



Mississippi Individual Income Tax Statement of Additional Dependents 2018

Taxpayer First Name	Initial	Last Name
Spouse First Name	Initial	Last Name
Mailing Address (Number and Street, Including Rural Route)		
City	State	Zip
County Code		

SSN _____

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) DEPENDENT <small>Enter "C" for child, "P" for parent and "R" for relative</small>	(C) DEPENDENT'S SSN
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