on-line service provider

Returns are more accurate and refunds are much faster when you e-file.

The Resident and Non-Resident Returns only provide spaces for four (4) dependents. Use this statement for additional dependents. If this form is used for all dependents, enter "See Statement 1" on Line 6 of Resident and Non-Resident Returns. Enter the total number of dependents claimed on Line 8 of return.

Disclosure Statement

Disclosure Statement and Privacy Act Notice

This information will be used for identification and in the administration of state tax laws. The Department of Revenue is authorized to collect the information pursuant to 42 U.S. C. § 405(c)(2)(C)(i). Failure to provide this information may result in the return being considered incomplete and subject the taxpayer to a penalty. See Miss. Code Ann. §§ 27-7-79, 27-7-81 and 27-7-87.



**Mississippi
Individual Income Tax Statement of
Additional Dependents
2011**

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▶ TSSN	B1	C1	B11	C11
▶ SSSN	B2	C2	B12	C12
	B3	C3	B13	C13
	B4	C4	B14	C14
	B5	C5	B15	C15
	B6	C6	B16	C16
	B7	C7	B17	C17
	B8	C8	B18	C18
	B9	C9	B19	C19
	B10	C10	B20	C20

For Computer Use Only - Do not Write Above This Line

Duplex or Photocopies NOT Acceptable

Taxpayer NAME	Spouse Name
TSSN ▶ 000-00-0000	SSSN ▶ 111-11-1111

A dependent is a relative or other person who qualifies for federal income tax purposes as a dependent of the taxpayer. Enter the dependent's name, the dependent's relationship to taxpayer, (Enter **C** for child, **P** for parent, **R** for relative) and the dependent's Social Security Number.

(A) Dependent's Name	Dependents C for child, P for parent, and R for relative (B)	(C) Dependent's SSN
1.	1. ▶	1. ▶
2.	2. ▶	2. ▶
3.	3. ▶	3. ▶
4.	4. ▶	4. ▶
5.	5. ▶	5. ▶
6.	6. ▶	6. ▶
7.	7. ▶	7. ▶
8.	8. ▶	8. ▶
9.	9. ▶	9. ▶
10.	10. ▶	10. ▶
11.	11. ▶	11. ▶
12.	12. ▶	12. ▶
13.	13. ▶	13. ▶
14.	14. ▶	14. ▶
15.	15. ▶	15. ▶
16.	16. ▶	16. ▶
17.	17. ▶	17. ▶
18.	18. ▶	18. ▶
19.	19. ▶	19. ▶
20.	20. ▶	20. ▶

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▶ 9/9to18/9	23/9to24/9	29/9to39/9	44/9to45/9	51/9to60/9
▶ 9/10to18/10	23/10to24/10	30/10to39/10	44/10to45/10	51/10to60/10
	23/11to24/11	30/11to39/11	44/11to45/11	51/11to60/11
	23/12to24/12	30/12to39/12	44/12to45/12	51/12to60/12
	23/13to24/13	30/13to39/13	44/13to45/13	51/13to60/13
	23/14to24/14	30/14to39/14	44/14to45/14	51/14to60/14
	23/15to24/15	30/15to39/15	44/15to45/15	51/15to60/15
	23/16to24/16	30/16to39/16	44/16to45/16	51/16to60/16
	23/17to24/17	30/17to39/17	44/17to45/17	51/17to60/17
	23/18to24/18	30/18to39/18	44/18to45/18	51/18to60/18

For Computer Use Only - Do not Write Above This Line **Duplex or Photocopies NOT Acceptable**

Taxpayer NAME _____ Spouse Name _____
 TSSN ▶ _____ SSSN ▶ _____

A dependent is a relative or other person who qualifies for federal income tax purposes as a dependent of the taxpayer. Enter the dependent's name, the dependent's relationship to taxpayer, (Enter **C** for child, **P** for parent, **R** for relative) and the dependent's Social Security Number.

(A) Dependent's Name	Dependents C for child, P for parent, and R for relative (B)	(C) Dependent's SSN
1. _____	1. ▶ _____	1. ▶ _____
2. _____	2. ▶ _____	2. ▶ _____
3. _____	3. ▶ _____	3. ▶ _____
4. _____	4. ▶ _____	4. ▶ _____
5. _____	5. ▶ _____	5. ▶ _____
6. _____	6. ▶ _____	6. ▶ _____
7. _____	7. ▶ _____	7. ▶ _____
8. _____	8. ▶ _____	8. ▶ _____
9. _____	9. ▶ _____	9. ▶ _____
10. _____	10. ▶ _____	10. ▶ _____
11. _____	11. ▶ _____	11. ▶ _____
12. _____	12. ▶ _____	12. ▶ _____
13. _____	13. ▶ _____	13. ▶ _____
14. _____	14. ▶ _____	14. ▶ _____
15. _____	15. ▶ _____	15. ▶ _____
16. _____	16. ▶ _____	16. ▶ _____
17. _____	17. ▶ _____	17. ▶ _____
18. _____	18. ▶ _____	18. ▶ _____
19. _____	19. ▶ _____	19. ▶ _____
20. _____	20. ▶ _____	20. ▶ _____

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Photocopies or Duplex Forms NOT Acceptable

▶1011011100	P	1222222222		
▶1111111111	P	1333333333		
	C	1444444444		
	C	1555555555		
	C	1666666666		

For Computer Use Only - Do not Write Above This Line Duplex or Photocopies NOT Acceptable

Taxpayer NAME BUD JOHNSON Spouse NAME SUE JOHNSON
 TSSN ▶ 011-01-1100 SSSN ▶ 111-11-1111

A dependent is a relative or other person who qualifies for federal income tax purposes as a dependent of the taxpayer. Enter the dependent's name, the dependent's relationship to taxpayer, (Enter **C** for child, **P** for parent, **R** for relative) and the dependent's Social Security Number.

(A) Dependent's Name	Dependents C for child, P for parent, and R for relative (B)		(C) Dependent's SSN
1. John Doe	1. ▶	P	1. ▶ 222-22-2222
2. Jean Doe	2. ▶	P	2. ▶ 333-33-3333
3. Redbud Doe	3. ▶	C	3. ▶ 444-44-4444
4. James Doe	4. ▶	C	4. ▶ 555-55-5555
5. Paul Doe	5. ▶	C	5. ▶ 666-66-6666
6.	6. ▶		6. ▶
7.	7. ▶		7. ▶
8.	8. ▶		8. ▶
9.	9. ▶		9. ▶
10.	10. ▶		10. ▶
11.	11. ▶		11. ▶
12.	12. ▶		12. ▶
13.	13. ▶		13. ▶
14.	14. ▶		14. ▶
15.	15. ▶		15. ▶
16.	16. ▶		16. ▶
17.	17. ▶		17. ▶
18.	18. ▶		18. ▶
19.	19. ▶		19. ▶
20.	20. ▶		20. ▶

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Key to the data fields for the Individual Income Tax Statement of Additional Dependents form scanband version for 2011.

The form number is 80-491.

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=80, y=4.

The lower left corner of the scanband box must be located on the left and bottom edge of grid space x=6, y=18.

"MS" to the left of the header must begin in grid space 27/4 and end in grid space 28/4 and be in an 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=80, y=4.

The lower left corner of the scanband must be located on the left and bottom edge of grid space x=6, y=19.

"MS" to the left of the header must begin in grid space 27/4 and end in grid space 28/4 and be in an Courier 12 pt.

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 dependents fields C for child, P parent and R relative should be left justified. All other fields should be right justified. All fields in the scanband must be filled, except if there is no spouse. 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 numeric fields in the scanband should not contain any commas, cents, decimals or other formatting information. The numeric fields in the body of the return should contain dashes (Example: SSN 999-99-9999) in the body of the form.

Page 1) of the form:

Field Name	Description
TSSN	This is a numeric field. This is the taxpayer'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 Mississippi Guidelines for Provider of Substitute Forms.
SSSN	This is a numeric field. This is the 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 Mississippi Guidelines for Provider of Substitute Forms.
B1 - B20	These fields are alpha fields, for dependents and indicate relationship to taxpayer. A code should be entered: C for child, P for parent, and R for relative. The code should go in the scanband and in the body of the form under DEPENDENTS. These fields are 1 character long.
C1 - C20	These fields are numeric field. This is the dependents 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 Mississippi Guidelines for Provider of Substitute Forms.