



Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2023

SSN _____

| INCOME | Total Income From All Sources | Mississippi Income ONLY |
|--|-------------------------------|-------------------------|
| 39 Wages, salaries, tips, etc. (complete Form 80-107) | 39 _____ .00 | 39 _____ .00 |
| 40 Business income (loss) (attach Federal Schedule C or C-EZ) | 40 _____ .00 | 40 _____ .00 |
| 41 Capital gain (loss) (attach Federal Schedule D, if applicable) | 41 _____ .00 | 41 _____ .00 |
| 42 Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV) | 42 _____ .00 | 42 _____ .00 |
| 43 Farm income (loss) (attach Federal Schedule F) | 43 _____ .00 | 43 _____ .00 |
| 44 Interest income (from Form 80-108, part II, line 3) | 44 _____ .00 | 44 _____ .00 |
| 45 Dividend income (from Form 80-108, part II, line 6) | 45 _____ .00 | 45 _____ .00 |
| 46 Alimony received | 46 _____ .00 | 46 _____ .00 |
| 47 Taxable pensions and annuities (complete Form 80-107) | 47 _____ .00 | 47 _____ .00 |
| 48 Unemployment compensation (complete Form 80-107) | 48 _____ .00 | 48 _____ .00 |
| 49 Other income (loss) (from Form 80-108, part V, line 10) | 49 _____ .00 | 49 _____ .00 |
| 50 Total income (add lines 39 through 49) | 50 _____ .00 | 50 _____ .00 |

| ADJUSTMENTS | Total Income From All Sources | Mississippi Income ONLY |
|--|-------------------------------|-------------------------|
| 51 Payments to IRA | 51 _____ .00 | 51 _____ .00 |
| 52 Payments to self-employed SEP, SIMPLE and qualified retirement plans | 52 _____ .00 | 52 _____ .00 |
| 53 Interest penalty on early withdrawal of savings | 53 _____ .00 | 53 _____ .00 |
| 54 Alimony paid (complete below) | 54 _____ .00 | 54 _____ .00 |

Name _____ SSN _____ State _____ Date of Divorce _____

| | | |
|---|----------------|----------------|
| 55 Moving expense (attach Federal Form 3903) | 55 _____ .00 | 55 _____ .00 |
| 56 National Guard or Reserve pay (enter the lesser of amount or \$15,000) | 56 _____ .00 | 56 _____ .00 |
| 57 Mississippi Prepaid Affordable College Tuition (MPACT) | 57 _____ .00 | 57 _____ .00 |
| 58 Mississippi Affordable College Savings (MACS) | 58 _____ .00 | 58 _____ .00 |
| 59 Self-employed health insurance deduction | 59 _____ .00 | 59 _____ .00 |
| 60 Health savings account deduction | 60 _____ .00 | 60 _____ .00 |
| 61 Catastrophe savings account deduction | 61 _____ .00 | 61 _____ .00 |
| 62 Self-employment tax deduction | 62 _____ .00 | 62 _____ .00 |
| 63 First-time home buyer saving account deduction | 63 _____ .00 | 63 _____ .00 |
| 64 Agricultural disaster program compensation deduction | 64 _____ .00 | 64 _____ .00 |
| 65 Mississippi Achieving a Better Life Experience (ABLE) Act deduction | 65 _____ .00 | 65 _____ .00 |
| 66 Total adjustments (add lines 51 through 65) | 66 _____ .00 | 66 _____ .00 |
| 67 Adjusted gross income (line 50 minus line 66; enter total AGI on page 1, line 13b and Mississippi AGI line 13a) | 67 _____ .00 | 67 _____ .00 |
| 68 Split Mississippi AGI on line 67 between taxpayer and spouse | T 68 _____ .00 | S 68 _____ .00 |

AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN (attach additional statement if needed)





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SSN _____

DIRECT DEPOSIT INFORMATION

1 Overpayment refund (from page 1, line 35) 1 _____ .00

| | | |
|-----------------------------|--|---|
| a Routing Number 1 _____ | Account Number 1 _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings | Direct Deposit 1 Amount 1a _____ .00 |
|-----------------------------|--|---|

| | | |
|-----------------------------|--|---|
| b Routing Number 2 _____ | Account Number 2 _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings | Direct Deposit 2 Amount 1b _____ .00 |
|-----------------------------|--|---|

SIGNATURE

This return may be discussed with the preparer Yes No

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|-------------------------|------|----------------------------|-----------------------------|
| Taxpayer Signature | Date | Taxpayer Phone Number | Paid Preparer PTIN |
| Spouse Signature | Date | Paid Preparer Phone Number | Paid Preparer Email Address |
| Paid Preparer Signature | Date | Paid Preparer Address | City State Zip Code |

Mail REFUND returns to: Department of Revenue, P.O. Box 23058, Jackson, MS 39225-3058
Mail all other returns to: Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

Duplex and Photocopies NOT Acceptable