



Mississippi Resident AMENDED Individual Income Tax Return

2009

Page 1

WII A

Duplex or Photocopies NOT Acceptable

Form fields for Taxpayer Last Name, First Name, Middle Initial, Spouse Last Name, Spouse First Name, Middle Initial, Mailing Address, City, State, Zip.

Form fields for SSN and Spouse SSN.

YOU MUST ENTER SSN

Residence County Code - See Instructions

- 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

Table with 3 columns: (A) Name, (B), (C) Dependent SSN. Header: 6. Dependents (In column (B) enter C for child, P for parent, or R for relative)

- 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 =
12. Enter Amount from Lines 1 through 5.
13. Total (Line 11 plus 12).
14. If Filing MFS Returns, Enter 1/2 of Line 13.

If Filing a Combined Return, Use Column A for Taxpayer and Column B for Spouse, Otherwise Use Column A ONLY. See instructions in booklet.

Column A (Taxpayer)

Round to Nearest Dollar

Column B (Spouse)

Main tax calculation table with rows for Wages, Adjustments, Gross Income, Deductions, Taxable Income, Total Income Tax Due, Credits, Refund, Balance Due, Interest, and Total Due.

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

Mail REFUND To: Office of Revenue, P.O. Box 23058, Jackson, MS 39225-3058

Mail All Other Returns To: Office of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

Complete the return as it should have been originally completed. Mark the circle by the line number for each line that was changed from the original return.



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Social Security Number Page 2

Social Security Number input field

Example:



OTHER INCOME

If showing a loss, shade minus (-) in box.

Column A (Taxpayer)

Column B (Spouse)

Table with 3 columns: Line Number, Description, Column A (Taxpayer), Column B (Spouse). Rows 34-44.

ADJUSTMENTS TO GROSS INCOME

Table with 3 columns: Line Number, Description, Column A (Taxpayer), Column B (Spouse). Rows 45-54.

Schedule P - Alimony

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

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.

Signature and identification fields for Taxpayer, Spouse, and Paid Preparer.

Complete the return as it should have been originally completed. Mark the circle by the line number for each line that was changed from the original return.