



Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2014

Amended

Non-Resident Part-Year, Tax Year Beginning and Ending

Form fields for Taxpayer First Name, Spouse First Name, Mailing Address, City, State, Zip, and County Code.

Form fields for SSN, Spouse SSN, and marital status options (1-5).

EXEMPTIONS

Dependents (in column B, enter "C" for child, "P" for parent or "R" for relative)

Table with 3 columns: (A) Name, (B), (C) Dependent SSN. Includes line 7 for total dependents.

Form fields for exemptions: 8 (Taxpayer/Spouse Age 65 or Over, Blind), 9 (Total dependents), 10 (Line 9 x \$1,500), 11 (Filing status exemption), 12 (Total).

PRORATION (COMPLETE PAGE 2 BEFORE PROCEEDING FURTHER)

Table with 3 columns: Income, Deductions, Exemptions. Includes lines 13a-c, 14a-b, and 15a-b.

MISSISSIPPI INCOME TAX

Main tax calculation table with columns for Column A (Taxpayer) and Column B (Spouse). Includes lines 16-36 for Mississippi adjusted gross income, deductions, taxable income, tax due, and refund/balance due.

Installment Agreement Request (see instructions for eligibility; attach Form 71-661)



# Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2014

SSN \_\_\_\_\_

INCOME	Total Income From All Sources	Mississippi Income ONLY
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37 Wages, salaries, tips, etc. <b>(complete Form 80-107)</b>	37 _____ .00	37 _____ .00
38 Business income (loss) <b>(attach Federal Schedule C or C-EZ)</b>	38 _____ .00	38 _____ .00
39 Capital gain (loss) <b>(attach Federal Schedule D)</b>	39 _____ .00	39 _____ .00
40 Rent, royalties, partnerships, S corporation, trusts, etc. (from Form 80-108, part IV)	40 _____ .00	40 _____ .00
41 Farm income (loss) <b>(attach Federal Schedule F)</b>	41 _____ .00	41 _____ .00
42 Interest income (from Form 80-108, part II)	42 _____ .00	42 _____ .00
43 Dividend income (from Form 80-108, part II)	43 _____ .00	43 _____ .00
44 Alimony received	44 _____ .00	44 _____ .00
45 Taxable pensions and annuities <b>(complete Form 80-107)</b>	45 _____ .00	45 _____ .00
46 Unemployment compensation <b>(complete Form 80-107)</b>	46 _____ .00	46 _____ .00
47 Other income (loss) (from Form 80-108, part V)	47 _____ .00	47 _____ .00
48 <b>Total income</b> (add lines 37 through 47)	48 _____ .00	48 _____ .00

ADJUSTMENTS	Total Income From All Sources	Mississippi Income ONLY
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49 Payments to IRA	49 _____ .00	49 _____ .00
50 Payments to self-employed SEP, SIMPLE and qualified retirement plans	50 _____ .00	50 _____ .00
51 Interest penalty on early withdrawal of savings	51 _____ .00	51 _____ .00
52 Alimony paid (complete below)	52 _____ .00	52 _____ .00

Name _____	SSN _____	State: _____
Name _____	SSN _____	State: _____
Name _____	SSN _____	State: _____

53 Moving expense <b>(attach Federal Form 3903)</b>	53 _____ .00	53 _____ .00
54 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	54 _____ .00	54 _____ .00
55 Mississippi Prepaid Affordable College Tuition (MPACT)	55 _____ .00	55 _____ .00
56 Mississippi Affordable College Savings (MACS)	56 _____ .00	56 _____ .00
57 Self-employed health insurance deduction	57 _____ .00	57 _____ .00
58 Health savings account deduction	58 _____ .00	58 _____ .00
59 <b>Total adjustments</b> (add lines 49 through 58)	59 _____ .00	59 _____ .00
60 <b>Adjusted gross income</b> (line 48 minus line 59; <b>enter total AGI on page 1, line 13b and Mississippi AGI line 13a</b> )	60 _____ .00	60 _____ .00
61 <b>Split Mississippi AGI on line 60 between taxpayer and spouse</b>	T 61 _____ .00	S 61 _____ .00

AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN <b>(attach additional statement if needed)</b>
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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**