



Mississippi Non-Resident / Part-Year Resident
AMENDED Individual Income Tax Return
2010

Duplex or Photocopies NOT Acceptable

Header section containing fields for Taxpayer Last Name, First Name, Middle Initial, SSN, Spouse Last Name, Spouse First Name, Middle Initial, Spouse SSN, Mailing Address, City, State, Zip, and Residence County Code.

YOU MUST ENTER SSN

- 1. Married - Combined or Joint Return - Enter \$12,000 on Line 12.
2. Married - Spouse Died in Tax Year - Please enter surviving spouse first as taxpayer.
3. Married - Filing Separate Returns - Enter \$12,000 on Line 12.
4. Head of Family - Enter \$8,000 on Line 12.
5. Single - Enter \$6,000 on Line 12.

7. Mark 'X' ONLY if:
Taxpayer Age 65 or Over
Taxpayer Blind

Spouse Age 65 or Over
Spouse Blind

8. Number of Dependents Listed on Line 6

9. Number of Boxes Marked 'X' on Line 7

10. Total of Line 8 plus Line 9

11. Line 10 x \$ 1,500 = 00

12. Enter Amount from Lines 1 through 5 00

13. Total (Line 11 plus 12) 00

14. If Filing MFS Returns, Enter 1/2 of Line 13 00

6. 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

COMPLETE SCHEDULE OF INCOME ON PAGE 2 BEFORE PROCEEDING FURTHER. The Exemption and Deduction (Standard or Itemized) Must be Prorated According to the Ratio of Mississippi Income to Total Income of Taxpayer and Spouse from all Sources.

15. Ratio Computation

a. MS Adjusted Gross Income

b. Total Adjusted Gross Income From All Sources

(N)

c. Ratio, Line 15a Divided by 15b

16. Standard or Itemized Deduction Computation

a. Standard or Itemized Deduction

b. MS Deduction, 16a Times 15c

17. Exemption Computation

a. Exemption, Line 13 above. (Line 14 if MFS)

b. MS Exemption, 17a Times 15c

Main calculation table with columns: If Filing Combined Return, Use Column A for Taxpayer and Column B for Spouse, Otherwise Use Column A ONLY; Column A (Taxpayer); Round to Nearest Dollar; Column B (Spouse). Rows include Adjusted Gross Income, Deductions, Exemption, Taxable Income, Total Tax Due, Withheld, Payments, Credits, Refund, and Balance Due.

Complete the return as it should have been originally completed.

PLEASE SIGN THIS TAX RETURN IN THE SIGNATURE AREA PROVIDED ON THE BOTTOM OF PAGE 2.

Mail REFUND 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

# Mississippi Non-Resident / Part-Year Resident **AMENDED** Individual Income Tax Return 2010



Example:

### Total Income From All Sources

### Mississippi Income ONLY

### OTHER INCOME

If Showing A Loss,  
Shade Minus (-) In Box.

|  |    |    |
|--|----|----|
| 33. Wages, Salaries, Tips, Etc. (Must Attach W-2s)                                   | 00 | 00 |
| 34. Business Income (Loss) (Must Attach Federal Schedule C or C-EZ)                  | 00 | 00 |
| 35. Capital Gain (Loss) (Must Attach Federal Schedule D)                             | 00 | 00 |
| 36. Rent, Royalties, P-ships, S Corps, Trusts, etc. (Must Attach Federal Schedule E) | 00 | 00 |
| 37. Farm Income (Loss) (Must Attach Federal Schedule F)                              | 00 | 00 |
| 38. Interest Income  | 00 | 00 |
| 39. Dividend Income  | 00 | 00 |
| 40. Alimony Received   | 00 | 00 |
| 41. Taxable Pensions and Annuities (Must Attach 1099-R)                              | 00 | 00 |
| 42. Unemployment Compensation (Must Attach Form(s) 1099-G)                           | 00 | 00 |
| 43. Other Income (Loss) (Must Attach MS Schedule N)                                  | 00 | 00 |
| 44. Total Income (Add Lines 33 through 43)   | 00 | 00 |

### SCHEDULE OF ADJUSTMENTS TO GROSS INCOME

|   |    |    |
|---|----|----|
| 45. Payments to IRA   | 00 | 00 |
| 46. Payments to Self-Employed SEP, SIMPLE, & Qualified Retirement Plans   | 00 | 00 |
| 47. Interest Penalty on Early Withdrawal of Savings   | 00 | 00 |
| 48. Alimony Paid (Must Complete Schedule P Below)   | 00 | 00 |
| 49. Moving Expense (Must Attach Federal Form 3903)  | 00 | 00 |
| 50. National Guard or Reserve Pay (Enter the Lesser of the Guard/ Reserve Pay or the \$15,000 Statutory Exclusion Per Taxpayer) | 00 | 00 |
| 51. MS Prepaid Affordable College Tuition (MPACT) and/or MS Affordable College Savings (MACS)                                   | 00 | 00 |
| 52. Self-Employed Health Insurance Deduction  | 00 | 00 |
| 53. Health Savings Account Deduction  | 00 | 00 |
| 54. Total Adjustments (Add Lines 45 through 53)   | 00 | 00 |
| 55. Adjusted Gross Income (Line 44 minus Line 54) Carry Total AGI to Line 15b & MS AGI Line 15a                                 | 00 | 00 |
| 56. Split MS AGI on Line 56 between Taxpayer(T) & Spouse(S) T   | 00 | S  |

### Schedule P - Alimony Paid

If a deduction is claimed for Alimony Paid, please furnish the name, SSN, and the state of residency of the individual to whom amount was paid.

Name

SSN of Recipient

State of Residency

### EXPLANATION FOR CHANGES TO ORIGINAL RETURN

**THIS RETURN MUST BE SIGNED.** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief this return is true, correct and complete.

Taxpayer Signature

Taxpayer Phone

This Return may be discussed with the preparer.

Paid Firm Identification Number or PTIN

Spouse Signature (If joint, BOTH must sign)

Date

Yes  No

Paid Preparer Social Security Number or PTIN

OR

Paid Preparer Signature

Date

Paid Preparer (Print Firm Name)

Paid Preparer Phone

Paid Preparer Address

Complete the return as it should have been originally completed.