

**Scanband Version of Form 80-491-12-5-1-000
Individual Income Tax Statement of
Additional Dependents**

- 1) Form redesigned.
- 2) Submit five (5) copies with variable data, one (1) blank copy for approval.



MS

**Mississippi
Individual Income Tax Statement of
Additional Dependents
2012**



| | | | | | | | |
|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|
| <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> | | |





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| | | | | | | | |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="text" value="B1"/> | <input type="text" value="C1"/> | <input type="text" value="B5"/> | <input type="text" value="C5"/> | <input type="text" value="B9"/> | <input type="text" value="C9"/> | <input type="text" value="B13"/> | <input type="text" value="C13"/> |
| <input type="text" value="B2"/> | <input type="text" value="C2"/> | <input type="text" value="B6"/> | <input type="text" value="C6"/> | <input type="text" value="B10"/> | <input type="text" value="C10"/> | <input type="text" value="B14"/> | <input type="text" value="C14"/> |
| <input type="text" value="B3"/> | <input type="text" value="C3"/> | <input type="text" value="B7"/> | <input type="text" value="C7"/> | <input type="text" value="B11"/> | <input type="text" value="C11"/> | <input type="text" value="B15"/> | <input type="text" value="C15"/> |
| <input type="text" value="B4"/> | <input type="text" value="C4"/> | <input type="text" value="B8"/> | <input type="text" value="C8"/> | <input type="text" value="B12"/> | <input type="text" value="C12"/> | | |





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| | | | | | | | |
|------|----------------|-------|----------------|-------|----------------|-------|----------------|
| 8/12 | 13/12 to 21/12 | 27/12 | 32/12 to 40/12 | 46/12 | 51/12 to 59/12 | 65/12 | 70/12 to 78/12 |
| 8/14 | 13/14 to 21/14 | 27/14 | 32/14 to 40/14 | 46/14 | 51/14 to 59/14 | 65/14 | 70/14 to 78/14 |
| 8/16 | 13/16 to 21/16 | 27/16 | 32/16 to 40/16 | 46/16 | 51/16 to 59/16 | 65/16 | 70/16 to 78/16 |
| 8/18 | 13/18 to 21/18 | 27/18 | 32/18 to 40/18 | 46/18 | 51/18 to 59/18 | | |





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| | | | | | | | |
|---|------------|---|-----------|---|---|---|---|
| P | 1111111111 | C | 555555555 | N | 0 | N | 0 |
| P | 2222222222 | N | 0 | N | 0 | N | 0 |
| C | 3333333333 | N | 0 | N | 0 | N | 0 |
| C | 4444444444 | N | 0 | N | 0 | | |





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| | | | | |
|--|----------------------------------|----------------------------|--|-----------------|
| Taxpayer Last Name Doe | First Name John | Middle Initial T | YOU MUST ENTER SSN | |
| Spouse Last Name Doe | Spouse First Name Jean | Middle Initial P | SSN | 321 - 45 - 6789 |
| Mailing Address (Number & Street, Including Rural Route) 123 Redbud Lane | | | Spouse SSN | 132 - 46 - 6789 |
| City Jackson | State MS | Zip 398787830 | Residence County Code - See Instructions 25 | |

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 (Column A), the dependent's relationship to taxpayer (Column B), and the dependent's Social Security number (Column C).

| (A) Dependent's Name | (B) Dependents <small>Enter C for child, P for parent and R for relative</small> | (C) Dependent's SSN |
|----------------------|---|-----------------------|
| 1. <u>Jasper Doe</u> | P | 111 - 11 - 1111 |
| 2. <u>Jane Doe</u> | P | 222 - 22 - 2222 |
| 3. <u>James Doe</u> | C | 333 - 33 - 3333 |
| 4. <u>Julie Doe</u> | C | 444 - 44 - 4444 |
| 5. <u>Julian Doe</u> | C | 555 - 55 - 5555 |
| 6. _____ | _____ | _____ - _____ - _____ |
| 7. _____ | _____ | _____ - _____ - _____ |
| 8. _____ | _____ | _____ - _____ - _____ |
| 9. _____ | _____ | _____ - _____ - _____ |
| 10. _____ | _____ | _____ - _____ - _____ |
| 11. _____ | _____ | _____ - _____ - _____ |
| 12. _____ | _____ | _____ - _____ - _____ |
| 13. _____ | _____ | _____ - _____ - _____ |
| 14. _____ | _____ | _____ - _____ - _____ |
| 15. _____ | _____ | _____ - _____ - _____ |





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Header section with fields for Taxpayer Last Name, First Name, Middle Initial, Spouse Last Name, Spouse First Name, Middle Initial, Mailing Address, City, State, Zip, and Residence County Code. Includes the instruction 'YOU MUST ENTER SSN' and fields for SSN, Spouse SSN, and Spouse SSN.

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 (Column A), the dependent's relationship to taxpayer (Column B), and the dependent's Social Security number (Column C).

(A) Dependent's Name (B) Dependents (C) Dependent's SSN Enter C for child, P for parent and R for relative

Table with 3 columns: (A) Dependent's Name, (B) Dependents, and (C) Dependent's SSN. Rows are numbered 1 through 15.



Key to Data Fields for Statement of Additional Dependents scanband for 2012

The form number is 80-491. This form must be approved by the Mississippi Department of Revenue.

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 datafield. (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 New 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, unless noted in the specific instructions below.** 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. Example: The amount of negative \$123,456 would be listed as -123456 in the scanband.

The top left corner of the barcode is located at position x=6, y=4 on the 10/6 grid. "MS" to the left of the header must begin in grid space 27/4 and end in grid space 28/4 and be in a Courier New 12pt. The top right registration mark is located at the top right corner of grid box x=80, y=4.

NOTE: All Fields below must be populated for deductions to be allowed.

Page 1 Scanband:

The upper left corner of the Page 1 scanband must be located on the left and top edge of grid space x=6, y=10. The lower left corner of the Page 1 scanband must be located on the left and bottom edge of grid space x=6, y=20. The upper right corner of the Page 1 scanband must be located on the right and top edge of grid space x=80, y=10. The lower right corner of the Page 1 scanband must be located on the right and bottom edge of grid space x=80, y=20.

| Field Name | Description |
|------------|---|
| B1 - B15 | These are alpha fields. They will list the corresponding letter from the body of the form, C for child, P for parent, or R for relative. If one of these is blank on the form, it should be listed as "N" in the scanband. These fields are 1 character long. |
| C1 - C15 | These are numeric fields. They are the nine digit SSN of the dependent. If left blank, they should be entered as zero(0) on the scanband. These fields are 9 characters long. |