



Mississippi
Individual Income Tax Statement of
Additional Dependents
2014

Form sections for Taxpayer (First Name, Initial, Last Name), Spouse (First Name, Initial, Last Name), Mailing Address (Number and Street, City, State, Zip, County Code)

SSN 999999999

Spouse SSN 999999999

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).

Table header with columns: (A) DEPENDENT'S NAME, (B) DEPENDENT (Enter "C" for child, "P" for parent and "R" for relative), (C) DEPENDENT'S SSN

Table body with 15 rows, each containing a dependent's name (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX), relationship (X), and SSN (999999999).