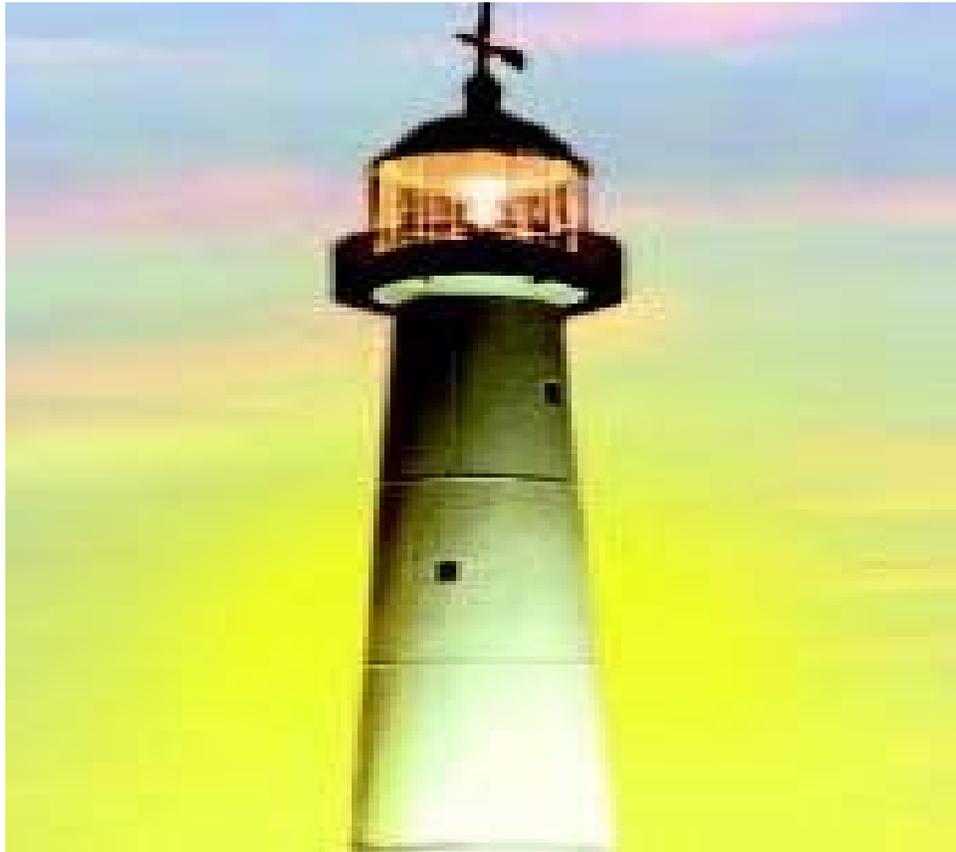


MS E-file Test Package for Mef Individual Income Tax



Tax Year 2013

Update 12/5/13

November 2013

SOFTWARE DEVELOPER COMMUNITY

Thank you for participating in the Mississippi *e-file* Program. Please refer to our website at <http://www.dor.ms.gov/taxareas/individ/efiling/members.html> for a copy of our software specifications publication Mississippi Schemas, Business Rules and Spreadsheets for Individual Income Tax (Tax Year 2013). If you have any questions, please contact this office at (601) 923-7055.

This year's package contains seven (8) test returns, three (3) Non-Resident/Part-Year Resident returns, which includes (1) Amended Return and five (5) Resident returns. Test return #4 is for those software companies that will be supporting State Only (Unlinked) Filing this year. If state only (Unlinked) filing is not offered, then your software company is still required to submit that test. **Please let the e-file coordinator know in advance if your company will not be sending a return and provide a list of all the limitations you may have concerning each return.**

You will find a typed version of each return in this package. Mississippi requires a Federal return to be attached to each test return. You will need to back into the Federal return for testing purposes. We will provide the results of all test returns received to the software developer's contact person through e-mail. **Please e-mail (janet.cahee@dor.ms.gov) prior to testing to provide a contact's name, e-mail address and submission ID for each test return submitted.**

You must also complete the new Software Company Information Form located on our website at <http://www.dor.ms.gov/taxareas/individ/efiling/members.html> prior to testing with us.

The Department of Revenue is looking forward to working with you for the 2013 filing season. Please call us for help with any questions you may have or to give us your comments and suggestions.

Janet Cahee
Electronic Filing Coordinator
efile@dor.ms.gov

Mississippi Test #1

Forms Required: MS 80-105 and MS 80-107

Taxpayer Name: Ms. One R Test

Taxpayer SSN: 400-00-4641

Mississippi Changes:

- SSN will be test numbers assigned to Mississippi
- County code – Hinds County (25)
- Taxpayer has indicated that she is not responsible for prior liabilities with ex-spouse. She would like to mark the **Innocent Spouse Indicator**
- Taxpayer elected to have all Mississippi refund direct deposited into the following account:

Name of Institution	Savings Credit Union
Type of Account	Checking
Routing Transit Number	123456780
Account Number	665577000000000001
- Taxpayer would like to mark; **Yes**, this return may be discussed with the preparer



Mississippi Resident Individual Income Tax Return 2013

SSN 4 0 0 0 0 4 6 4 1

INCOME	Column A (Taxpayer)	Column B (Spouse)
35 Wages, salaries, tips, etc. (complete Form 80-107)	35A <u>20,505</u> .00	35B _____
36 Business income (loss) (attach Federal Schedule C or C-EZ)	36A _____	36B _____
37 Capital gain (loss) (attach Federal Schedule D)	37A _____	37B _____
38 Rent, royalties, partnerships, S corporation trusts, etc. (from Form 80-108, part 4)	38A _____	38B _____
39 Farm income (loss) (attach Federal Schedule F)	39A _____	39B _____
40 Interest income (from Form 80-108, part 2, line 3)	40A _____	40B _____
41 Dividend income (from Form 80-108, part 2, line 6)	41A _____	41B _____
42 Alimony received	42A _____	42B _____
43 Taxable pensions and annuities (complete Form 80-107)	43A _____	43B _____
44 Unemployment compensation (complete Form 80-107)	44A <u>1,160</u> .00	44B _____
45 Other income (loss) (from Form 80-108, part 5)	45A _____	45B _____
46 Total income (add line 35 through line 45)	46A <u>21,665</u> .00	46B _____

ADJUSTMENTS	Column A (Taxpayer)	Column B (Spouse)
47 Payments to IRA	47A _____	47B _____
48 Payments to self-employed SEP, SIMPLE and qualified retirement plans	48A <u>500</u> .00	48B _____
49 Interest penalty on early withdrawal of savings	49A _____	49B _____
50 Alimony paid (complete schedule below)	50A <u>500</u> .00	50B _____

Name Sandra Wood SSN 4 0 0 0 0 4 6 6 0 State: MS
 Name _____ SSN _____ State: _____
 Name _____ SSN _____ State: _____

51 Moving expense (attach Federal Form 3903)	51A <u>500</u> .00	51B _____
52 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	52A <u>15,000</u> .00	52B _____
53 Mississippi Prepaid Affordable College Tuition (MPACT)	53A _____	53B _____
54 Mississippi Affordable College Savings (MACS)	54A _____	54B _____
55 Self-employed health insurance deduction	55A _____	55B _____
56 Health savings account deduction	56A _____	56B _____
57 Total adjustments (add line 47 through line 56)	57A <u>16,500</u> .00	57B _____
58 Mississippi adjusted gross income (line 46 minus line 57; enter here and on page 1, line 13)	58A <u>5,165</u> .00	58B _____

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

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

Mississippi Test #2

Forms Required: MS 80-105, MS 80-108, MS 80-155, MS 80-315, and MS 80-401

Taxpayer Name: Two B Test VIII

Taxpayer SSN: 400-00-4642

Mississippi changes:

- SSN will be test numbers assigned to Mississippi
- County code – Madison (45)
- Must include the suffix of the taxpayer (VIII)
- Spouse is blind
- Taxpayer elected to have all Mississippi refund direct deposited into the following account:

Name of Institution	Bank of America
Type of Account	Savings
Routing Transit Number	123456780
Account Number	55443311000000002
- Taxpayer would like to mark; **No**, this return may not be discussed with the preparer
- Adopted a child in the tax year, SSN: 400004651



Mississippi Resident Individual Income Tax Return 2013

Amended

Taxpayer First Name Two		Initial B	Last Name Test VIII	
Spouse First Name Annie		Initial T	Spouse Last Name Test	
Mailing Address (Number and Street, Including Rural Route) 959 Hunt Rd				
City Madison		State MS	Zip 39110	County Code 45

SSN 4 0 0 0 0 4 6 4 2
Spouse SSN 4 0 0 0 0 4 6 4 8

- 1 Married - Combined or Joint Return (\$12,000)
- 2 Married - Spouse Died in Tax Year (\$12,000)
- 3 Married - Filing Separate Returns (\$12,000)
- 4 Head of Family (\$8,000)
- 5 Single (\$6,000)

EXEMPTIONS

Dependents (In column B, enter "C" for child, "P" for parent or "R" for relative)		
6 (A) Name	(B)	(C) Dependent SSN
Joe	C	400004649
Jamie	R	400004650
Sarah	P	400004651
7 Total number of dependents (from line 6 and Form 80-491) <u>3</u>		

- 8 Taxpayer Age 65 or Over Spouse Age 65 or Over
- Taxpayer Blind Spouse Blind
- 9 Total dependents line 7 plus number of boxes checked line 8 5
- 10 Line 9 x \$1,500 10 7,500.00
- 11 Enter filing status exemption 11 12,000.00
- 12 Total (line 10 plus line 11) 12 19,500.00

MISSISSIPPI INCOME TAX	Column A (Taxpayer)	Column B (Spouse)
------------------------	---------------------	-------------------

13 Mississippi adjusted gross income (from page 2, line 58)	13A <u>186,018</u> .00	13B <u>8,830</u> .00
14 Standard or itemized deductions (if itemized, attach Form 80-108)	14A <u>31,897</u> .00	14B _____
15 Exemptions (from line 12; if married filing separately use 1/2 amount)	15A <u>19,500</u> .00	15B _____
16 Mississippi taxable income (line 13 minus line 14 and line 15)	16A <u>134,621</u> .00	16B <u>8,830</u> .00
17 Income tax due (from Schedule of Tax Computation, see instructions)		17 <u>6,884</u> .00
18 Credit for tax paid to another state (attach Form 80-160)		18 <u>200</u> .00
19 Other credits (from Form 80-401, line 1)		19 <u>405</u> .00
20 Net income tax due (line 17 minus line 18 and line 19)		20 <u>6,279</u> .00
21 Consumer use tax (see instructions, Form 80-100)		21 _____
22 Total Mississippi income tax due (line 20 plus line 21)		22 <u>6,279</u> .00

PAYMENTS

23 Mississippi income tax withheld (complete Form 80-107)	23 <u>4,750</u> .00
24 Estimated tax payments, payments made with extension and/or amount paid on original return	24 <u>5,000</u> .00
25 Refund received and/or amount carried forward from original return (amended return only)	25 _____
26 Total payments (line 23 plus line 24 minus line 25)	26 <u>9,750</u> .00

REFUND OR BALANCE DUE

27 Interest on underestimated tax and late filing penalty (from Form 80-320, line 15) <input type="checkbox"/> Farmers or Fishermen (See instructions)	27 _____
28 Overpayment (if line 26 (payments) is larger, subtract line 22 plus line 27 from line 26)	28 <u>3,471</u> .00
29 Overpayment to be applied to next year estimated tax account	29 <u>2,000</u> .00
30 Voluntary contribution (from Form 80-108, part 3)	30 <u>150</u> .00
31 Overpayment refund (line 28 minus line 29 and line 30)	31 <u>1,321</u> .00
32 Balance due (if line 22 plus line 27 is larger (tax, penalty and interest), subtract line 26 from line 22 plus line 27)	32 _____
33 Late payment interest and penalty (from Form 80-320, line 19)	33 _____
34 Total due (line 32 plus line 33)	34 _____

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



Mississippi Resident Individual Income Tax Return 2013

SSN 4 0 0 0 0 4 6 4 2

INCOME	Column A (Taxpayer)	Column B (Spouse)
35 Wages, salaries, tips, etc. (complete Form 80-107)	35A <u>153,515</u> .00	35B <u>25,907</u> .00
36 Business income (loss) (attach Federal Schedule C or C-EZ)	36A _____ .00	36B _____ .00
37 Capital gain (loss) (attach Federal Schedule D)	37A <u>32,757</u> .00	37B <u>-3,000</u> .00
38 Rent, royalties, partnerships, S corporation trusts, etc. (from Form 80-108, part 4)	38A <u>3,563</u> .00	38B _____ .00
39 Farm income (loss) (attach Federal Schedule F)	39A _____ .00	39B _____ .00
40 Interest income (from Form 80-108, part 2, line 3)	40A <u>2,486</u> .00	40B <u>33</u> .00
41 Dividend income (from Form 80-108, part 2, line 6)	41A <u>14,434</u> .00	41B _____ .00
42 Alimony received	42A _____ .00	42B _____ .00
43 Taxable pensions and annuities (complete Form 80-107)	43A <u>3,433</u> .00	43B _____ .00
44 Unemployment compensation (complete Form 80-107)	44A _____ .00	44B _____ .00
45 Other income (loss) (from Form 80-108, part 5)	45A <u>-14,109</u> .00	45B <u>-14,110</u> .00
46 Total income (add line 35 through line 45)	46A <u>196,079</u> .00	46B <u>8,830</u> .00

ADJUSTMENTS	Column A (Taxpayer)	Column B (Spouse)
47 Payments to IRA	47A _____ .00	47B _____ .00
48 Payments to self-employed SEP, SIMPLE and qualified retirement plans	48A _____ .00	48B _____ .00
49 Interest penalty on early withdrawal of savings	49A _____ .00	49B _____ .00
50 Alimony paid (complete schedule below)	50A _____ .00	50B _____ .00

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

51 Moving expense (attach Federal Form 3903)	51A _____ .00	51B _____ .00
52 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	52A _____ .00	52B _____ .00
53 Mississippi Prepaid Affordable College Tuition (MPACT)	53A _____ .00	53B _____ .00
54 Mississippi Affordable College Savings (MACS)	54A _____ .00	54B _____ .00
55 Self-employed health insurance deduction	55A <u>10,061</u> .00	55B _____ .00
56 Health savings account deduction	56A _____ .00	56B _____ .00
57 Total adjustments (add line 47 through line 56)	57A <u>10,061</u> .00	57B _____ .00
58 Mississippi adjusted gross income (line 46 minus line 57; enter here and on page 1, line 13)	58A <u>186,018</u> .00	58B <u>8,830</u> .00

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

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



Mississippi Adjustments And Contributions 2013

Taxpayer Name
Two B Test

SSN 4 0 0 0 0 4 6 4 2

PART 1: SCHEDULE A - ITEMIZED DEDUCTIONS (ATTACH FEDERAL FORM 1040 SCHEDULE A)

In the event you filed using the standard deduction on your federal return and wish to itemize for Mississippi purposes, use Federal Form 1040 Schedule A as a worksheet and transfer the information from the specific lines indicated to this Schedule A.

1 Federal AGI from Federal Form 1040, line 38	1	223,019.00	
2 a Medical and dental expenses b Multiply line 1 by 10% (.10). But if either you or your spouse was born before January 2, 1949, multiply line 1 by 7.5% (.075) instead c Medical and dental expense deduction (line 2a minus line 2b)	2a	2,898.00	
	2b	16,726.00	
	2c		0.00
3 a Total taxes paid b Less state income taxes (or other taxes in lieu of) c Total taxes paid deduction (line 3a minus line 3b)	3a	10,304.00	
	3b	7,604.00	
	3c		2,700.00
4 Total interest paid	4	15,181.00	
5 Charitable contributions	5	14,016.00	
6 Total casualty or theft loss (attach Federal Form 4684)	6	0.00	
7 a Employee business expenses (attach Federal Form 2106) b Miscellaneous itemized deductions c Multiply line 1 by 2% (.02) d Line 7a plus line 7b minus line 7c	7a	.00	
	7b	625.00	
	7c	4,460.00	
	7d		.00
8 a Other miscellaneous deductions b Less Mississippi gambling losses c Other miscellaneous deduction (line 8a minus line 8b)	8a	.00	
	8b	.00	
	8c		.00
9 Mississippi itemized deductions (add lines 2c, 3c, 4, 5, 6, 7d, and 8c; enter here and on Resident Form 80-105, page 1, line 14 or Non-Resident Form 80-205, page 1, line 14a)	9	31,897.00	
10 Mississippi itemized deductions (Federal AGI over \$150,000); see worksheet in the instructions to figure amount. Enter here and on Form 80-105, Page 1, Line 14 or Form 80-205, Page 1, Line 14a	10	.00	

PART 2: SCHEDULE B - INTEREST AND DIVIDEND INCOME (FROM FEDERAL FORM 1040, SCHEDULE B)

1 Interest income from all sources	1	2,519.00
2 Amount of Mississippi non-taxable interest in line 1	2	.00
3 Total Mississippi interest (line 1 minus line 2, enter here and on Form 80-105, line 40 or Form 80-205, line 41)	3	2,519.00
4 Total dividends from all sources	4	14,434.00
5 Amount of Mississippi nontaxable distributions reported in line 4	5	.00
6 Total Mississippi dividends (line 4 minus line 5, enter here and on Form 80-105, line 41 or Form 80-205, line 42)	6	14,434.00

PART 3: VOLUNTARY CONTRIBUTION CHECK-OFFS (RESIDENTS ONLY)

You may elect to voluntarily contribute all or part (at least \$1) of your income tax refund to one or more of the funds listed below. Refer to the instruction booklet 80-100 (may be downloaded from our website www.dor.ms.gov) for an explanation of the purpose of each of these funds and how the refund donations will be used.

Military Family Relief Fund	25.00	Bicentennial Celebration Fund	12.00
Burn Care Fund	13.00	Wildlife Fisheries and Parks Foundation	25.00
Wildlife Heritage Fund	25.00	Commission for Volunteer Service Fund	25.00
Educational Trust Fund	25.00		

Enter total of check-offs here and on Form 80-105, page 1, line 30

150.00

Mississippi Reforestation Tax Credit 2013

SSN 4 0 0 0 0 4 6 4 2
FEIN _____

Taxpayer Name Test Two

PART I: COMPUTATION OF REFORESTATION TAX CREDIT (RTC)

1 Total expenditures during the year 2013 for seedlings, seed/acorns, seeding, planting by hand or machine, site preparation and post-planting site preparation on all eligible acres	1	5 6 6	.00
2 Total cost of approved practices as established by the Mississippi Forestry Commission (complete the worksheet on the reverse side of this form and enter the total from column C here)	2	5 6 6	.00
3 Eligible costs (enter lesser of line 1 or line 2)	3	5 6 6	.00
4 Enter 50% of amount in line 3 above or \$10,000 whichever is less; this is your RTC earned this year	4	2 8 3	.00
5a Enter the amount of RTC carried over from earlier years (attach Form 80-315 for immediate prior year)	5a		.00
5b Enter the current year RTC passed through to you as an investor in a pass-through entity (see K-1 forms)	5b		.00
6 Total Amount of RTC available to be utilized this year (pass-through entities only; add line 4, line 5a and line 5b; do not enter an amount larger than amount on line 16, Part IV below ; enter the amount on Form 83-401 and skip Part II and Part III below)	6	2 8 3	.00

Was either of the following elected on your Federal income tax return with respect to the qualifying expenditures on the same eligible lands on which the RTC is claimed: Investment tax credit Yes No Reforestation amortization Yes No

PART II: REFORESTATION TAX CREDIT UTILIZED THIS YEAR

(NOTE: When married taxpayers file jointly and each spouse qualifies as an eligible owner, see instructions for completion of lines 7 and 8)

7 Enter the amount of total income tax due shown on line 22, Form 80-105 and line 20, Form 80-205 (individuals); line 6, Form 83-105 (corporations) or line 1, Form 81-110 (fiduciary return)	7	6 8 8 4	.00
8 Enter the total amount of all other credit(s) available to you this year (refer to the instructions for the return you are filing for a list of available credits); do not include withholding or estimated tax payments	8	4 0 5	.00
9 Net income tax due (line 7 minus line 8)	9	6 4 7 9	.00
10 Reforestation tax credit (enter LESSER of line 6 or line 9 here and Form 83-401)	10	2 8 3	.00

PART III: COMPUTATION OF RTC CARRYOVER AMOUNT

11 Total reforestation tax credit available to be utilized this year (amount from line 6 above)	11	2 8 3	.00
12 Amount of RTC utilized this year (amount from line 10 above)	12	2 8 3	.00
13 Amount of RTC available to be carried forward and used in succeeding tax years (line 11 minus line 12)	13	0	.00

PART IV: COMPUTATION OF ACCUMULATED RTC LIFETIME CREDIT UTILIZED

14 LIFETIME REFORESTATION TAX CREDIT ALLOWANCE	14	7 5 0 0 0	.00
15 Total RTC utilized in prior years to offset income tax due (total of amounts shown on Line 12, Part III, Form 80-315 for all prior years; pass-through entities enter total RTC passed through to investors in ALL prior years)	15	2 8 3	.00
16 Balance of lifetime RTC allowance available to be used (line 14 minus line 15; for pass-through entities, this is the balance of your lifetime RTC allowance which is available to be passed through to investors)	16	7 4 7 1 7	.00

PART V: CERTIFICATION OF FORESTER

In accordance with Miss. Code Ann. Section 27-7-22.15, I certify that a reforestation prescription or plan as indicated above for eligible lands owned by _____, a graduate forester of a college, school or university accredited by the Society of American Foresters or a registered forester under the Foresters Registration Law of 1977; and that the reforestation practices below have been completed and that the reforestation prescription or plan was followed.

- | | |
|---|---|
| <input type="checkbox"/> Site preparation | <input type="checkbox"/> Cost of seedlings and/or seed/acorns |
| <input type="checkbox"/> Planting by hand or machine and/or seeding | <input type="checkbox"/> Post-planting site preparation practices |

_____ Signature	_____ Title	_____ Date
_____ Business Address	_____ Identifying Number	

Mississippi Reforestation Tax Credit Cost Worksheet 2013

SSN 4 0 0 0 0 4 6 4 2

FEIN _____

Please enter the name and/or county code for the county, or counties, in which the activities listed below were performed. The county codes are shown in the table included in your income tax instruction booklet.

County: Madison 45
Code Code Code

I. Regeneration

	Column A COST SUMMARY PER ACRE	Column B NUMBER OF ACRES		Column C EXTENDED COST <small>(Col. A x Col. B)</small>
Tree Planting (1)				
Pine				
Seedlings / Bare Root	40.00			.00
Labor	50.00			.00
Containerized Longleaf				
Seedlings	85.00			.00
Labor	78.00			.00
Containerized Loblolly or Slash				
Seedlings	70.00			.00
Labor	60.00			.00
Hardwood				
Seedlings	68.00			.00
Labor	71.00			.00
Direct Seeding (2)				
Pine				
Seed	22.00			.00
Labor	41.00			.00
Hardwood				
Seed	40.00			.00
Labor	50.00			.00
Mixed Stand Regeneration				
Seedlings	37.00			.00
Labor	33.00	2		66.00
Site-Preparation	125.00			.00
Natural Regeneration				
Site-Preparation	100.00			.00

II. Site-Preparation

Chemical	100.00	2		200.00
Mechanical	190.00			.00
Bush Hog	35.00			.00
Post Planting Site-Preparation (3)	85.00			.00
Sub-Soil	50.00	6		300.00
Site-Preparation Burn	38.00			.00
TOTAL (Enter the total of Column C here and on page 1, Part I, line 2)				566.00

Footnotes: (1) Includes cost of seedlings and planting by hand or machine
 (2) Direct application of seeds/acorns to the site, including cost of seeds/acorns and seeding
 (3) Reduction and control of undesirable competition within the first growing season of an established crop of trees



Mississippi Tax Credit Summary Schedule 2013

(* Carryover Not Available)

SSN 4 0 0 0 0 4 6 4 2

FEIN _____

TAX CREDIT CODES			
CODE	CREDIT	CODE	CREDIT
*02	Premium Retaliatory	17	Import Credit
*03	Finance Company Privilege	18	Land Donation
*04	Advanced Technology/enterprise Zone	19	Broadband Technology
05	Jobs Tax	21	Brownfield Credit
06	National or Regional Headquarters	22	Airport Cargo Charges
07	Research and Development Skills	23	Manufacturer's Investment Tax Credit
08	Employer Child / Dependent Care	24	Alternative Energy Jobs
09	Basic Skills Training or Retraining	25	Child Adoption
10	Reforestation	26	Historic Structure Rehabilitation (Attach Statement)
*11	Gambling License Fee		<input type="checkbox"/> Check if requesting refund in lieu of 10-year carryforward
*12	Financial Institution Jobs	*27	Long Term Care
13	Mississippi Revenue Bond Service	28	New Markets
*14	Ad Valorem Inventory	29	Biomass Energy Investment
15	Export Port Charges	30	Wildlife Land Use
16	Insurance Guaranty	*50	Bank Share

INCOME TAX CREDITS						
A	B	C	D	E	F	G
CODE	CREDIT EARNED THIS YEAR	CREDIT RECEIVED FROM PASS-THROUGH ENTITY	CREDIT CARRYOVER FROM PRIOR YEAR	CREDIT USED THIS YEAR	CREDIT EXPIRED THIS YEAR	CREDIT CARRYOVER AVAILABLE FOR NEXT YEAR (B+C+D-E-F)

05	12			12		
10	283			283		
26	35			35		
25	75			75		

1 Total income tax credit used this year (total column E; enter on Form 80-105, line 19 or Form 80-205, line 21) 1 405 .00

2 Total income tax credit available for next year (total column G) 2 0 .00

3 If code 25 is selected, enter adoptee SSN(s) here 4 0 0 0 0 4 6 5 1

Mississippi Test #3

Forms Required: MS 80-205, MS 80-108, MS 80-107

Taxpayer Name: Three O Test

Taxpayer SSN: 400-00-4643

Mississippi Changes:

- SSN will be test numbers assigned to Mississippi
- County code – Non-Resident (83)
- Spouse died on December 11, 2012
- Taxpayer and Spouse are over the age of 65
- Taxpayer is blind
- This is an Amended Return for tax year 2012
- Taxpayer is a Part-Year Resident from 01/01/2012 to 06/30/2012



Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2013

SSN 4 0 0 0 0 4 6 4 3

INCOME	Total Income From All Sources	Mississippi Income ONLY
36 Wages, salaries, tips, etc. (complete Form 80-107)	36 _____ .00	36 _____ .00
37 Business income (loss) (attach Federal Schedule C or C-EZ)	37 <u>15,000</u> .00	37 <u>10,000</u> .00
38 Capital gain (loss) (attach Federal Schedule D)	38 _____ .00	38 _____ .00
39 Rent, royalties, partnerships, S corporation, trusts, etc. (from Form 80-108, part 4)	39 _____ .00	39 _____ .00
40 Farm income (loss) (attach Federal Schedule F)	40 <u>-607</u> .00	40 <u>-607</u> .00
41 Interest income (from Form 80-108, part 2)	41 <u>320</u> .00	41 <u>320</u> .00
42 Dividend income (from Form 80-108, part 2)	42 <u>200</u> .00	42 <u>200</u> .00
43 Alimony received	43 _____ .00	43 _____ .00
44 Taxable pensions and annuities (complete Form 80-107)	44 _____ .00	44 _____ .00
45 Unemployment compensation (complete Form 80-107)	45 <u>2,000</u> .00	45 <u>1,000</u> .00
46 Other income (loss) (from Form 80-108, part 5)	46 _____ .00	46 _____ .00
47 Total income (add lines 36 through 46)	47 <u>16,913</u> .00	47 <u>10,913</u> .00

ADJUSTMENTS	Total Income From All Sources	Mississippi Income ONLY
48 Payments to IRA	48 _____ .00	48 _____ .00
49 Payments to self-employed SEP, SIMPLE and qualified retirement plans	49 _____ .00	49 _____ .00
50 Interest penalty on early withdrawal of savings	50 _____ .00	50 _____ .00
51 Alimony paid (complete schedule below)	51 _____ .00	51 _____ .00
Name _____ SSN _____ State: _____ Name _____ SSN _____ State: _____ Name _____ SSN _____ State: _____		
52 Moving expense (attach Federal Form 3903)	52 _____ .00	52 _____ .00
53 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	53 _____ .00	53 _____ .00
54 Mississippi Prepaid Affordable College Tuition (MPACT)	54 _____ .00	54 _____ .00
55 Mississippi Affordable College Savings (MACS)	55 <u>200</u> .00	55 <u>200</u> .00
56 Self-employed health insurance deduction	56 <u>1,000</u> .00	56 <u>645</u> .00
57 Health savings account deduction	57 <u>1,000</u> .00	57 <u>645</u> .00
58 Total adjustments (add lines 48 through 57)	58 <u>2,200</u> .00	58 <u>1,490</u> .00
59 Adjusted gross income (line 47 minus line 58; carry total AGI to line 13b and Mississippi AGI to line 13a)	59 <u>14,713</u> .00	59 <u>9,423</u> .00
60 Split Mississippi AGI on line 59 between taxpayer and spouse	T 60 _____ .00	S 60 _____ .00

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

Yes No This return may be discussed with the preparer

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



Mississippi Adjustments And Contributions 2013

Taxpayer Name
Three O Test

SSN 4 0 0 0 0 4 6 4 3

PART 1: SCHEDULE A - ITEMIZED DEDUCTIONS (ATTACH FEDERAL FORM 1040 SCHEDULE A)

In the event you filed using the standard deduction on your federal return and wish to itemize for Mississippi purposes, use Federal Form 1040 Schedule A as a worksheet and transfer the information from the specific lines indicated to this Schedule A.

1 Federal AGI from Federal Form 1040, line 38	1 _____	.00	
2 a Medical and dental expenses b Multiply line 1 by 10% (.10). But if either you or your spouse was born before January 2, 1949, multiply line 1 by 7.5% (.075) instead c Medical and dental expense deduction (line 2a minus line 2b)	2a _____	.00	2c _____
	2b _____	.00	
3 a Total taxes paid b Less state income taxes (or other taxes in lieu of) c Total taxes paid deduction (line 3a minus line 3b)	3a _____	.00	3c _____
	3b _____	.00	
4 Total interest paid			4 _____
5 Charitable contributions			5 _____
6 Total casualty or theft loss (attach Federal Form 4684)			6 _____
7 a Employee business expenses (attach Federal Form 2106) b Miscellaneous itemized deductions c Multiply line 1 by 2% (.02) d Line 7a plus line 7b minus line 7c	7a _____	.00	7d _____
	7b _____	.00	
	7c _____	.00	
8 a Other miscellaneous deductions b Less Mississippi gambling losses c Other miscellaneous deduction (line 8a minus line 8b)	8a _____	.00	8c _____
	8b _____	.00	
9 Mississippi itemized deductions (add lines 2c, 3c, 4, 5, 6, 7d, and 8c; enter here and on Resident Form 80-105, page 1, line 14 or Non-Resident Form 80-205, page 1, line 14a)			9 _____
10 Mississippi itemized deductions (Federal AGI over \$150,000); see worksheet in the instructions to figure amount. Enter here and on Form 80-105, Page 1, Line 14 or Form 80-205, Page 1, Line 14a			10 _____

PART 2: SCHEDULE B - INTEREST AND DIVIDEND INCOME (FROM FEDERAL FORM 1040, SCHEDULE B)

1 Interest income from all sources	1	320	.00
2 Amount of Mississippi non-taxable interest in line 1	2	0	.00
3 Total Mississippi interest (line 1 minus line 2, enter here and on Form 80-105, line 40 or Form 80-205, line 41)	3	320	.00
4 Total dividends from all sources	4	200	.00
5 Amount of Mississippi nontaxable distributions reported in line 4	5	0	.00
6 Total Mississippi dividends (line 4 minus line 5, enter here and on Form 80-105, line 41 or Form 80-205, line 42)	6	200	.00

PART 3: VOLUNTARY CONTRIBUTION CHECK-OFFS (RESIDENTS ONLY)

You may elect to voluntarily contribute all or part (at least \$1) of your income tax refund to one or more of the funds listed below. Refer to the instruction booklet 80-100 (may be downloaded from our website www.dor.ms.gov) for an explanation of the purpose of each of these funds and how the refund donations will be used.

Military Family Relief Fund _____	Bicentennial Celebration Fund _____
Burn Care Fund _____	Wildlife Fisheries and Parks Foundation _____
Wildlife Heritage Fund _____	Commission for Volunteer Service Fund _____
Educational Trust Fund _____	

Enter total of check-offs here and on Form 80-105, page 1, line 30 _____



Mississippi Income / Withholding Tax Schedule 2013

Primary Taxpayer's Name (As shown on Forms 80-105, 80-110, 80-205 and 81-110)

1 A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
<p>Check appropriate box <input type="checkbox"/> W-2 <input checked="" type="checkbox"/> 1099 <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 <u>0 0 1 1 0 0 0 3 5</u> Employer or payer ID from W-2, 1099, K-1</p> <p>Three O Test Taxpayer Name</p> <p><u>4 0 0 0 0 4 6 4 3</u> Taxpayer Social Security Number</p>	<p>MS <u>1,000</u>.00 State Mississippi Taxable Income</p> <p><u>0</u>.00 Mississippi Withholding Only</p> <p>_____.00 State Income from Other State</p>	<p>MS Dept of Employment S C Employer or payer name</p> <p>1118 Mef Lane Address</p> <p>Jackson MS 39206 City, State, ZIP</p>

2 A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
<p>Check appropriate box <input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p>_____ Employer or payer ID from W-2, 1099, K-1</p> <p>_____ Taxpayer Name</p> <p>_____ Taxpayer Social Security Number</p>	<p>MS _____ .00 State Mississippi Taxable Income</p> <p>_____.00 Mississippi Withholding Only</p> <p>_____.00 State Income from Other State</p>	<p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>

3 A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
<p>Check appropriate box <input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p>_____ Employer or payer ID from W-2, 1099, K-1</p> <p>_____ Taxpayer Name</p> <p>_____ Taxpayer Social Security Number</p>	<p>MS _____ .00 State Mississippi Taxable Income</p> <p>_____.00 Mississippi Withholding Only</p> <p>_____.00 State Income from Other State</p>	<p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>

4 A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
<p>Check appropriate box <input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p>_____ Employer or payer ID from W-2, 1099, K-1</p> <p>_____ Taxpayer Name</p> <p>_____ Taxpayer Social Security Number</p>	<p>MS _____ .00 State Mississippi Taxable Income</p> <p>_____.00 Mississippi Withholding Only</p> <p>_____.00 State Income from Other State</p>	<p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>

THIS FORM MUST BE FILED EVEN IF YOU HAVE NO MISSISSIPPI WITHHOLDING

Duplex and Photocopies NOT Acceptable

Mississippi Test #4

Forms Required: MS 80-205 and MS 80-107

Taxpayer Name: Four L Test

Taxpayer SSN: 400-00-4644

Mississippi Changes:

- **State Only (Unlinked) Test:** For those that support state only (unlinked) , the state only indicator will need to be present. If the software chooses not to support state only, the indicator should be blank. **However, unless we are notified prior to testing that the software will not support this program and the indicator is blank, MDOR will fail this test.**
 - SSN will be test numbers assigned to Mississippi
 - County code – Non Resident (83)
 - Taxpayer elected to have all Mississippi refund direct deposited into the following account
- | | |
|------------------------|------------------|
| Name of Institution | Chevy Chase Bank |
| Type of Account | Checking |
| Routing Transit Number | 123456780 |
| Account Number | 4433221100000000 |



Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2013

SSN 4 0 0 0 0 4 6 4 4

INCOME	Total Income From All Sources	Mississippi Income ONLY
36 Wages, salaries, tips, etc. (complete Form 80-107)	36 <u>22,300</u> .00	36 <u>10,800</u> .00
37 Business income (loss) (attach Federal Schedule C or C-EZ)	37 _____ .00	37 _____ .00
38 Capital gain (loss) (attach Federal Schedule D)	38 _____ .00	38 _____ .00
39 Rent, royalties, partnerships, S corporation, trusts, etc. (from Form 80-108, part 4)	39 _____ .00	39 _____ .00
40 Farm income (loss) (attach Federal Schedule F)	40 _____ .00	40 _____ .00
41 Interest income (from Form 80-108, part 2)	41 _____ .00	41 _____ .00
42 Dividend income (from Form 80-108, part 2)	42 _____ .00	42 _____ .00
43 Alimony received	43 _____ .00	43 _____ .00
44 Taxable pensions and annuities (complete Form 80-107)	44 _____ .00	44 _____ .00
45 Unemployment compensation (complete Form 80-107)	45 _____ .00	45 _____ .00
46 Other income (loss) (from Form 80-108, part 5)	46 _____ .00	46 _____ .00
47 Total income (add lines 36 through 46)	47 <u>22,300</u> .00	47 <u>10,800</u> .00

ADJUSTMENTS	Total Income From All Sources	Mississippi Income ONLY
48 Payments to IRA	48 _____ .00	48 _____ .00
49 Payments to self-employed SEP, SIMPLE and qualified retirement plans	49 _____ .00	49 _____ .00
50 Interest penalty on early withdrawal of savings	50 _____ .00	50 _____ .00
51 Alimony paid (complete schedule below)	51 _____ .00	51 _____ .00
Name _____ SSN _____ State: _____ Name _____ SSN _____ State: _____ Name _____ SSN _____ State: _____		
52 Moving expense (attach Federal Form 3903)	52 _____ .00	52 _____ .00
53 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	53 _____ .00	53 _____ .00
54 Mississippi Prepaid Affordable College Tuition (MPACT)	54 _____ .00	54 _____ .00
55 Mississippi Affordable College Savings (MACS)	55 _____ .00	55 _____ .00
56 Self-employed health insurance deduction	56 _____ .00	56 _____ .00
57 Health savings account deduction	57 _____ .00	57 _____ .00
58 Total adjustments (add lines 48 through 57)	58 _____ .00	58 _____ .00
59 Adjusted gross income (line 47 minus line 58; carry total AGI to line 13b and Mississippi AGI to line 13a)	59 <u>22,300</u> .00	59 <u>10,800</u> .00
60 Split Mississippi AGI on line 59 between taxpayer and spouse	T 60 _____ .00	S 60 _____ .00

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

Yes No This return may be discussed with the preparer

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



Mississippi Income / Withholding Tax Schedule 2013

Primary Taxpayer's Name (As shown on Forms 80-105, 80-110, 80-205 and 81-110)

1	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p>Check appropriate box <input checked="" type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 <u>0 0 1 1 0 0 0 2 3</u> Employer or payer ID from W-2, 1099, K-1</p> <p>Four L Test Taxpayer Name <u>4 0 0 0 0 4 6 4 4</u> Taxpayer Social Security Number</p>	<p>MS <u>10,800</u> .00 State Mississippi Taxable Income</p> <p> <u>805</u> .00 Mississippi Withholding Only</p> <p>NC <u>11,500</u> .00 State Income from Other State</p>	<p>Go Mef Inc Employer or payer name</p> <p>P O Box 55510 Address</p> <p>Jackson MS 39206 City, State, ZIP</p>

2	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p>Check appropriate box <input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p>Employer or payer ID from W-2, 1099, K-1 _____</p> <p>Taxpayer Name _____</p> <p>Taxpayer Social Security Number _____</p>	<p>MS _____ .00 State Mississippi Taxable Income</p> <p> _____ .00 Mississippi Withholding Only</p> <p> _____ .00 State Income from Other State</p>	<p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>

3	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p>Check appropriate box <input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p>Employer or payer ID from W-2, 1099, K-1 _____</p> <p>Taxpayer Name _____</p> <p>Taxpayer Social Security Number _____</p>	<p>MS _____ .00 State Mississippi Taxable Income</p> <p> _____ .00 Mississippi Withholding Only</p> <p> _____ .00 State Income from Other State</p>	<p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>

4	A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
	<p>Check appropriate box <input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p>Employer or payer ID from W-2, 1099, K-1 _____</p> <p>Taxpayer Name _____</p> <p>Taxpayer Social Security Number _____</p>	<p>MS _____ .00 State Mississippi Taxable Income</p> <p> _____ .00 Mississippi Withholding Only</p> <p> _____ .00 State Income from Other State</p>	<p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>

THIS FORM MUST BE FILED EVEN IF YOU HAVE NO MISSISSIPPI WITHHOLDING

Duplex and Photocopies NOT Acceptable

Mississippi Test #5

Forms Required: MS 80-105, MS 80-108, MS 71-661

Taxpayer Name: Five I Test

Taxpayer SSN: 400-00-4645

Mississippi changes:

- SSN will be test number assigned to Mississippi
- Taxpayer requested to pay the liability by using the installment agreement
- County code – Union County(73)
- Taxpayer received a W-2G from a Mississippi casino for \$1,200 and income tax withholding of \$36 (3% of gaming winnings)
- Taxpayer received a W-2G from a Louisiana casino for \$1,000 and \$0 Mississippi withholding.

Note:

Gaming winnings from a Mississippi casino with 3% Mississippi withholding are not includable or deductible on the Mississippi Income Tax Return (do not include on form MS 80-107).

Non-Mississippi gaming winnings should be reported on the MS 80-108 part 5 (Schedule N). Please refer to form MS 80-100 (Instruction Booklet) page 15.



Mississippi Resident Individual Income Tax Return 2013

Amended

Taxpayer First Name Five		Initial I	Last Name Test	
Spouse First Name		Initial	Spouse Last Name	
Mailing Address (Number and Street, Including Rural Route) 104 Hwy 75 North				
City New Albany		State MS	Zip 38652	County Code 73

SSN 4 0 0 0 0 4 6 4 5
Spouse SSN _____

- 1 Married - Combined or Joint Return (\$12,000)
- 2 Married - Spouse Died in Tax Year (\$12,000)
- 3 Married - Filing Separate Returns (\$12,000)
- 4 Head of Family (\$8,000)
- 5 Single (\$6,000)

EXEMPTIONS

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

6 (A) Name	(B)	(C) Dependent SSN
<u>Bobby</u>	<u>C</u>	<u>4 0 0 0 0 4 6 5 7</u>
<u>Sam</u>	<u>C</u>	<u>4 0 0 0 0 4 6 5 8</u>
	—	
	—	

7 Total number of dependents (from line 6 and Form 80-491) 2

- 8 Taxpayer Age 65 or Over Spouse Age 65 or Over
- Taxpayer Blind Spouse Blind
- 9 Total dependents line 7 plus number of boxes checked line 8 2
- 10 Line 9 x \$1,500 10 3,000.00
- 11 Enter filing status exemption 11 8,000.00
- 12 Total (line 10 plus line 11) 12 11,000.00

MISSISSIPPI INCOME TAX	Column A (Taxpayer)	Column B (Spouse)
------------------------	---------------------	-------------------

13 Mississippi adjusted gross income (from page 2, line 58)	13A <u>42,129</u> .00	13B _____ .00
14 Standard or itemized deductions (if itemized, attach Form 80-108)	14A <u>5,558</u> .00	14B _____ .00
15 Exemptions (from line 12; if married filing separately use 1/2 amount)	15A <u>11,000</u> .00	15B _____ .00
16 Mississippi taxable income (line 13 minus line 14 and line 15)	16A <u>25,571</u> .00	16B _____ .00
17 Income tax due (from Schedule of Tax Computation, see instructions)		17 <u>1,129</u> .00
18 Credit for tax paid to another state (attach Form 80-160)		18 _____ .00
19 Other credits (from Form 80-401, line 1)		19 _____ .00
20 Net income tax due (line 17 minus line 18 and line 19)		20 <u>1,129</u> .00
21 Consumer use tax (see instructions, Form 80-100)		21 <u>100</u> .00
22 Total Mississippi income tax due (line 20 plus line 21)		22 <u>1,229</u> .00

PAYMENTS

23 Mississippi income tax withheld (complete Form 80-107)	23 <u>980</u> .00
24 Estimated tax payments, payments made with extension and/or amount paid on original return	24 _____ .00
25 Refund received and/or amount carried forward from original return (amended return only)	25 _____ .00
26 Total payments (line 23 plus line 24 minus line 25)	26 <u>980</u> .00

REFUND OR BALANCE DUE

27 Interest on underestimated tax and late filing penalty (from Form 80-320, line 15) <input type="checkbox"/> Farmers or Fishermen (See instructions)	27 _____ .00
28 Overpayment (if line 26 (payments) is larger, subtract line 22 plus line 27 from line 26)	28 _____ .00
29 Overpayment to be applied to next year estimated tax account	29 _____ .00
30 Voluntary contribution (from Form 80-108, part 3)	30 _____ .00
31 Overpayment refund (line 28 minus line 29 and line 30)	REFUND 31 _____ .00
32 Balance due (if line 22 plus line 27 is larger (tax, penalty and interest), subtract line 26 from line 22 plus line 27)	BALANCE DUE 32 <u>249</u> .00
33 Late payment interest and penalty (from Form 80-320, line 19)	33 _____ .00
34 Total due (line 32 plus line 33)	34 <u>249</u> .00

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



Mississippi Resident Individual Income Tax Return 2013

SSN 4 0 0 0 0 4 6 4 5

INCOME	Column A (Taxpayer)	Column B (Spouse)
35 Wages, salaries, tips, etc. (complete Form 80-107)	35A <u>28,650.00</u>	35B <u>.00</u>
36 Business income (loss) (attach Federal Schedule C or C-EZ)	36A <u>12,473.00</u>	36B <u>.00</u>
37 Capital gain (loss) (attach Federal Schedule D)	37A <u>.00</u>	37B <u>.00</u>
38 Rent, royalties, partnerships, S corporation trusts, etc. (from Form 80-108, part 4)	38A <u>.00</u>	38B <u>.00</u>
39 Farm income (loss) (attach Federal Schedule F)	39A <u>1,500.00</u>	39B <u>.00</u>
40 Interest income (from Form 80-108, part 2, line 3)	40A <u>1,268.00</u>	40B <u>.00</u>
41 Dividend income (from Form 80-108, part 2, line 6)	41A <u>238.00</u>	41B <u>.00</u>
42 Alimony received	42A <u>1,000.00</u>	42B <u>.00</u>
43 Taxable pensions and annuities (complete Form 80-107)	43A <u>.00</u>	43B <u>.00</u>
44 Unemployment compensation (complete Form 80-107)	44A <u>.00</u>	44B <u>.00</u>
45 Other income (loss) (from Form 80-108, part 5)	45A <u>1,000.00</u>	45B <u>.00</u>
46 Total income (add line 35 through line 45)	46A <u>46,129.00</u>	46B <u>.00</u>

ADJUSTMENTS	Column A (Taxpayer)	Column B (Spouse)
47 Payments to IRA	47A <u>1,500.00</u>	47B <u>.00</u>
48 Payments to self-employed SEP, SIMPLE and qualified retirement plans	48A <u>.00</u>	48B <u>.00</u>
49 Interest penalty on early withdrawal of savings	49A <u>1,000.00</u>	49B <u>.00</u>
50 Alimony paid (complete schedule below)	50A <u>.00</u>	50B <u>.00</u>

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

51 Moving expense (attach Federal Form 3903)	51A <u>.00</u>	51B <u>.00</u>
52 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	52A <u>.00</u>	52B <u>.00</u>
53 Mississippi Prepaid Affordable College Tuition (MPACT)	53A <u>.00</u>	53B <u>.00</u>
54 Mississippi Affordable College Savings (MACS)	54A <u>1,000.00</u>	54B <u>.00</u>
55 Self-employed health insurance deduction	55A <u>.00</u>	55B <u>.00</u>
56 Health savings account deduction	56A <u>500.00</u>	56B <u>.00</u>
57 Total adjustments (add line 47 through line 56)	57A <u>4,000.00</u>	57B <u>.00</u>
58 Mississippi adjusted gross income (line 46 minus line 57; enter here and on page 1, line 13)	58A <u>42,129.00</u>	58B <u>.00</u>

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

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



Mississippi Adjustments And Contributions 2013

Taxpayer Name
Five I Test

SSN 4 0 0 0 0 4 6 4 5

PART 1: SCHEDULE A - ITEMIZED DEDUCTIONS (ATTACH FEDERAL FORM 1040 SCHEDULE A)

In the event you filed using the standard deduction on your federal return and wish to itemize for Mississippi purposes, use Federal Form 1040 Schedule A as a worksheet and transfer the information from the specific lines indicated to this Schedule A.

1 Federal AGI from Federal Form 1040, line 38	1	43,129.00	
2 a Medical and dental expenses	2a	.00	
b Multiply line 1 by 10% (.10). But if either you or your spouse was born before January 2, 1949, multiply line 1 by 7.5% (.075) instead	2b	.00	
c Medical and dental expense deduction (line 2a minus line 2b)	2c	0.00	
3 a Total taxes paid	3a	980.00	
b Less state income taxes (or other taxes in lieu of)	3b	980.00	
c Total taxes paid deduction (line 3a minus line 3b)	3c	0.00	
4 Total interest paid	4	4,983.00	
5 Charitable contributions	5	575.00	
6 Total casualty or theft loss (attach Federal Form 4684)	6	0.00	
7 a Employee business expenses (attach Federal Form 2106)	7a	.00	
b Miscellaneous itemized deductions	7b	.00	
c Multiply line 1 by 2% (.02)	7c	.00	
d Line 7a plus line 7b minus line 7c	7d	.00	
8 a Other miscellaneous deductions	8a	.00	
b Less Mississippi gambling losses	8b	.00	
c Other miscellaneous deduction (line 8a minus line 8b)	8c	.00	
9 Mississippi itemized deductions (add lines 2c, 3c, 4, 5, 6, 7d, and 8c; enter here and on Resident Form 80-105, page 1, line 14 or Non-Resident Form 80-205, page 1, line 14a)	9	5,558.00	
10 Mississippi itemized deductions (Federal AGI over \$150,000); see worksheet in the instructions to figure amount. Enter here and on Form 80-105, Page 1, Line 14 or Form 80-205, Page 1, Line 14a	10	.00	

PART 2: SCHEDULE B - INTEREST AND DIVIDEND INCOME (FROM FEDERAL FORM 1040, SCHEDULE B)

1 Interest income from all sources	1	1,473.00	
2 Amount of Mississippi non-taxable interest in line 1	2	205.00	
3 Total Mississippi interest (line 1 minus line 2, enter here and on Form 80-105, line 40 or Form 80-205, line 41)	3	1,268.00	
4 Total dividends from all sources	4	981.00	
5 Amount of Mississippi nontaxable distributions reported in line 4	5	743.00	
6 Total Mississippi dividends (line 4 minus line 5, enter here and on Form 80-105, line 41 or Form 80-205, line 42)	6	238.00	

PART 3: VOLUNTARY CONTRIBUTION CHECK-OFFS (RESIDENTS ONLY)

You may elect to voluntarily contribute all or part (at least \$1) of your income tax refund to one or more of the funds listed below. Refer to the instruction booklet 80-100 (may be downloaded from our website www.dor.ms.gov) for an explanation of the purpose of each of these funds and how the refund donations will be used.

Military Family Relief Fund	_____ .00	Bicentennial Celebration Fund	_____ .00
Burn Care Fund	_____ .00	Wildlife Fisheries and Parks Foundation	_____ .00
Wildlife Heritage Fund	_____ .00	Commission for Volunteer Service Fund	_____ .00
Educational Trust Fund	_____ .00		

Enter total of check-offs here and on Form 80-105, page 1, line 30 _____ .00

Mississippi Test #6

Forms Required: MS 80-105, MS 80-107 and MS 80-491

Taxpayer Name: Six R Test

Taxpayer SSN: 400004646

Mississippi Changes:

- SSN will be test numbers assigned to Mississippi
- County code – Harrison (24)
- Taxpayer elected to have overpayment carried forward to next year estimates
- Must include MS80-491 in software for taxpayer copy only.



Mississippi Resident Individual Income Tax Return 2013

SSN 4 0 0 0 0 4 6 4 6

INCOME	Column A (Taxpayer)	Column B (Spouse)
35 Wages, salaries, tips, etc. (complete Form 80-107)	35A _____ .00	35B _____ 28,400 .00
36 Business income (loss) (attach Federal Schedule C or C-EZ)	36A _____ .00	36B _____ .00
37 Capital gain (loss) (attach Federal Schedule D)	37A _____ .00	37B _____ .00
38 Rent, royalties, partnerships, S corporation trusts, etc. (from Form 80-108, part 4)	38A _____ .00	38B _____ .00
39 Farm income (loss) (attach Federal Schedule F)	39A _____ .00	39B _____ .00
40 Interest income (from Form 80-108, part 2, line 3)	40A _____ .00	40B _____ .00
41 Dividend income (from Form 80-108, part 2, line 6)	41A _____ .00	41B _____ .00
42 Alimony received	42A _____ .00	42B _____ .00
43 Taxable pensions and annuities (complete Form 80-107)	43A _____ .00	43B _____ .00
44 Unemployment compensation (complete Form 80-107)	44A _____ .00	44B _____ .00
45 Other income (loss) (from Form 80-108, part 5)	45A _____ .00	45B _____ .00
46 Total income (add line 35 through line 45)	46A _____ .00	46B _____ 28,400 .00

ADJUSTMENTS	Column A (Taxpayer)	Column B (Spouse)
47 Payments to IRA	47A _____ .00	47B _____ .00
48 Payments to self-employed SEP, SIMPLE and qualified retirement plans	48A _____ .00	48B _____ .00
49 Interest penalty on early withdrawal of savings	49A _____ .00	49B _____ .00
50 Alimony paid (complete schedule below)	50A _____ .00	50B _____ .00

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

51 Moving expense (attach Federal Form 3903)	51A _____ .00	51B _____ .00
52 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	52A _____ .00	52B _____ .00
53 Mississippi Prepaid Affordable College Tuition (MPACT)	53A _____ .00	53B _____ .00
54 Mississippi Affordable College Savings (MACS)	54A _____ .00	54B _____ .00
55 Self-employed health insurance deduction	55A _____ .00	55B _____ .00
56 Health savings account deduction	56A _____ .00	56B _____ .00
57 Total adjustments (add line 47 through line 56)	57A _____ .00	57B _____ .00
58 Mississippi adjusted gross income (line 46 minus line 57; enter here and on page 1, line 13)	58A _____ .00	58B _____ 28,400 .00

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

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



Mississippi Individual Income Tax Statement of Additional Dependents 2013



Taxpayer First Name Six	Initial R	Last Name Test
Spouse First Name Rita	Initial E	Spouse Last Name Test
Mailing Address (Number and Street, Including Rural Route) 10 Brown Avenue		
City Biloxi	State MS	Zip 39532
		County Code 24

SSN 4 0 0 0 0 4 6 4 6

Spouse SSN 4 0 0 0 0 4 6 6 0

A dependent is a relative or other person who qualifies for federal income tax purposes as a dependent of the taxpayer. Enter the dependent's name (Column A), the dependent's relationship to taxpayer (Column B), and the dependent's social security number (Column C).

(A) DEPENDENT'S NAME	(B) DEPENDENT <small>Enter "C" for child, "P" for parent and "R" for relative</small>	(C) DEPENDENT'S SSN
1 <u>BillTest</u>	<u>C</u>	<u>4 0 0 0 0 4 6 6 1</u>
2 <u>Bob Test</u>	<u>P</u>	<u>4 0 0 0 0 4 6 6 2</u>
3 <u>Amelia Test</u>	<u>C</u>	<u>4 0 0 0 0 4 6 6 3</u>
4 <u>Joy Test</u>	<u>R</u>	<u>4 0 0 0 0 4 6 6 4</u>
5 <u>Mary Test</u>	<u>P</u>	<u>4 0 0 0 0 4 6 6 5</u>
6 <u>John Test</u>	<u>C</u>	<u>4 0 0 0 0 4 6 6 6</u>
7 _____	_____	_____
8 _____	_____	_____
9 _____	_____	_____
10 _____	_____	_____
11 _____	_____	_____
12 _____	_____	_____
13 _____	_____	_____
14 _____	_____	_____
15 _____	_____	_____



Mississippi Test #7

Forms Required: MS 80-205, MS 80-107, MS 80-315 and MS 80-401

Taxpayer Name: Seven J Test

Taxpayer SSN: 400-00-4647

Mississippi Changes:

- SSN will be test numbers assigned to Mississippi
- County code – Non-Resident (83)
- Taxpayer is a Part Year Resident from 01/01/2012 to 06/30/2012
- Taxpayer would like to pay using ACH debit



Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2013

SSN 4 0 0 0 0 4 6 4 7

INCOME	Total Income From All Sources	Mississippi Income ONLY
36 Wages, salaries, tips, etc. (complete Form 80-107)	36 <u>26,600</u> .00	36 <u>24,800</u> .00
37 Business income (loss) (attach Federal Schedule C or C-EZ)	37 _____ .00	37 _____ .00
38 Capital gain (loss) (attach Federal Schedule D)	38 _____ .00	38 _____ .00
39 Rent, royalties, partnerships, S corporation, trusts, etc. (from Form 80-108, part 4)	39 _____ .00	39 _____ .00
40 Farm income (loss) (attach Federal Schedule F)	40 _____ .00	40 _____ .00
41 Interest income (from Form 80-108, part 2)	41 _____ .00	41 _____ .00
42 Dividend income (from Form 80-108, part 2)	42 _____ .00	42 _____ .00
43 Alimony received	43 <u>1,500</u> .00	43 _____ .00
44 Taxable pensions and annuities (complete Form 80-107)	44 <u>3,000</u> .00	44 <u>3,000</u> .00
45 Unemployment compensation (complete Form 80-107)	45 _____ .00	45 _____ .00
46 Other income (loss) (from Form 80-108, part 5)	46 _____ .00	46 _____ .00
47 Total income (add lines 36 through 46)	47 <u>31,100</u> .00	47 <u>27,800</u> .00

ADJUSTMENTS	Total Income From All Sources	Mississippi Income ONLY
48 Payments to IRA	48 <u>3,000</u> .00	48 <u>2,682</u> .00
49 Payments to self-employed SEP, SIMPLE and qualified retirement plans	49 <u>1,500</u> .00	49 <u>1,341</u> .00
50 Interest penalty on early withdrawal of savings	50 <u>1,500</u> .00	50 <u>1,500</u> .00
51 Alimony paid (complete schedule below)	51 _____ .00	51 _____ .00

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

52 Moving expense (attach Federal Form 3903)	52 <u>500</u> .00	52 <u>447</u> .00
53 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	53 <u>1,000</u> .00	53 <u>1,000</u> .00
54 Mississippi Prepaid Affordable College Tuition (MPACT)	54 _____ .00	54 _____ .00
55 Mississippi Affordable College Savings (MACS)	55 _____ .00	55 _____ .00
56 Self-employed health insurance deduction	56 _____ .00	56 _____ .00
57 Health savings account deduction	57 _____ .00	57 _____ .00
58 Total adjustments (add lines 48 through 57)	58 <u>7,500</u> .00	58 <u>6,970</u> .00
59 Adjusted gross income (line 47 minus line 58; carry total AGI to line 13b and Mississippi AGI to line 13a)	59 <u>23,600</u> .00	59 <u>20,830</u> .00
60 Split Mississippi AGI on line 59 between taxpayer and spouse	T 60 _____ .00	S 60 _____ .00

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

Yes No This return may be discussed with the preparer

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

Mississippi Reforestation Tax Credit 2013

Taxpayer Name Steven J Test

SSN 4 0 0 0 0 4 6 4 7
FEIN _____

PART I: COMPUTATION OF REFORESTATION TAX CREDIT (RTC)

1 Total expenditures during the year 2013 for seedlings, seed/acorns, seeding, planting by hand or machine, site preparation and post-planting site preparation on all eligible acres	1	_____ 100.00
2 Total cost of approved practices as established by the Mississippi Forestry Commission (complete the worksheet on the reverse side of this form and enter the total from column C here)	2	_____ 100.00
3 Eligible costs (enter lesser of line 1 or line 2)	3	_____ 100.00
4 Enter 50% of amount in line 3 above or \$10,000 whichever is less; this is your RTC earned this year	4	_____ 50.00
5a Enter the amount of RTC carried over from earlier years (attach Form 80-315 for immediate prior year)	5a	_____ .00
5b Enter the current year RTC passed through to you as an investor in a pass-through entity (see K-1 forms)	5b	_____ .00
6 Total Amount of RTC available to be utilized this year (pass-through entities only; add line 4, line 5a and line 5b; do not enter an amount larger than amount on line 16, Part IV below ; enter the amount on Form 83-401 and skip Part II and Part III below)	6	_____ 50.00

Was either of the following elected on your Federal income tax return with respect to the qualifying expenditures on the same eligible lands on which the RTC is claimed: Investment tax credit Yes No Reforestation amortization Yes No

PART II: REFORESTATION TAX CREDIT UTILIZED THIS YEAR

(NOTE: When married taxpayers file jointly and each spouse qualifies as an eligible owner, see instructions for completion of lines 7 and 8)

7 Enter the amount of total income tax due shown on line 22, Form 80-105 and line 20, Form 80-205 (individuals); line 6, Form 83-105 (corporations) or line 1, Form 81-110 (fiduciary return)	7	_____ 328.00
8 Enter the total amount of all other credit(s) available to you this year (refer to the instructions for the return you are filing for a list of available credits); do not include withholding or estimated tax payments	8	_____ 50.00
9 Net income tax due (line 7 minus line 8)	9	_____ 278.00
10 Reforestation tax credit (enter LESSER of line 6 or line 9 here and Form 83-401)	10	_____ 50.00

PART III: COMPUTATION OF RTC CARRYOVER AMOUNT

11 Total reforestation tax credit available to be utilized this year (amount from line 6 above)	11	_____ 50.00
12 Amount of RTC utilized this year (amount from line 10 above)	12	_____ 50.00
13 Amount of RTC available to be carried forward and used in succeeding tax years (line 11 minus line 12)	13	_____ 0.00

PART IV: COMPUTATION OF ACCUMULATED RTC LIFETIME CREDIT UTILIZED

14 LIFETIME REFORESTATION TAX CREDIT ALLOWANCE	14	_____ 7 5 0 0 0 .00
15 Total RTC utilized in prior years to offset income tax due (total of amounts shown on Line 12, Part III, Form 80-315 for all prior years; pass-through entities enter total RTC passed through to investors in ALL prior years)	15	_____ 50.00
16 Balance of lifetime RTC allowance available to be used (line 14 minus line 15; for pass-through entities, this is the balance of your lifetime RTC allowance which is available to be passed through to investors)	16	_____ 74,950.00

PART V: CERTIFICATION OF FORESTER

In accordance with Miss. Code Ann. Section 27-7-22.15, I certify that a reforestation prescription or plan as indicated above for eligible lands owned by _____, a graduate forester of a college, school or university accredited by the Society of American Foresters or a registered forester under the Foresters Registration Law of 1977; and that the reforestation practices below have been completed and that the reforestation prescription or plan was followed.

- | | |
|---|---|
| <input type="checkbox"/> Site preparation | <input type="checkbox"/> Cost of seedlings and/or seed/acorns |
| <input type="checkbox"/> Planting by hand or machine and/or seeding | <input type="checkbox"/> Post-planting site preparation practices |

_____ Signature	_____ Title	_____ Date
_____ Business Address	_____ Identifying Number	

Mississippi Reforestation Tax Credit Cost Worksheet 2013

SSN 4 0 0 0 0 4 6 4 7

FEIN _____

Please enter the name and/or county code for the county, or counties, in which the activities listed below were performed. The county codes are shown in the table included in your income tax instruction booklet.

County: Hinds 25
Code Code Code

I. Regeneration

	Column A COST SUMMARY PER ACRE	Column B NUMBER OF ACRES		Column C EXTENDED COST <small>(Col. A x Col. B)</small>
Tree Planting (1)				
Pine				
Seedlings / Bare Root	40.00			.00
Labor	50.00	1		50.00
Containerized Longleaf				
Seedlings	85.00			.00
Labor	78.00			.00
Containerized Loblolly or Slash				
Seedlings	70.00			.00
Labor	60.00			.00
Hardwood				
Seedlings	68.00			.00
Labor	71.00			.00
Direct Seeding (2)				
Pine				
Seed	22.00			.00
Labor	41.00			.00
Hardwood				
Seed	40.00			.00
Labor	50.00	1		50.00
Mixed Stand Regeneration				
Seedlings	37.00			.00
Labor	33.00			.00
Site-Preparation	125.00			.00
Natural Regeneration				
Site-Preparation	100.00			.00

II. Site-Preparation

Chemical	100.00			.00
Mechanical	190.00			.00
Bush Hog	35.00			.00
Post Planting Site-Preparation (3)	85.00			.00
Sub-Soil	50.00			.00
Site-Preparation Burn	38.00			.00

TOTAL (Enter the total of Column C here and on page 1, Part I, line 2) 100.00

Footnotes: (1) Includes cost of seedlings and planting by hand or machine
 (2) Direct application of seeds/acorns to the site, including cost of seeds/acorns and seeding
 (3) Reduction and control of undesirable competition within the first growing season of an established crop of trees



Mississippi Tax Credit Summary Schedule 2013

(* Carryover Not Available)

SSN 4 0 0 0 0 4 6 4 7

FEIN _____

TAX CREDIT CODES			
CODE	CREDIT	CODE	CREDIT
*02	Premium Retaliatory	17	Import Credit
*03	Finance Company Privilege	18	Land Donation
*04	Advanced Technology/enterprise Zone	19	Broadband Technology
05	Jobs Tax	21	Brownfield Credit
06	National or Regional Headquarters	22	Airport Cargo Charges
07	Research and Development Skills	23	Manufacturer's Investment Tax Credit
08	Employer Child / Dependent Care	24	Alternative Energy Jobs
09	Basic Skills Training or Retraining	25	Child Adoption
10	Reforestation	26	Historic Structure Rehabilitation (Attach Statement)
*11	Gambling License Fee		<input type="checkbox"/> Check if requesting refund in lieu of 10-year carryforward
*12	Financial Institution Jobs	*27	Long Term Care
13	Mississippi Revenue Bond Service	28	New Markets
*14	Ad Valorem Inventory	29	Biomass Energy Investment
15	Export Port Charges	30	Wildlife Land Use
16	Insurance Guaranty	*50	Bank Share

INCOME TAX CREDITS						
A	B	C	D	E	F	G
CODE	CREDIT EARNED THIS YEAR	CREDIT RECEIVED FROM PASS-THROUGH ENTITY	CREDIT CARRYOVER FROM PRIOR YEAR	CREDIT USED THIS YEAR	CREDIT EXPIRED THIS YEAR	CREDIT CARRYOVER AVAILABLE FOR NEXT YEAR (B+C+D-E-F)

05	20			20		
10	50			50		
14	10			10		
27	20			20		

1 Total income tax credit used this year (total column E; enter on Form 80-105, line 19 or Form 80-205, line 21) 1 100.00

2 Total income tax credit available for next year (total column G) 2 0.00

3 If code 25 is selected, enter adoptee SSN(s) here _____

Mississippi Test #8

Forms Required: MS 80-105, MS 80-107 and MS 80-108

Taxpayer Name: Eight H Test

Taxpayer SSN: 400-00-4648

Mississippi changes:

- SSN will be test number assigned to Mississippi
- County code – Union County (25)
- Taxpayer elected to have all Mississippi refund direct deposited into the following account.

Name of Institution	Chevy Chase Bank
Type of Account	Checking
Routing Transit Number	123456780
Account Number	4433221100000000



Mississippi Resident Individual Income Tax Return 2013

SSN _____

INCOME	Column A (Taxpayer)	Column B (Spouse)
35 Wages, salaries, tips, etc. (complete Form 80-107)	35A _____ 241,764 .00	35B _____ .00
36 Business income (loss) (attach Federal Schedule C or C-EZ)	36A _____ .00	36B _____ .00
37 Capital gain (loss) (attach Federal Schedule D)	37A _____ .00	37B _____ .00
38 Rent, royalties, partnerships, S corporation trusts, etc. (from Form 80-108, part 4)	38A _____ .00	38B _____ .00
39 Farm income (loss) (attach Federal Schedule F)	39A _____ .00	39B _____ .00
40 Interest income (from Form 80-108, part 2, line 3)	40A _____ .00	40B _____ .00
41 Dividend income (from Form 80-108, part 2, line 6)	41A _____ .00	41B _____ .00
42 Alimony received	42A _____ .00	42B _____ .00
43 Taxable pensions and annuities (complete Form 80-107)	43A _____ .00	43B _____ .00
44 Unemployment compensation (complete Form 80-107)	44A _____ .00	44B _____ .00
45 Other income (loss) (from Form 80-108, part 5)	45A _____ .00	45B _____ .00
46 Total income (add line 35 through line 45)	46A _____ 241,764 .00	46B _____ .00

ADJUSTMENTS	Column A (Taxpayer)	Column B (Spouse)
47 Payments to IRA	47A _____ .00	47B _____ .00
48 Payments to self-employed SEP, SIMPLE and qualified retirement plans	48A _____ .00	48B _____ .00
49 Interest penalty on early withdrawal of savings	49A _____ .00	49B _____ .00
50 Alimony paid (complete schedule below)	50A _____ .00	50B _____ .00

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

51 Moving expense (attach Federal Form 3903)	51A _____ .00	51B _____ .00
52 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	52A _____ .00	52B _____ .00
53 Mississippi Prepaid Affordable College Tuition (MPACT)	53A _____ .00	53B _____ .00
54 Mississippi Affordable College Savings (MACS)	54A _____ .00	54B _____ .00
55 Self-employed health insurance deduction	55A _____ .00	55B _____ .00
56 Health savings account deduction	56A _____ .00	56B _____ .00
57 Total adjustments (add line 47 through line 56)	57A _____ .00	57B _____ .00
58 Mississippi adjusted gross income (line 46 minus line 57; enter here and on page 1, line 13)	58A _____ 241,764 .00	58B _____ .00

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

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



Mississippi Adjustments And Contributions 2013

Taxpayer Name Eight H Test

SSN 4 0 0 0 0 4 6 4 8

PART 1: SCHEDULE A - ITEMIZED DEDUCTIONS (ATTACH FEDERAL FORM 1040 SCHEDULE A)

In the event you filed using the standard deduction on your federal return and wish to itemize for Mississippi purposes, use Federal Form 1040 Schedule A as a worksheet and transfer the information from the specific lines indicated to this Schedule A.

1 Federal AGI from Federal Form 1040, line 38	1	241,764.00	
2 a Medical and dental expenses b Multiply line 1 by 10% (.10). But if either you or your spouse was born before January 2, 1949, multiply line 1 by 7.5% (.075) instead c Medical and dental expense deduction (line 2a minus line 2b)	2a	341.00	
	2b	24,176.00	
	2c		0.00
3 a Total taxes paid b Less state income taxes (or other taxes in lieu of) c Total taxes paid deduction (line 3a minus line 3b)	3a	15,548.00	
	3b	11,285.00	
	3c		4,263.00
4 Total interest paid	4		7,433.00
5 Charitable contributions	5		715.00
6 Total casualty or theft loss (attach Federal Form 4684)	6		0.00
7 a Employee business expenses (attach Federal Form 2106) b Miscellaneous itemized deductions c Multiply line 1 by 2% (.02) d Line 7a plus line 7b minus line 7c	7a	.00	
	7b	.00	
	7c	.00	
	7d		.00
8 a Other miscellaneous deductions b Less Mississippi gambling losses c Other miscellaneous deduction (line 8a minus line 8b)	8a	.00	
	8b	1,717.00	
	8c		0.00
9 Mississippi itemized deductions (add lines 2c, 3c, 4, 5, 6, 7d, and 8c; enter here and on Resident Form 80-105, page 1, line 14 or Non-Resident Form 80-205, page 1, line 14a)	9		12,411.00
10 Mississippi itemized deductions (Federal AGI over \$150,000); see worksheet in the instructions to figure amount. Enter here and on Form 80-105, Page 1, Line 14 or Form 80-205, Page 1, Line 14a	10		10,969.00

PART 2: SCHEDULE B - INTEREST AND DIVIDEND INCOME (FROM FEDERAL FORM 1040, SCHEDULE B)

1 Interest income from all sources	1	
2 Amount of Mississippi non-taxable interest in line 1	2	
3 Total Mississippi interest (line 1 minus line 2, enter here and on Form 80-105, line 40 or Form 80-205, line 41)	3	
4 Total dividends from all sources	4	
5 Amount of Mississippi nontaxable distributions reported in line 4	5	
6 Total Mississippi dividends (line 4 minus line 5, enter here and on Form 80-105, line 41 or Form 80-205, line 42)	6	

PART 3: VOLUNTARY CONTRIBUTION CHECK-OFFS (RESIDENTS ONLY)

You may elect to voluntarily contribute all or part (at least \$1) of your income tax refund to one or more of the funds listed below. Refer to the instruction booklet 80-100 (may be downloaded from our website www.dor.ms.gov) for an explanation of the purpose of each of these funds and how the refund donations will be used.

Military Family Relief Fund _____ .00	Bicentennial Celebration Fund _____ .00
Burn Care Fund _____ .00	Wildlife Fisheries and Parks Foundation _____ .00
Wildlife Heritage Fund _____ .00	Commission for Volunteer Service Fund _____ .00
Educational Trust Fund _____ .00	

Enter total of check-offs here and on Form 80-105, page 1, line 30 _____ .00



Mississippi Income / Withholding Tax Schedule 2013

Primary Taxpayer's Name (As shown on Forms 80-105, 80-110, 80-205 and 81-110)

1 A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
<p>Check appropriate box <input checked="" type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 <u>0 0 1 1 0 0 0 2 5</u> Employer or payer ID from W-2, 1099, K-1</p> <p>Eight H Test Taxpayer Name _____ <u>4 0 0 0 0 4 6 4 8</u> Taxpayer Social Security Number</p>	<p>MS <u>201,381</u>.00 State Mississippi Taxable Income</p> <p> <u>9,645</u>.00 Mississippi Withholding Only</p> <p> _____ .00 State Income from Other State</p>	<p><u>Mef Inc</u> Employer or payer name</p> <p><u>1577 Green Street</u> Address</p> <p><u>Jackson MS 39206</u> City, State, ZIP</p>

2 A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
<p>Check appropriate box <input checked="" type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 <u>0 0 1 1 0 0 0 3 0</u> Employer or payer ID from W-2, 1099, K-1</p> <p>Eight H Test Taxpayer Name _____ <u>4 0 0 0 0 4 6 4 8</u> Taxpayer Social Security Number</p>	<p>MS <u>40,383</u>.00 State Mississippi Taxable Income</p> <p> <u>1,640</u>.00 Mississippi Withholding Only</p> <p> _____ .00 State Income from Other State</p>	<p><u>Mef Pay Company</u> Employer or payer name</p> <p><u>1500 Guard Drive</u> Address</p> <p><u>Jackson MS 39206</u> City, State, ZIP</p>

3 A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
<p>Check appropriate box <input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p>_____ Employer or payer ID from W-2, 1099, K-1</p> <p>_____ Taxpayer Name</p> <p>_____ Taxpayer Social Security Number</p>	<p>MS _____ .00 State Mississippi Taxable Income</p> <p> _____ .00 Mississippi Withholding Only</p> <p> _____ .00 State Income from Other State</p>	<p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>

4 A - Statement Information	B - Income and Withholding	C - Employer or Payer Information
<p>Check appropriate box <input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p>_____ Employer or payer ID from W-2, 1099, K-1</p> <p>_____ Taxpayer Name</p> <p>_____ Taxpayer Social Security Number</p>	<p>MS _____ .00 State Mississippi Taxable Income</p> <p> _____ .00 Mississippi Withholding Only</p> <p> _____ .00 State Income from Other State</p>	<p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>

THIS FORM MUST BE FILED EVEN IF YOU HAVE NO MISSISSIPPI WITHHOLDING