



Mississippi Non-Resident or Part-Year Resident Individual Income Tax Return 2010

WII N

Duplex or Photocopies NOT Acceptable

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

YOU MUST ENTER SSN

Filing Status and Exemptions section with lines 1-14, including checkboxes for marital status and dependent information.

Proration section containing lines 15, 16, and 17 for Ratio Computation, Standard or Itemized Deduction Computation, and Exemption Computation.

Income section with lines 18, 19, 20, and 21 for Mississippi Adjusted Gross Income, Standard or Itemized Deductions, and Mississippi Taxable Income.

Credits section with lines 22, 23, 24, and 25 for Total Income Tax Due, Mississippi Income Tax Withheld, and other credits.

Refund or Balance Due section with lines 26-33, including fields for Overpayment, Refund, and Total Due.

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



# Mississippi Non-Resident or Part-Year Resident Individual Income Tax Return 2010

Example:

Taxpayer  
SSN

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

**Total Income From All Sources**

**Mississippi Income ONLY**

**Other Income**

|  |  |  |  |    |  |  |  |    |
|--|--|--|--|----|--|--|--|----|
| 34. Wages, Salaries, Tips, Etc. (Must Attach W-2s)                                       |  |  |  | 00 |  |  |  | 00 |
| 35. Business Income (Loss) (Must Attach Federal Schedule C or C-EZ)                      |  |  |  | 00 |  |  |  | 00 |
| 36. Capital Gain (Loss) (Must Attach Federal Schedule D)                                 |  |  |  | 00 |  |  |  | 00 |
| 37. Rent, Royalties, Partnership, S-Corps, Trusts, etc. (Must Attach Federal Schedule E) |  |  |  | 00 |  |  |  | 00 |
| 38. Farm Income (Loss) (Must Attach Federal Schedule F)                                  |  |  |  | 00 |  |  |  | 00 |
| 39. Interest Income  |  |  |  | 00 |  |  |  | 00 |
| 40. Dividend Income  |  |  |  | 00 |  |  |  | 00 |
| 41. Alimony Received   |  |  |  | 00 |  |  |  | 00 |
| 42. Taxable Pensions and Annuities (Must Attach 1099-R)                                  |  |  |  | 00 |  |  |  | 00 |
| 43. Unemployment Compensation (Must Attach Form(s) 1099-G)                               |  |  |  | 00 |  |  |  | 00 |
| 44. Other Income (Loss) (Must Attach MS Schedule N)                                      |  |  |  | 00 |  |  |  | 00 |
| 45. Total Income (Add Lines 34 through 44)   |  |  |  | 00 |  |  |  | 00 |

**Adjustments to Income**

|   |  |  |  |    |   |  |  |    |
|---|--|--|--|----|---|--|--|----|
| 46. Payments to an IRA  |  |  |  | 00 |   |  |  | 00 |
| 47. Payments to Self-Employed SEP, SIMPLE, & Qualified Retirement Plans   |  |  |  | 00 |   |  |  | 00 |
| 48. Interest Penalty on Early Withdrawal of Savings   |  |  |  | 00 |   |  |  | 00 |
| 49. Alimony Paid (Must Complete Schedule P Below)   |  |  |  | 00 |   |  |  | 00 |
| 50. Moving Expense (Must Attach Federal Form 3903)  |  |  |  | 00 |   |  |  | 00 |
| 51. National Guard or Reserve Pay (Enter the Lesser of the Guard/ Reserve Pay or the \$15,000 Statutory Exclusion Per Taxpayer) |  |  |  | 00 |   |  |  | 00 |
| 52. MS Prepaid Affordable College Tuition (MPACT) and/or MS Affordable College Savings (MACS)                                   |  |  |  | 00 |   |  |  | 00 |
| 53. Self-Employed Health Insurance Deduction  |  |  |  | 00 |   |  |  | 00 |
| 54. Health Savings Account Deduction  |  |  |  | 00 |   |  |  | 00 |
| 55. Total Adjustments (Add Lines 46 through 54)   |  |  |  | 00 |   |  |  | 00 |
| 56. Adjusted Gross Income (Line 45 minus Line 55) Carry Total AGI to Line 15b & MS AGI to Line 15a                              |  |  |  | 00 |   |  |  | 00 |
| 57. Split MS AGI on Line 56 between Taxpayer (T) & Spouse (S) T   |  |  |  | 00 | S |  |  | 00 |

**Schedule of Tax Computation - Use taxable income from Page 1, Line 21. See booklet for instructions.**

| Tax Rate(s)                                    | Taxpayer (Column A) | Spouse (Column B) | Total | Rate | Income Tax |
|--|---------------------|-------------------|-------|------|------------|
| 1. First \$5,000 or Part                       |                     |                   |       | X 3% |            |
| 2. Next \$5,000 or Part                        |                     |                   |       | X 4% |            |
| 3. Remaining Balance                           |                     |                   |       | X 5% |            |
| 4. Subtotal                                    |                     |                   |       |      |            |
| 5. Total Income Tax - Enter on Page 1, Line 22 |                     |                   |       |      |            |

**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 the amount was paid.

Name

SSN of Recipient

State of Residency

**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 it is true, correct and complete.

|   |                       |   |  |
|---|-----------------------|---|--|
| Taxpayer Signature                          | Taxpayer Phone        | This Return may be discussed with the preparer.<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Paid Firm Identification Number or PTIN      |
| Spouse Signature (If joint, BOTH must sign) | Date                  |   | Paid Preparer Social Security Number or PTIN |
| Paid Preparer Signature                     | Date                  | Paid Preparer (Print Firm Name)   |  |
| Paid Preparer Phone                         | Paid Preparer Address |   |  |