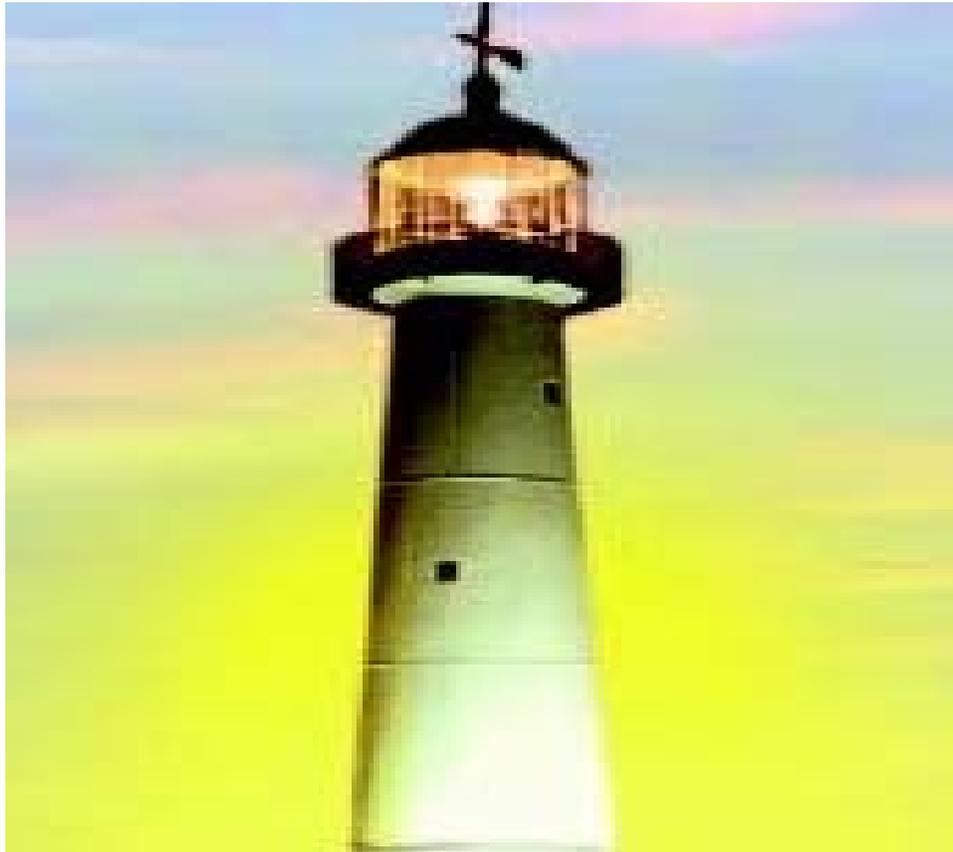


# MS E-file Test Package for Mef Individual Income Tax



## Tax Year 2012

September 2011

## 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 2011). If you have any questions, please contact this office at (601) 923-7055.

This year's package contains seven (7) test returns, three (3) Non-Resident/Part-Year Resident returns, which includes (1) Amended Return and four (4) 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 your 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](mailto:janet.cahee@dor.ms.gov)) prior to testing to provide a contact's name, e-mail address and submission ID.**

The Department of Revenue is looking forward to working with you for the 2012 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](mailto:efile@dor.ms.gov)

# Mississippi Test #1

Forms Required: MS 80-105

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.
- Refund is an International ACH Transaction (IAT)
- Must provide the paid preparer's email address
- If online return you must include taxpayer email address.

## Test #1

### Form 80-105

Taxpayer First Name, Initial, and Last Name	One R Test
Social Security Number	400-00-4641
Home Address	1313 Bird Lane Jackson, MS 39211
County Code	25
Filing Status	Single
Line 12 Enter amount from Lines 1-5	\$6,000
Line 13 Total (Line 11 plus 12)	\$6,000
Line 15 Column A Wages, salaries, tips, etc	\$20,505
Line 16 Column A Other Income	\$1,160
Line 17 Column A Adjustments to Gross Income	\$16,500
Line 18 Column A MS Adjusted Gross Income	\$5,165
Line 19 Column A Standard Deduction	\$2,300
Line 20 Column A Amount of Exemption	\$6,000
Line 28 MS Income Tax Withheld	\$281
Line 30 Total Payments	\$281
Line 32 Overpayment	\$281
Line 35 Refund	\$281

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Line 47 Column A Unemployment Compensation	\$1,160
Line 49 Column A Total Other Income	\$1,160
Line 51 Column A Payment to Self-Employed SEP Simple, & Qualified Retire Plans	\$500
Line 53 Column A Alimony Paid	\$500
Name	April Brown
SSN	400004660
State	MS
Line 54 Column A Moving Expenses	\$500
Line 55 Column A National Guard or Reserve Pay	\$15,000
Line 60 Column A Total Adjustments	\$16,500

## Mississippi Test #2

Forms Required: MS 80-105, MS 80-108, MS 80-315, and MS 80-492

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: 400004652
- Must provide paid preparer's email address
- If online return you must include Taxpayer Email Address.

## Test #2

### Form 80-105

First Name, Initial, and Last Name:	Two B Test VIII
Social Security Number:	400-00-4642
Spouse Name, Initial, and Last Name:	Annie T Test
Social Security Number:	400-00-4648
Home Address:	959 Hunt Road Madison, MS 39110
County Code:	45
Filing status:	Married – Filing Combined Or Joint
Dependent #1 Name:	Joe Test
Relationship:	C
Social Security Number:	400-00-4649
Dependent #1 Name:	Jamie Test
Relationship:	R
Social Security Number:	400-00-4650
Dependent #1 Name:	Sarah Test
Relationship:	P
Social Security Number:	400-00-4651
Line 7 Taxpayer Age 65 or Over	X
Line 7 Spouse Blind	X
Line 8 Number of Dependents Listed on Line 6	3
Line 9 Number of Boxes Marked on Line 7	2
Line 10 Total of Line 8 plus Line 9	5
Line 11 Line 10 x \$1,500	\$7,500
Line 12 Exemption Amount	\$12,000
Line 13 Total	\$19,500
Line 15 Column A Wages, Salaries, Tips, etc.	\$153,515
Line 15 Column B Wages, Salaries, Tips, etc.	\$25,907
Line 16 Column A Other Income	\$42,564
Line 16 Column B Other Income	\$17,077-
Line 17 Column A Adjustments to Gross Income	\$10,061
Line 18 Column A MS Adjusted Gross Income	\$186,018
Line 18 Column B MS Adjusted Gross Income	\$8,830
Line 19 Column A Itemized Deduction	\$31,879
Line 20 Column A Amount of Exemption	\$19,500
Line 21 Column A MS taxable Income	\$134,621
Line 21 Column B MS taxable Income	\$8,830
Line 22 Total Income Tax Due	\$6,884
Line 23 Credit for Income Tax paid to another State	\$200
Line 24 Other Credits	\$405
<b>Test #2 Continued:</b>	
Line 25 Net Income Tax Due	\$6,279

Line 27	Total Tax Due	\$6,279
Line 28	MS Income Tax Withheld	\$4,750
Line 29	Estimated Tax Paymenta and/or Amount Paid With Original Return	\$5,000
Line 30	Total Payments	\$9,750
Line 32	Overpayment	\$3,471
Line 33	Overpayment to be Applied to Next Year Estimated Tax Account	\$2,000
Line 34	Voluntary Contribution	\$150
Line 31	Refund	\$1,321

## Page 2

Line 40	Column A Capital Gain (Loss)	\$32,757
Line 40	Column B Capital Gain (Loss)	\$3,000-
Line 41	Column A Rent, Royalties, P-ships, etc	\$3,563
Line 43	Column A Interest Income	\$2,486
Line 43	Column B Interest Income	\$33
Line 44	Column A Dividend Income	\$14,434
Line 46	Column A Taxable Pensions	\$3,433
Line 48	Column A Other Income (Loss)	\$14,109-
Line 48	Column B Other Income (Loss)	\$14,110-
Line 49	Column A Total Other Income	\$42,564
Line 49	Column B Total Other Income	\$17,077-
Line 58	Column A Self-Employed Health Ins. Ded.	\$10,061
Line 60	Column A Total Adjustments	\$10,061

## Form 80-108

### Part 1 Schedule A-Itemized Deductions

Line 1a	Medical and Dental Expenses	\$2,898
Line 1b	AGI from Federal Form 1040	\$223,019
Line 1b	Federal AGI times 7.5%	\$16,726
Line 2a	Total Taxes Paid	\$10,304
Line 2b	Less State Income Taxes	\$7,604
Line 2c	Total Taxes Paid Deduction	\$2,700
Line 3	Total Interest Paid	\$15,181
Line 4	Charitable Contributions	\$14,016
Line 6a	Employee Business Expenses	\$625
Line 6c	AGI from Federal form 1040(\$223,019)	\$4,460
Line 8	MS Itemized Deductions	\$31,897

## Test #2 Continued

**Part 2: Schedule B-Interest and Dividend Income**

Line 1 Interest Income From All Sources	\$2,519
Line 3 Total MS Interest	\$2,519
Line 4 Total Dividends From All Sources	\$14,434
Line 6 Total MS Dividends	\$14,434

**Part 3: Voluntary Contribution Check-Offs**

Military Family Relief Fund	\$25
Burn Care Fund	\$13
Wildlife Heritage Fund	\$25
Educational Trust Fund	\$25
Bicentennial Celebration Fund	\$12
Wildlife Fisheries and Parks Foundation	\$25
Commission for Volunteer Service Fund	\$25
Total Check-Offs	\$150

**Part 4: Income (Loss) from Rents, Royalties, Partnerships, S Corps, Trust, & Estates**

Line B Name of Entity	Rock, LLC
Line B FEIN	110000028
Line B Income (Loss)	\$3,563
Line B Total Partnership, S Corp, Estates and Trust Income	\$3,563
Line C Total of lines A & B	\$3,563

**Test #2 Continued**

**Part 5: Schedule N- Other Income (Loss) and Supplemental Income**

Line 1 Net Operating Loss	\$28,624-
Line 2 Credit Adjustments	\$405
Line Total Schedule N Other Income (Loss)	\$28,219-

**Form 80-401 (formerly 80-492)**

<b>#1 Code</b>	<b>05</b>
Line B Earned this year	\$12
Line C Receive from pass through this year	\$0
Line D Carryover from prior year	\$0
Line E Used this year	\$12
Line F Expire this year	\$0

Line G Carryover available next year	\$0
<b>#2 Code</b>	<b>10</b>
Line B Earned this year	\$283
Line C Receive from pass through this year	\$0
Line D Carryover from prior year	\$0
Line E Used this year	\$283
Line F Expire this year	\$0
Line G Carryover available next year	\$0
<b>#3 Code</b>	<b>26</b>
Line B Earned this year	\$35
Line C Receive from pass through this year	\$0
Line D Carryover from prior year	\$0
Line E Used this year	\$35
Line F Expire this year	\$0
Line G Carryover available next year	\$0
<b>#4 Code</b>	<b>25</b>
Line B Earned this year	\$75
Line C Receive from pass through this year	\$0
Line D Carryover from prior year	\$0
Line E Used this year	\$75
Line F Expire this year	\$0
Line G Carryover available next year	\$0
Line 1 Total Amount Used This Year	\$405
Line 3 Adoptee SSN	400004653

**Test #2 Continued**

**Form 80-155**

Line A Year End	12/31/12
Line B NOL Amount	\$28,624-
Line C Income Year Applied	12/31/12
Line D Used In Income Year	\$28,624
Line E NOL Balance	\$0
Line 1 Total NOL Available	\$28,624-
Line 2 Used in Current Year	\$28,624
Line 3 Remaining NOL Carryforward	\$0

**Form 80-315**

### Part 1 Computation of Credit

Line 1 Total expenditure during the year 2012	\$566
Line 2 Total Cost of approved practices	\$566
Line 3 Eligible Costs	\$566
Line 4 RTC earned this year	\$283
Line 5a Carried over from earlier years	\$0
Line 5b Current year passed through to you	\$0
Line 6 Total Amount of RTC available to use this year	\$283
Investment tax credit	Yes
Reforestation Amortization	No

### Part 2 Reforestation Tax Credit Utilized This Year

Line 7 Total income tax due	\$6884
Line 8 Total amount of other credit	\$122
Line 9 Net income tax due	\$6762
Line 10 Reforestation tax credit	\$283

### Part 3 Computation of RTC Carryover Amount

Line 11 Total reforestation tax credit available	\$283
Line 12 Utilized this year	\$283
Line 13 Available to be carried forward	\$0

### Part 4 Computation of Accumulated RTC Lifetime Credit Utilized

Line 14 Lifetime RTC	\$75,000
Line 15 Total RTC utilized in prior year to offset tax	\$283
Line 16 Balance of lifetime RTC	\$74717

### Page 2

#### I Regeneration

Mixed stand regeneration / Labor Column B	2
Mixed stand regeneration / Labor Column C	\$66

#### II Site-Preparation

Chemical Column B	2
Chemical Column C	\$200
Sub - Soil Column B	6
Sub - Soil Column C	\$300
Total	\$566

## Mississippi Test #3

Forms Required: MS 80-205

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
- Must provide paid preparer's email address
- If online return you must include taxpayer email address.

## Test #3

### Form 80-205

First name, Initial, & Last Name	Three O Test
Social Security Number	400-00-4643
Spouses Name	Jo Ann C Test
Spouses Social Security Number	400-00-4653
Home Address	12 Hard Lane Jacksonville, NC 28547
County Code	83
Filing Status	Married – Spouse Died in Tax Year
Line 7 Taxpayer Age 65 or Over	X
Line 7 Taxpayer Blind	X
Line 7 Spouse Age 65 or Over	X
Line 8 Number of Boxes Marked on Line 7	3
Line 10 Total of Line 8 plus Line 9	3
Line 11 Line 10 x \$1,500	\$4,500
Line 12 Enter Amount from Line 1 – 5	\$12,000
Line 13 Total	\$16,500
Line 15a MS Adjusted Gross Income	\$9423
Line 15b Total Adjusted Gross Income	\$14713
Line 15c Ratio	.6405
Line 16a Standard Deductions	\$4,600
Line 16b MS Deduction	\$2,946
Line 17a Exemption	\$16,500
Line 17b MS Exemption	\$10,568
Line 18 Column A MS Adjusted Gross Income	\$9,423
Line 19 Column A Standard Deduction	\$2,946
Line 20 Column A Exemption	\$10,568
Line 21 Column A MS Taxable Income	\$0
Line 22 Total Income Tax Due	\$0

### Form 80-205 Page 2

Line 39 Business Income (Loss)	\$15,000
Line 39 MS Business Income (Loss)	\$10,000
Line 42 Farm Income (Loss)	\$607-
Line 42 MS Farm Income (Loss)	\$607-
Line 43 Interest Income	\$320
Line 43 MS Interest Income	\$320
Line 44 Dividend Income	\$200
Line 44 MS Dividend Income	\$200
Line 47 Unemployment Compensation	\$2000

### Test #3 Continued

Line 47	MS Unemployment Compensation	\$1000
Line 49	Total Income	\$16,913
Line 49	MS Total Income	\$10,913
Line 57	MS paid affordable college	\$200
Line 57	MS paid affordable college	\$200
Line 58	Self Employed health insurance deduction	\$1000
Line 58	MS Self Employed health insurance deduct	\$645
Line 59	Health Savings Account Deduction	\$1000
Line 59	MS Health Savings Account Deduction	\$645
Line 60	Total adjustments	\$2200
Line 60	MS Total adjustments	\$1490
Line 61	Adjusted Gross Income	\$14,713
Line 61	MS Adjusted Gross Income	\$9,423
Line 62	Taxpayer MS AGI	\$9,623

### Form 80-108

#### Part 1 Schedule B Interest and Dividend Income

Line 1	Interest Income From All Sources	\$320
Line 3	Total MS Interest	\$320
Line 4	Total Dividends From All Sources	\$200
Line 6	Total MS Dividends	\$200

## Mississippi Test #4

Forms Required: MS 80-205

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)
- Must provide paid preparer's email address
- If online return you must include taxpayer email address
- 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

## Test #4

### Form 80-205

First Name, Initial & Last Name	Four L Test
Social Security Number	400-00-4644
Spouse Name, Initial & Last Name	Susan Z Test
Social Security Number	400-00-4654
Home Address	12457 Way Avenue Wakeup, NE 68792
County Code	83
Filing Status	Married Filing Separate
Dependent #1 Name	Zay Test
Relationship	C
Social Security Number	400-00-4655
Dependent #2 Name	TJ Test
Relationship	C
Social Security Number	400-00-4656
Line 9 Number of Dependents	2
Line 10 Total of Line 8 plus Line 9	2
Line 11 Line 10 x \$1,500	\$3,000
Line 12 Enter Amount From Lines 1 - 5	\$12,000
Line 13 Total	\$15,000
Line 14 Filing MFS Returns, Enter ½ of Line 13	\$7,500
Line 15a MS Adjusted Gross Income	\$10,800
Line 15b Total AGI From All Sources	\$22,300
Line 15c Ratio	.4843
Line 16a Standard Deduction	\$2,300
Line 16b MS Deduction	\$1,114
Line 17a Exemption	\$7,500
Line 17b MS Exemption	\$3,632
Line 18 Column A Mississippi Adjusted Gross Income	\$10,800
Line 19 Column A Standard deduction	\$1,114
Line 20 Column A Exemption	\$3,632
Line 21 Column A MS taxable income	\$6,054
Line 22 Total income tax due	\$192
Line 25 Net Income Tax Due	\$192
Line 27 Total Tax Due	\$192
Line 28 MS income tax withheld	\$805
Line 30 Total Payments	\$805
Line 32 Overpayment	\$613
Line 34 Refund	\$613

**Test # 4 Continued**

**Page 2**

Line 38 Total Wages, Salaries, Tips, etc	\$22,300
Line 38 MS Wages, Salaries, Tips, etc.	\$10,800
Line 49 Total Income	\$22,300
Line 49 MS Income	\$10,800
Line 61 Total Adjusted Gross Income	\$22,300
Line 61 MS Adjusted Gross Income	\$10,800
Line 62 Taxpayer MS AGI	\$10,800

## **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)
- Must provide paid preparer's email address
- If online return you must include taxpayer email address.

## Test #5

### Form 80-105

First Name, Initial, & Last Name	Five I Test
Social Security Number	400-00-4645
Home Address	104 Hwy 75 North New Albany, MS 38652
County Code:	73
Filing Status:	Head of Family
Dependent #1 Name:	Bobby Test
Relationship:	C
Social Security Number:	400-00-4657
Dependent #2 Name:	Sam Test
Relationship:	C
Social Security Number:	400-00-4658
Line 9 Number of Dependents	2
Line 10 Total of Line 8 plus Line 9	2
Line 11 Line 10 x \$1,500	\$3,000
Line 12 Enter Amount From Line 1 – 5	\$8,000
Line 13 Total	\$11,000
Line 15 Column A Wages, Salaries, Tips, etc.	\$28,650
Line 16 Column A Other Income	\$16,479
Line 17 Column A Adjustments to Gross Income	\$4,000
Line 18 Column A MS Adjusted Gross Income	\$41,129
Line 19 Column A Itemized Deduction	\$5,558
Line 20 Column A Exemption	\$11,000
Line 21 Column A MS Taxable Income	\$24,571
Line 22 Total Income Tax Due	\$1,079
Line 25 Net Income Tax Due	\$1,079
Line 26 Consumer Use Tax	\$100
Line 27 Total Tax Due	\$1,179
Line 28 MS Income Tax Withheld	\$980
Line 30 Total Payments	\$980
Line 36 Balance Due	\$199
Line 38 Total Due	\$199

### Page 2

Line 39 Column A Business Income	\$12,473
Line 42 Column A Farm Income (loss)	\$1500
Line 43 Column A Interest Income	\$1,268
Line 44 Column A Dividend Income	\$238
Line 45 Column A Alimony Received	\$1,000
Line 49 Column A Total Other Income	\$16,479
Line 50 Column A Payment to an IRS	\$1,500

## Test #5 Continued

Line 52	Column A Interest Penalty on Early Withdrawal of Savings	\$1,000
Line 56	Column A MPACT	\$1,000
Line 59	Column A Health Savings Account Deduction	\$500
Line 60	Total Adjustments	\$4,000

## Form 80-108

### Part 1: Schedule A

Line 2a	Total Taxes Paid	\$980
Line 2b	Less State Income Taxes	\$980
Line 3	Total Interest Paid	\$4,983
Line 4	Charitable Contributions	\$575
Line 8	MS Itemized Deductions	\$5,558

### Part 2: Schedule B

Line 1	Interest Income From All Sources	\$1,473
Line 2	MS Nontaxable Interest	\$205
Line 3	Total MS Interest	\$1,268
Line 4	Total Dividends From All Sources	\$981
Line 5	MS Nontaxable Distributions	\$743
Line 6	Total MS Dividends	\$238

## Mississippi Test #6

Forms Required: MS 80-105 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 provide paid preparer's email address
- Must include MS80-491 in software for taxpayer copy, but included in schemas.
- If online return you must include taxpayer email address.

## Test #6

### Form 80-105

First Name, Initial, & Last Name	Six R Test
Social Security Number	400-00-4646
Spouse Name, Initial, & Last Name	Rita E Test
Social Security Number	400-00-4660
Home Address	10 Brown Avenue Biloxi, MS 39532
County Code:	24
Filing Status:	Married – Filing Combined Or Joint
Line 9 Number of Dependents	6
Line 10 Total of Line 8 plus Line 9	6
Line 11 Line 10 x \$1,500	\$9,000
Line 12 Enter Amount From Line 1 – 5	\$12,000
Line 13 Total	\$21,000
Line 15 Column B Wages, Salaries, Tips, etc.	\$28,400
Line 18 Column B MS Adjusted Gross Income	\$28,400
Line 19 Column B Standard Deduction	\$4,600
Line 20 Column B Exemption	\$21,000
Line 21 Column B MS Taxable Income	\$2,800
Line 22 Total Income Tax Due	\$84
Line 28 MS Income Tax Withheld	\$1,704
Line 30 Total Payments	\$1,704
Line 32 Overpayment	\$1,620
Line 33 Overpayment Applied to Next Year Estimate	\$1,620

### Form 80- 491

Column A Line 1 Dependent's Name	Bill Test
Column B Line 1 Dependent's Relationship	C
Column C Line 1 Dependent's SSN	400-00-4661
Column A Line 2 Dependent's Name	Bob Test
Column B Line 2 Dependent's Relationship	P
Column C Line 2 Dependent's SSN	400-00-4662
Column A Line 3 Dependent's Name	Amelia Test
Column B Line 3 Dependent's Relationship	C
Column C Line 3 Dependent's SSN	400-00-4663
Column A Line 4 Dependent's Name	Joy Test

**Test #6 continued**

Column B Line 4 Dependent's Relationship	R
Column C Line 4 Dependent's SSN	400-00-4664
Column A Line 5 Dependent's Name	Mary Test
Column B Line 5 Dependent's Relationship	P
Column C Line 5 Dependent's SSN	400-00-4665
Column A Line 6 Dependent's Name	John Test
Column B Line 6 Dependent's Relationship	C
Column C Line 6 Dependent's SSN	400-00-4666

## **Mississippi Test #7**

Forms Required: MS 80-205, MS 80-492, and MS 80-315

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
- Must provide paid preparer email address.
- If online return you must include taxpayer email address
- Taxpayer would like to pay using ACH debit

## Test #7

### Form 80-205

First name, Initial, & Last Name	Seven J Test
Social Security Number	400-00-4647
Home Address	USS Robert E Lee FPO, AP 96222
County Code	83
Filing Status	Head of Family
Dependent #1 Name:	Amelia Test
Relationship	C
Social Security Number	400-00-4659
Line 9 Number of Dependents Listed on Line 6	1
Line 10 Total of Line 8 plus Line 9	1
Line 11 Line 10 x \$1,500	\$1,500
Line 12 Enter Amount from Line 1 – 5	\$8,000
Line 13 Total	\$9,500
Line 15a MS Adjusted Gross Income	\$20,830
Line 15b Total Adjusted Gross Income	\$23,600
Line 15c Ratio	.8826
Line 16a Itemized Deductions	\$3,400
Line 16b MS Deduction	\$3,001
Line 17a Exemption	\$9,500
Line 17b MS Exemption	\$8,385
Line 18 Column A MS Adjusted Gross Income	\$20,830
Line 19 Column A Standard Deduction	\$3,001
Line 20 Column A Exemption	\$8,385
Line 21 Column A MS Taxable Income	\$9,444
Line 22 Total Income Tax Due	\$328
Line 24 Other Credits	\$100
Line 25 Net Income Tax Due	\$228
Line 27 Total Tax Due	\$228
Line 35 Balance Due	\$228
Line 33 Total Due	\$228

### Form 80-205 Page 2

Line 38 Total Wages, Salaries, Tips	\$26,600
Line 38 MS Wages, Salaries, Tips	\$24,800
Line 45 Alimony Received	\$1,500
Line 46 Taxable pensions and annuities	\$3,000
Line 46 MS Taxable pensions and annuities	\$3,000
Line 49 Total Income	\$31,100
Line 49 MS Total Income	\$27,800

Line 50 Payments to an IRS	\$3,000
Line 50 MS Payments to an IRS	\$2,682
Line 51 Payments to Seft Employed SEP Simple, & Qualified Retirement Plans	\$1,500
Line 51 MS Payments to Seft Employed SEP Simple, & Qualified Retirement Plans	\$1,341
Line 52 Interest Penalty on Early Withdrawal Of Savings	\$1500
Line 52 MS Interest Penalty on Early Withdrawal Of Savings	\$1500
Line 54 Moving expenses	\$500
Line 54 MS Moving expenses	\$447
Line 55 National Guard or Reserve Pay	\$1,000
Line 55 MS National Guard or Reserve Pay	\$1,000
Line 60 Total Adjusted Gross Income	\$7,500
Line 60 MS Total Adjusted Gross Income	\$6,970
Line 61 Adjusted Gross Income	\$23,600
Line 61 MS Adjusted Gross Income	\$20,830
Line 62 Taxpayer MS AGI	\$20,830

### Form 80-401

<b>#1 Code</b>	05
Line B Earned this year	\$20
Line C Receive from pass through this year	\$0
Line D Carryover from prior year	\$0
Line E Used this year	\$20
Line F Expire this year	\$0
Line G Carryover available next year	\$0
<b>#2 Code</b>	10
Line B Earned this year	\$50
Line C Receive from pass through this year	\$0
Line D Carryover from prior year	\$0
Line E Used this year	\$50
Line F Expire this year	\$0
Line G Carryover available next year	\$0
<b>#3 Code</b>	14
Line B Earned this year	\$10
Line C Receive from pass through this year	\$0
Line D Carryover from prior year	\$0
Line E Used this year	\$10
Line F Expire this year	\$0
Line G Carryover available next year	\$0

## Test #7 Continued

<b>#4 Code</b>	27
Line B Earned this year	\$20
Line C Receive from pass through this year	\$0
Line D Carryover from prior year	\$0
Line E Used this year	\$20
Line F Expire this year	\$0
Line G Carryover available next year	\$0
Line Total Income Tax Credit used This Year (Limited by total income tax due, line 22 form 80-105)	\$100

## Form 80-315

### Part 1 Computation of Credit

Line 1 Total expenditure during the year 2012	\$100
Line 2 Total Cost of approved practices	\$100
Line 3 Eligible Costs	\$100
Line 4 RTC earned this year	\$50
Line 5a Carried over from earlier years	\$0
Line 5b Current year passed through to you	\$0
Line 6 Total Amount of RTC available to use this year	\$50
Investment tax credit	Yes
Reforestation Amortization	No

### Part 2 Reforestation Tax Credit Utilized This Year

Line 7 Total income tax due	\$328
Line 8 Total amount of other credit	\$50
Line 9 Net income tax due	\$228
Line 10 Reforestation tax credit	\$50

### Part 3 Computation of RTC Carryover Amount

Line 11 Total reforestation tax credit available	\$50
Line 12 Utilized this year	\$50
Line 13 Available to be carried forward	\$0

**Test #7 Continued**

**Part 4 Computation of Accumulated RTC Lifetime Credit Utilized**

Line 14 Lifetime RTC	\$75,000
Line 15 Total RTC utilized in prior year to offset tax	\$50
Line 16 Balance of lifetime RTC	\$74,950

**Page2 80-315**

**I Regeneration**

Tree Planting (1) / Pine / Labor Column B	1
Tree Planting (1) / Pine / Labor Column C	\$50
Direct Seeding (2) / Hardwood / Labor Column B	1
Direct Seeding (2) / Hardwood / Labor Column C	\$50
Total	\$100



MS

Mississippi Resident Individual Income Tax Return 2012

Amended

Header section containing taxpayer information: Taxpayer Last Name (Test), First Name (One), Middle Initial (R), Spouse Last Name, Spouse First Name, Middle Initial, SSN (400-00-4641), Spouse SSN, Mailing Address (1313 Bird Lane), City (Jackson), State (MS), Zip (39211), and Residence County Code (25).

- 1. Married - Combined or Joint Return (Enter \$12,000 on Line 12.)
2. Married - Spouse Died in Tax Year - Enter surviving spouse first as taxpayer.
3. Married - Filing Separate Returns (Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above. Cannot change from Joint to Separate after due date.)
4. Head of Family (Enter \$8,000 on Line 12. Provide Name, SSN, and Relationship of the Dependent Living in the Home with You on Line 6.)
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 Boxes Marked "X" on Line 7.
9. Number of Dependents Listed on Line 6. (List additional dependents on Form 80-491)
10. Total of Line 8 plus Line 9.

Table for dependents with columns: (A) Name, (B), (C) Dependent SSN. Includes instructions: Must enter C for child, P for parent, or R for relative.

- 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.

Main tax calculation table with columns: Column A (Taxpayer), Round to Nearest Dollar, Column B (Spouse). Rows include: 15. Wages, Salaries, Tips, etc. (Complete Form 80-107); 16. Other Income; 17. Adjustments to Gross Income; 18. Mississippi Adjusted Gross Income; 19. Standard or Itemized Deductions; 20. Amount of Exemption; 21. Mississippi Taxable Income; 22. Total Income Tax Due; 23. Credit for Tax Paid to Another State; 24. Other Credits; 25. Net Income Tax Due; 26. Consumer Use Tax; 27. Total Tax Due; 28. Mississippi Income Tax Withheld; 29. Estimated Tax Payments; 30. Total Payments; 31. Refund Received; 32. Overpayment; 33. Overpayment to be Applied; 34. Voluntary Contribution; 35. Refund; 36. Balance Due; 37. Interest and Penalty; 38. Total Due.



MS

Mississippi Resident Individual Income Tax Return 2012

SSN 4 0 0 - 0 0 - 4 6 4 1

Round To Nearest Dollar

Column A (Taxpayer)

Column B (Spouse)

Table with 3 columns: Line Number, Description, Column A (Taxpayer), Column B (Spouse). Rows include Business Income, Capital Gain, Rent, Farm Income, Interest Income, Dividend Income, Alimony Received, Taxable Pensions, Unemployment Compensation, Other Income, Total Other Income, Payments to IRA, Payments to Self-Employed SEP, Interest Penalty, Alimony Paid, Moving Expense, National Guard or Reserve Pay, MS Prepaid Affordable College Tuition, MS Affordable College Savings, Self-Employed Health Insurance Deduction, Health Savings Account Deduction, Total Adjustments.

Name: April B Brown

SSN 4 0 0 - 0 0 - 4 6 6 0

State MS

Name:

SSN

State

Installment Agreement Request (See Instructions for eligibility).

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.

Signature lines for Taxpayer, Spouse, and Paid Preparer, including fields for Date, Phone Number, PTIN, Email Address, Address, City, State, and Zip Code.



MS

**Mississippi  
Income / Withholding Tax Schedule  
2012**

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

1	A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
	<p align="center"><u>1 1_0 0 0 0 0 2 0</u></p> <p><small>Employer or payer ID from W-2, 1099, K-1</small></p> <p><b>Mef Military Company</b></p> <p><small>Employer or payer name</small></p> <p><b>P O Box 5555</b></p> <p><small>Address</small></p> <p><b>Jackson MS 39206</b></p> <p><small>City, State, ZIP</small></p>	<p><b>One R Test</b></p> <p><small>Name</small></p> <p align="center"><u>4 0 0_0 0 4 6 4 1</u></p> <p><small>Social Security Number</small></p> <p><b>MS</b>      <u>2 0, 5 0 5</u>. 00</p> <p><small>State      Mississippi Taxable Income</small></p> <p>____, ____ Income from Other State ____ . 00</p> <p><small>State      Income from Other State</small></p>	<p align="center"><small>MS WITHHOLDING</small></p> <p align="right">____, ____ , <u>2 8 1</u>. 00</p> <p><small>Check appropriate box.</small></p> <p><input checked="" type="checkbox"/> W-2      <input type="checkbox"/> 1099      <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 ____</p> <p align="center"><b>Mississippi Withholding Only</b></p>

2	A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
	<p align="center"><u>1 1_0 0 0 0 0 2 1</u></p> <p><small>Employer or payer ID from W-2, 1099, K-1</small></p> <p><b>The Mef Company Inc</b></p> <p><small>Employer or payer name</small></p> <p><b>P O Box 5556</b></p> <p><small>Address</small></p> <p><b>Jackson MS 39206</b></p> <p><small>City, State, ZIP</small></p>	<p><b>One R Test</b></p> <p><small>Name</small></p> <p align="center"><u>4 0 0_0 0 4 6 4 1</u></p> <p><small>Social Security Number</small></p> <p><b>MS</b>      <u>1 1 6 0</u>. 00</p> <p><small>State      Mississippi Taxable Income</small></p> <p>____, ____ Income from Other State ____ . 00</p> <p><small>State      Income from Other State</small></p>	<p align="center"><small>MS WITHHOLDING</small></p> <p align="right">____, ____ , ____ 0. 00</p> <p><small>Check appropriate box.</small></p> <p><input type="checkbox"/> W-2      <input checked="" type="checkbox"/> 1099      <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 ____</p> <p align="center"><b>Mississippi Withholding Only</b></p>

3	A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
	<p align="center">____ - ____</p> <p><small>Employer or payer ID from W-2, 1099, K-1</small></p> <p>____</p> <p><small>Employer or payer name</small></p> <p>____</p> <p><small>Address</small></p> <p>____</p> <p><small>City, State, ZIP</small></p>	<p><small>Name</small></p> <p align="center">____ - ____</p> <p><small>Social Security Number</small></p> <p>____, ____ . 00</p> <p><small>State      Mississippi Taxable Income</small></p> <p>____, ____ . 00</p> <p><small>State      Income from Other State</small></p>	<p align="center"><small>MS WITHHOLDING</small></p> <p align="right">____, ____ , ____ . 00</p> <p><small>Check appropriate box.</small></p> <p><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 align="center"><b>Mississippi Withholding Only</b></p>

4	A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
	<p align="center">____ - ____</p> <p><small>Employer or payer ID from W-2, 1099, K-1</small></p> <p>____</p> <p><small>Employer or payer name</small></p> <p>____</p> <p><small>Address</small></p> <p>____</p> <p><small>City, State, ZIP</small></p>	<p><small>Name</small></p> <p align="center">____ - ____</p> <p><small>Social Security Number</small></p> <p>____, ____ . 00</p> <p><small>State      Mississippi Taxable Income</small></p> <p>____, ____ . 00</p> <p><small>State      Income from Other State</small></p>	<p align="center"><small>MS WITHHOLDING</small></p> <p align="right">____, ____ , ____ . 00</p> <p><small>Check appropriate box.</small></p> <p><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 align="center"><b>Mississippi Withholding Only</b></p>

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

Duplex and Photocopies NOT Acceptable



MS

# Mississippi Resident Individual Income Tax Return 2012

Amended

Taxpayer Last Name <b>Test VIII</b>		First Name <b>TWO</b>	Middle Initial <b>B</b>	<b>YOU MUST ENTER SSN</b>	
Spouse Last Name <b>Test</b>		Spouse First Name <b>Annie</b>	Middle Initial <b>T</b>	SSN	<b>4 0 0 - 0 0 - 4 6 4 2</b>
Mailing Address (Number & Street, Including Rural Route) <b>959 Hunt Rd</b>				Spouse SSN	<b>4 0 0 - 0 0 - 4 6 4 8</b>
City <b>Madison</b>	State <b>MS</b>	Zip <b>39110</b>	Residence County Code - See Instructions <b>4 5</b>		

<p>1. <input checked="" type="checkbox"/> Married - Combined or Joint Return (Enter \$12,000 on Line 12.)</p> <p>2. <input type="checkbox"/> Married - Spouse Died in Tax Year - Enter surviving spouse first as taxpayer. (Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above.)</p> <p>3. <input type="checkbox"/> Married - Filing Separate Returns (Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above. Cannot change from Joint to Separate after due date.)</p> <p>4. <input type="checkbox"/> Head of Family (Enter \$8,000 on Line 12. Provide Name, SSN, and Relationship of the Dependent Living in the Home with You on Line 6.)</p> <p>5. <input type="checkbox"/> Single - (Enter \$6,000 on Line 12.)</p> <p>6. Dependents (In column (B) <b>Must enter C for child, P for parent, or R for relative</b>)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">(A) Name</th> <th style="width: 5%;">(B)</th> <th style="width: 15%;">(C) Dependent SSN</th> <th style="width: 55%;"></th> </tr> </thead> <tbody> <tr> <td>Joe</td> <td>C</td> <td>4 0 0 - 0 0 - 4 6 4 9</td> <td></td> </tr> <tr> <td>Jamie</td> <td>R</td> <td>4 0 0 - 0 0 - 4 6 5 0</td> <td></td> </tr> <tr> <td>Sarah</td> <td>P</td> <td>4 0 0 - 0 0 - 4 6 5 1</td> <td></td> </tr> </tbody> </table>	(A) Name	(B)	(C) Dependent SSN		Joe	C	4 0 0 - 0 0 - 4 6 4 9		Jamie	R	4 0 0 - 0 0 - 4 6 5 0		Sarah	P	4 0 0 - 0 0 - 4 6 5 1		<p>7. Mark "X" <b>ONLY</b> if:</p> <p><input checked="" type="checkbox"/> Taxpayer Age 65 or Over      <input type="checkbox"/> Taxpayer Blind</p> <p><input type="checkbox"/> Spouse Age 65 or Over      <input checked="" type="checkbox"/> Spouse Blind</p> <p>8. Number of Boxes Marked "X" on Line 7. <span style="float: right;">2</span></p> <p>9. Number of Dependents Listed on Line 6. (List additional dependents on Form 80-491) <span style="float: right;">3</span></p> <p>10. Total of Line 8 plus Line 9. <span style="float: right;">5</span></p> <p>11. Line 10 x <b>\$1,500</b> <span style="float: right;">7,500.00</span></p> <p>12. Enter Amount from Lines 1 through 5. <span style="float: right;">1,200.00</span></p> <p>13. Total (Line 11 plus 12). <span style="float: right;">1,950.00</span></p> <p>14. If Filing MFS Returns, Enter 1/2 of Line 13. <span style="float: right;">.00</span></p>
(A) Name	(B)	(C) Dependent SSN															
Joe	C	4 0 0 - 0 0 - 4 6 4 9															
Jamie	R	4 0 0 - 0 0 - 4 6 5 0															
Sarah	P	4 0 0 - 0 0 - 4 6 5 1															

	Column A (Taxpayer)	Round to Nearest Dollar	Column B (Spouse)
15. Wages, Salaries, Tips, etc. (Complete Form 80-107)	1 5 3 5 1 5 .00		2 5 9 0 7 .00
16. Other Income (Amount from Line 49, Page 2 of this Form)	4 2 5 6 4 .00		- 1 7 0 7 7 .00
17. Adjustments to Gross Income (Amount from Line 60, Page 2 of this form)	1 0 0 6 1 .00		
18. Mississippi Adjusted Gross Income (Line 15 plus Line 16 minus Line 17)	1 8 6 0 1 8 .00		8 8 3 0 .00
19. Standard or Itemized Deductions (For Itemized Deductions, Must Attach Form 80-108)	3 1 8 9 7 .00		
20. Amount of Exemption Line 13 (Line 14 if Married Filing Separately)	1 9 5 0 0 .00		
21. Mississippi Taxable Income	1 3 4 6 2 1 .00		8 8 3 0 .00
22. Total Income Tax Due (From Schedule of Tax Computation, Form 80-100)			6 8 8 4 .00
23. Credit for Tax Paid to Another State			2 0 0 .00
24. Other Credits (From Form 80-401, Line 1)			4 0 5 .00
25. Net Income Tax Due (Line 22 minus Line 23 and 24)			6 2 7 9 .00
26. Consumer Use Tax (See Instructions, Form 80-100)			.00
27. Total Tax Due (Line 25 plus Line 26)			6 2 7 9 .00
28. Mississippi Income Tax Withheld (Must Complete Form 80-107)			4 7 5 0 .00
29. Estimated Tax Payments and/or Amount Paid on Original Return			5 0 0 0 .00
30. Total Payments (Line 28 plus Line 29)			9 7 5 0 .00
31. Refund Received And/Or Amount Carried Forward from Original Return (Amended Return Only)			.00
32. Overpayment (If Line 30 is larger than Line 27 plus Line 31)			3 4 7 1 .00
33. Overpayment to be Applied to Next Year Estimated Tax Account			2 0 0 0 .00
34. Voluntary Contribution (From Form 80-108, Part 3)			1 5 0 .00
35. Refund (Line 32 minus Line 33 and Line 34)			1 3 2 1 .00
36. Balance Due (If Line 27 plus 31 is larger than Line 30)			.00
37. Interest and Penalty (Including Interest on Underpayment of Estimated Tax, Form 80-320)			.00
38. Total Due (Line 36 plus Line 37)			.00



MS

Mississippi Resident Individual Income Tax Return 2012

SSN 4 0 0 - 0 0 - 4 6 4 2

Round To Nearest Dollar

Column A (Taxpayer)

Column B (Spouse)

Table with 3 columns: Line Number, Description, Column A (Taxpayer), Column B (Spouse). Rows include Business Income, Capital Gain, Rent, Farm Income, Interest Income, Dividend Income, Alimony Received, Taxable Pensions, Unemployment Compensation, Other Income, Total Other Income, Payments to IRA, Payments to Self-Employed SEP, Interest Penalty, Alimony Paid, Moving Expense, National Guard or Reserve Pay, MS Prepaid Affordable College Tuition, MS Affordable College Savings, Self-Employed Health Insurance Deduction, Health Savings Account Deduction, Total Adjustments.

Installation Agreement Request (See Instructions for eligibility). 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.

Signature and contact information fields for Taxpayer, Spouse, and Paid Preparer, including Date, Phone Number, PTIN, Email Address, Address, City, State, and Zip Code.



MS

# Mississippi Adjustments & Contributions 2012

Taxpayer Name  
Test Two B

SSN  
4 0 0 - 0 0 - 4 6 4 2

**PART 1: SCHEDULE A - Itemized Deductions (From Federal Form 1040 Schedule A) (MUST COMPLETE FULLY.)**

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.

**ROUND TO THE NEAREST DOLLAR**

1. a. Medical and Dental Expenses <b>(Must Attach Federal Form 1040 Schedule A)</b>	___, ___ 2, 8 9 8 .00
b. AGI from Federal Form 1040 \$ <u>223,019</u> X 7.5%(.075)	___, ___ 1 6, 7 2 6 .00
c. Medical & Dental Expense Deduction (Subtract line 1b from line 1a)	___, ___ ___, ___ ___ .00
2. a. Total Taxes Paid	___, ___ 1 0 3 0 4 .00
b. Less State Income Taxes (or other taxes in lieu of)	___, ___ 7 6 0 4 .00
c. Total Taxes Paid Deduction (Line 2a minus Line 2b)	___, ___ 2 7 0 0 .00
3. Total Interest Paid	___, ___ 1 5, 1 8 1 .00
4. Charitable Contributions	___, ___ 1 4, 0 1 6 .00
5. Total Casualty or Theft Loss <b>(Must Attach Federal Form 4684)</b>	___, ___ ___, ___ ___ .00
6. a. Employee Business Expenses <b>(Must Attach Federal Form 2106)</b>	___, ___ 6 2 5 .00
b. Miscellaneous Itemized Deductions (6a & 6b subject to 2% limitation)	___, ___ ___, ___ ___ .00
c. AGI from Federal Form 1040 \$ <u>223,019</u> X 2%(.02)	___, ___ 4 4 6 0 .00
d. Line 6a minus 6b and 6c	___, ___ ___, ___ ___ .00
7. a. Other Miscellaneous Deductions	___, ___ ___, ___ ___ .00
b. Less MS Gambling Losses	___, ___ ___, ___ ___ .00
c. Other Miscellaneous Deduction (Line 7a minus Line 7b)	___, ___ ___, ___ ___ .00
8. <b>Mississippi Itemized Deductions</b> - (Add Lines 1c, 2c, 3, 4, 5, 6d, and 7c.) Enter the amount here and on Resident Form 80-105, Page 1, Line 19 or Non-Resident Form 80-205, Page 1, Line 16a.	___, ___ 3 1, 8 9 7 .00

**PART 2: SCHEDULE B - Interest and Dividend Income (From Federal Form 1040 Schedule B, enter the amount from the line indicated)**

1. Interest Income From All Sources	___, ___ 2, 5 1 9 .00
2. Amount of MS Non-Taxable Interest in Line 1	___, ___ ___, ___ ___ .00
3. Total MS Interest (Line 1 minus Line 2, Enter here and on Form 80-105, Line 43 or Form 80-205, Line 43)	___, ___ 2, 5 1 9 .00
4. Total Dividends From All Sources	___, ___ 1 4 4 3 4 .00
5. Amount of MS Nontaxable Distributions Reported in Line 4	___, ___ ___, ___ ___ .00
6. Total MS Dividends (Line 4 minus Line 5, Enter here and on Form 80-105, Line 44 or Form 80-205, Line 44)	___, ___ 1 4, 4 3 4 .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](http://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	___, ___ 2 5 .00	Bicentennial Celebration Fund	___, ___ 1 2 .00
Burn Care Fund	___, ___ 1 3 .00	Wildlife Fisheries and Parks Foundation	___, ___ 2 5 .00
Wildlife Heritage Fund	___, ___ 2 5 .00	Commission for Volunteer Service Fund	___, ___ 2 5 .00
Educational Trust Fund	___, ___ 2 5 .00		

Enter Total of Check-Offs here and on Form 80-105, Page 1, Line 34 \_\_\_, \_\_\_ 1 5 0 .00





MS

# Mississippi Reforestation Tax Credit 2012

Taxpayer Name  
Test Two

SSN 4 0 0 - 0 0 - 0 4 6 4

FEIN \_\_\_\_\_

### PART I : COMPUTATION OF CREDIT

- 1. Total expenditures during the year 2012 for seedlings, seed/acorns, seeding, planting by hand or machine, site preparation, and post-planting site preparation on all eligible acres. 5,660.00
- 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. 5,660.00
- 3. Eligible Costs (Enter lesser of Line 1 or Line 2) 5,660.00
- 4. Enter 50% of amount in Line 3 above or \$10,000 whichever is less. **This is your RTC earned this year.** 2,830.00
- 5a. Enter the amount of RTC carried over from earlier years. (Must Attach a copy of Form 80-315 for immediate prior year) 00.00
- 5b. Enter the current year RTC passed through to you as an investor in a pass-through entity. (Refer to Forms K-1) 00.00
- 6. Total Amount of RTC available to be utilized this year (Add Lines 4, 5a & 5b, but do not enter an amount larger than the amount shown on Line 16, Part IV, below) *Pass-through entities only: This is the amount of RTC which is available to be passed through to investors. Enter this amount on Form 83-401 and skip Parts II and III.* 2,830.00

<b>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:</b>	<b>Investment Tax Credit</b>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
	<b>Reforestation Amortization</b>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>

### 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 & 80-205 (individuals); Line 5, Form 83-105 (corporations); or Line 7, Form 81-110 (fiduciary return). 6,884.00
- 8. Enter the total amount of all other credit(s) available to you this year. (Refer to the instructions for the income tax return you are filing for a list of available credits) **Do not include withholding or estimated tax payments.** 1,220.00
- 9. Net Income Tax Due (Line 7 minus Line 8) 6,762.00
- 10. Reforestation Tax Credit (Enter LESSER of Line 6 or Line 9.) Enter here and Form 83-401 2,830.00

### PART III: COMPUTATION OF RTC CARRYOVER AMOUNT:

- 11. Total Reforestation Tax Credit available to be utilized this year. (Amount from Line 6 above) 2,830.00
- 12. Amount of RTC utilized this year. (Amount from Line 10 above) 2,830.00
- 13. Amount of RTC available to be carried forward and used in succeeding tax years. (Line 11 minus Line 12) 0.00

### PART IV: COMPUTATION OF ACCUMULATED RTC LIFETIME CREDIT UTILIZED:

- 14. LIFETIME REFORESTATION TAX CREDIT ALLOWANCE 7,500.00
- 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 taxable years) *Pass-through entities: Enter total RTC passed through to investors in ALL prior years.* 2,830.00
- 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.* 7,471.70

### PART V: CERTIFICATION OF FORESTER

In accordance with the requirements set forth in Miss Code Ann § 27-7-18, 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.

- Site Preparation
- Planting by Hand or Machine and/or Seeding
- Cost of Seedlings and/or Seed/Acorns
- Post-planting Site Preparation Practices

\_\_\_\_\_  
Signature Title Date

\_\_\_\_\_  
Business Address Identifying Number





MS

# Mississippi Tax Credit Summary Schedule 2012

SSN 4 0 0 - 0 0 - 4 6 4 2

OR FEIN \_\_\_\_\_

(\* Carryover not Available)

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	<b>Historic Structure Rehabilitation (Attach Statement)</b>
* 11	Gambling License Fee	<input checked="" 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)

<u>0 5</u>	12.00	.00	.00	12.00	.00	.00
<u>1 0</u>	283.00	.00	.00	283.00	.00	.00
<u>2 6</u>	35.00	.00	.00	35.00	.00	.00
<u>2 5</u>	75.00	.00	.00	75.00	.00	.00

1. Total Income Tax Credit Used This Year (Total Column E) 4 0 5  
(Enter on Form 80-105, Line 24 or Form 80-205, Line 24 or Form 81-110, Line 5)
  
2. Total Income Tax Credit Available for Next Year (Total Column G) 0
  
3. If Code 25 is Selected, Enter Adoptee SSN(s) Here 4 0 0 - 0 0 - 4 6 5 3  
(Cannot be claimed as credit in year of adoption, but can be claimed as a dependent)



MS

# Mississippi Income / Withholding Tax Schedule 2012

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

1 A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
<p>1 1-0 0 0 0 0 2 0 Employer or payer ID from W-2, 1099, K-1</p> <p><b>Mef Inc</b> Employer or payer name</p> <p><b>P O Box 5555</b> Address</p> <p><b>Jackson MS 39206</b> City, State, ZIP</p>	<p><b>Two B Test</b></p> <p>Name _____</p> <p>4 0 0 0 0 4 6 4 2 Social Security Number</p> <p><b>MS</b> _____ State Mississippi Taxable Income</p> <p>_____ .00 Income from Other State</p>	<p style="text-align: center;">MS WITHHOLDING</p> <p style="text-align: right;">____, ____ , ____ , ____ .00</p> <p>Check appropriate box.</p> <p><input checked="" type="checkbox"/> W-2    <input type="checkbox"/> 1099    <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p style="text-align: center;"><b>Mississippi Withholding Only</b></p>

2 A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
<p>1 1-0 0 0 0 0 2 2 Employer or payer ID from W-2, 1099, K-1</p> <p><b>The Grand Mef Inc</b> Employer or payer name</p> <p><b>P O Box 5557</b> Address</p> <p><b>Jackson MS 39206</b> City, State, ZIP</p>	<p><b>Annie T Test</b></p> <p>Name _____</p> <p>4 0 0 0 0 4 6 4 8 Social Security Number</p> <p><b>MS</b> _____ State Mississippi Taxable Income</p> <p>_____ .00 Income from Other State</p>	<p style="text-align: center;">MS WITHHOLDING</p> <p style="text-align: right;">____, ____ , ____ , ____ .00</p> <p>Check appropriate box.</p> <p><input checked="" type="checkbox"/> W-2    <input type="checkbox"/> 1099    <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p style="text-align: center;"><b>Mississippi Withholding Only</b></p>

3 A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
<p>1 1-0 0 0 0 0 2 6 Employer or payer ID from W-2, 1099, K-1</p> <p><b>My Mef Inc</b> Employer or payer name</p> <p><b>959 Hunt Rd</b> Address</p> <p><b>Madison MS 39110</b> City, State, ZIP</p>	<p><b>One R Test</b></p> <p>Name _____</p> <p>4 0 0 0 0 4 6 4 2 Social Security Number</p> <p><b>MS</b> _____ State Mississippi Taxable Income</p> <p>_____ .00 Income from Other State</p>	<p style="text-align: center;">MS WITHHOLDING</p> <p style="text-align: right;">____, ____ , ____ , ____ .00</p> <p>Check appropriate box.</p> <p><input type="checkbox"/> W-2    <input checked="" type="checkbox"/> 1099    <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____ 1</p> <p style="text-align: center;"><b>Mississippi Withholding Only</b></p>

4 A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
<p>____ - ____ Employer or payer ID from W-2, 1099, K-1</p> <p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>	<p>Name _____</p> <p>____ - ____ Social Security Number</p> <p>____ .00 State Mississippi Taxable Income</p> <p>____ .00 Income from Other State</p>	<p style="text-align: center;">MS WITHHOLDING</p> <p style="text-align: right;">____, ____ , ____ , ____ .00</p> <p>Check appropriate box.</p> <p><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 style="text-align: center;"><b>Mississippi Withholding Only</b></p>

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

Duplex and Photocopies NOT Acceptable



MS Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2012

Amended

Non-Resident Part-Year From 2012/01/01 To 2012/06/30

Taxpayer Last Name: Test, First Name: Three, Middle Initial: O, Spouse Last Name: Test, Spouse First Name: Jo Ann, Middle Initial: C, Mailing Address: 12 Hard Lane, City: Jacksonville, State: NC, Zip: 28547

YOU MUST ENTER SSN

SSN: 4 0 0 - 0 0 - 4 6 4 3, Spouse SSN: 4 0 0 - 0 0 - 4 6 5 3, Residence County Code - See Instructions: 8 3

- 1. Married - Combined or Joint Return (Enter \$12,000 on Line 12.)
2. Married - Spouse Died in Tax Year - Enter surviving spouse first as taxpayer.
3. Married - Filing Separate Returns (Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above. Cannot change from Joint to Separate after due date.)
4. Head of Family (Enter \$8,000 on Line 12. Provide Name, SSN, and Relationship of the Dependent Living in the Home with You on Line 6.)
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 Boxes Marked "X" on Line 7: 3
9. Number of Dependents Listed on Line 6: (List additional dependents on Form 80-491)
10. Total of Line 8 plus Line 9: 3
11. Line 10 x \$1,500: 4 5 0 0 0 00
12. Enter Amount from Lines 1 through 5: 1 2 0 0 0 00
13. Total (Line 11 plus 12): 1 6 5 0 0 00
14. If Filing MFS Returns, Enter 1/2 of Line 13.

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

COMPLETE SCHEDULE OF INCOME ON PAGE 2 BEFORE PROCEEDING FURTHER. (See Instructions)

15a. MS Adjusted Gross Income: 9,423.00
16a. Standard or Itemized Deduction: 4,600.00
17a. Exemption, Line 13 above or Line 14 if MFS: 1,650.00
b. Total Adjusted Gross Income From All Sources: 1,471.30
b. MS Deduction, 16a Times 15c: 2,946.00
b. MS Exemption 17a Times 15c: 1,056.80
c. Line 15a Divided by 15b: 64.05%

Table with 3 columns: Column A (Taxpayer), Round to Nearest Dollar, Column B (Spouse). Rows include: 18. Mississippi Adjusted Gross Income, 19. Standard or Itemized Deductions, 20. Amount of Exemption, 21. Mississippi Taxable Income, 22. Total Income Tax Due, 23. Credit for Tax Paid to Another State, 24. Other Credits, 25. Net Income Tax Due, 26. Consumer Use Tax, 27. Total Tax Due, 28. Mississippi Income Tax Withheld, 29. Estimated Tax Payments, 30. Total Payments, 31. Refund Received, 32. Overpayment, 33. Overpayment to be Applied to Next Year, 34. Refund, 35. Balance Due, 36. Interest and Penalty, 37. Total Due.



MS Non-Resident or Part-Year Resident Individual Income Tax Return 2012

ROUND TO NEAREST DOLLAR

SSN 4 0 0 - 0 0 - 4 6 4 3

Total Income From All Sources

Mississippi Income ONLY

Table with 3 columns: Description, Total Income From All Sources, and Mississippi Income ONLY. Rows include items like Wages, Business Income, Capital Gain, etc., ending with Adjusted Gross Income and Split MS AGI.

Name: \_\_\_\_\_ SSN \_\_\_\_\_ State \_\_\_\_\_
Name: \_\_\_\_\_ SSN \_\_\_\_\_ State \_\_\_\_\_

Installment Agreement Request (See Instructions for eligibility). 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.

Signature lines for Taxpayer, Spouse, and Paid Preparer, including fields for Date, Phone Number, PTIN, Email Address, Address, City, State, and Zip Code.



MS

# Mississippi Adjustments & Contributions 2012

Taxpayer Name

SSN \_\_\_\_\_

**PART 1: SCHEDULE A - Itemized Deductions (From Federal Form 1040 Schedule A) (MUST COMPLETE FULLY.)**

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.

**ROUND TO THE NEAREST DOLLAR**

- |    |   |            |     |
|----|---|------------|-----|
| 1. | a. Medical and Dental Expenses <b>(Must Attach Federal Form 1040 Schedule A)</b>  | ____, ____ | .00 |
|    | b. AGI from Federal Form 1040 \$ _____ X 7.5%(.075)   | ____, ____ | .00 |
|    | c. Medical & Dental Expense Deduction (Subtract line 1b from line 1a)   | ____, ____ | .00 |
| 2. | a. Total Taxes Paid   | ____, ____ | .00 |
|    | b. Less State Income Taxes (or other taxes in lieu of)  | ____, ____ | .00 |
|    | c. Total Taxes Paid Deduction (Line 2a minus Line 2b)   | ____, ____ | .00 |
| 3. | Total Interest Paid   | ____, ____ | .00 |
| 4. | Charitable Contributions  | ____, ____ | .00 |
| 5. | Total Casualty or Theft Loss <b>(Must Attach Federal Form 4684)</b>   | ____, ____ | .00 |
| 6. | a. Employee Business Expenses <b>(Must Attach Federal Form 2106)</b>  | ____, ____ | .00 |
|    | b. Miscellaneous Itemized Deductions (6a & 6b subject to 2% limitation)   | ____, ____ | .00 |
|    | c. AGI from Federal Form 1040 \$ _____ X 2%(.02)  | ____, ____ | .00 |
|    | d. Line 6a minus 6b and 6c  | ____, ____ | .00 |
| 7. | a. Other Miscellaneous Deductions   | ____, ____ | .00 |
|    | b. Less MS Gambling Losses  | ____, ____ | .00 |
|    | c. Other Miscellaneous Deduction (Line 7a minus Line 7b)  | ____, ____ | .00 |
| 8. | <b>Mississippi Itemized Deductions</b> - (Add Lines 1c, 2c, 3, 4, 5, 6d, and 7c.) Enter the amount here and on Resident Form 80-105, Page 1, Line 19 or Non-Resident Form 80-205, Page 1, Line 16a. | ____, ____ | .00 |

**PART 2: SCHEDULE B - Interest and Dividend Income (From Federal Form 1040 Schedule B, enter the amount from the line indicated)**

- |    |  |            |           |
|----|--|------------|-----------|
| 1. | Interest Income From All Sources   | ____, ____ | 3 2 0 .00 |
| 2. | Amount of MS Non-Taxable Interest in Line 1  | ____, ____ | .00       |
| 3. | Total MS Interest (Line 1 minus Line 2, Enter here and on Form 80-105, Line 43 or Form 80-205, Line 43)  | ____, ____ | 3 2 0 .00 |
| 4. | Total Dividends From All Sources   | ____, ____ | 2 0 0 .00 |
| 5. | Amount of MS Nontaxable Distributions Reported in Line 4   | ____, ____ | .00       |
| 6. | Total MS Dividends (Line 4 minus Line 5, Enter here and on Form 80-105, Line 44 or Form 80-205, Line 44) | ____, ____ | 2 0 0 .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](http://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 34 \_\_\_\_ , \_\_\_\_ .00



Mississippi
Adjustments & Contributions
2012

SSN

PART 4: INCOME (LOSS) FROM RENTS, ROYALTIES, PARTNERSHIPS, S CORPORATIONS, TRUSTS & ESTATES

A. INCOME (LOSS) FROM RENTAL REAL ESTATE AND ROYALTIES

- 1. Total Rental Real Estate and Royalty Income (Loss) from Part 1 (Must Attach Federal Schedule E)
2. Add: Depletion claimed in excess of cost basis
3. Rental Real Estate and Royalty Income (Loss) for Mississippi purposes. Add Line 1 plus Line 2.

B. INCOME (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS (Must Attach MS K-1 as applicable)

Table with 3 columns: Name of Entity, FEIN (Must include FEIN), INCOME(LOSS) Mississippi K-1's. Includes a Total for Section B row.

C. Total of Section A & B. Enter here and on Form 80-105, Line 41 or Form 80-205, Line 41.

PART 5: SCHEDULE N - Other Income (Loss) and Supplemental Income

List type of Income (Loss)

- 1. Net Operating Loss (Enter From Form 80-155, Line 2)
2.
3.
4.
5.
6.

Total Schedule N Other Income (Loss) Enter here and on Form 80-105, Line 48 or Form 80-205, Line 48.



MS

**Mississippi  
Income / Withholding Tax Schedule  
2012**

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

1	A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
	<p align="center"><u>1 1_0 0 0 0 0 3 5</u></p> <p><small>Employer or payer ID from W-2, 1099, K-1</small></p> <p><b>Mef Employment Department</b></p> <hr/> <p><small>Employer or payer name</small></p> <p><b>1118 Mef Lane</b></p> <hr/> <p><small>Address</small></p> <p><b>Jackson MS 39206</b></p> <hr/> <p><small>City, State, ZIP</small></p>	<p><b>Three O Test</b></p> <hr/> <p><small>Name</small></p> <p align="center"><b>4 0 0_0 0 4 6 4 3</b></p> <hr/> <p align="center"><small>Social Security Number</small></p> <p><b>MS</b>      <b>1,000</b>.00</p> <hr/> <p><small>State</small>      <small>Mississippi Taxable Income</small></p> <p>____, ____ Income from Other State .00</p> <hr/> <p><small>State</small>      <small>Income from Other State</small></p>	<p align="center"><small>MS WITHHOLDING</small></p> <p align="right">____, ____ .00</p> <p align="center"><small>Check appropriate box.</small></p> <p><input type="checkbox"/> W-2      <input checked="" type="checkbox"/> 1099      <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 ____</p> <p><b>Mississippi Withholding Only</b></p>

2	A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
	<p align="center"><u>1 1_0 0 0 0 0 3 5</u></p> <p><small>Employer or payer ID from W-2, 1099, K-1</small></p> <p><b>Mef Employment Department</b></p> <hr/> <p><small>Employer or payer name</small></p> <p><b>1118 Mef Lane</b></p> <hr/> <p><small>Address</small></p> <p><b>Jacksonville NC 28548</b></p> <hr/> <p><small>City, State, ZIP</small></p>	<p><b>Three O Test</b></p> <hr/> <p><small>Name</small></p> <p align="center"><b>4 0 0_0 0 4 6 4 3</b></p> <hr/> <p align="center"><small>Social Security Number</small></p> <p><b>NC</b>      <b>1,000</b>.00</p> <hr/> <p><small>State</small>      <small>Mississippi Taxable Income</small></p> <p>____, ____ Income from Other State .00</p> <hr/> <p><small>State</small>      <small>Income from Other State</small></p>	<p align="center"><small>MS WITHHOLDING</small></p> <p align="right">____, ____ .00</p> <p align="center"><small>Check appropriate box.</small></p> <p><input type="checkbox"/> W-2      <input checked="" type="checkbox"/> 1099      <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 ____</p> <p><b>Mississippi Withholding Only</b></p>

3	A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
	<p align="center">____ - ____</p> <p><small>Employer or payer ID from W-2, 1099, K-1</small></p> <hr/> <p><small>Employer or payer name</small></p> <hr/> <p><small>Address</small></p> <hr/> <p><small>City, State, ZIP</small></p>	<p><small>Name</small></p> <hr/> <p align="center">____ - ____</p> <hr/> <p align="center"><small>Social Security Number</small></p> <p>____, ____ .00</p> <hr/> <p><small>State</small>      <small>Mississippi Taxable Income</small></p> <p>____, ____ Income from Other State .00</p> <hr/> <p><small>State</small>      <small>Income from Other State</small></p>	<p align="center"><small>MS WITHHOLDING</small></p> <p align="right">____, ____ .00</p> <p align="center"><small>Check appropriate box.</small></p> <p><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><b>Mississippi Withholding Only</b></p>

4	A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
	<p align="center">____ - ____</p> <p><small>Employer or payer ID from W-2, 1099, K-1</small></p> <hr/> <p><small>Employer or payer name</small></p> <hr/> <p><small>Address</small></p> <hr/> <p><small>City, State, ZIP</small></p>	<p><small>Name</small></p> <hr/> <p align="center">____ - ____</p> <hr/> <p align="center"><small>Social Security Number</small></p> <p>____, ____ .00</p> <hr/> <p><small>State</small>      <small>Mississippi Taxable Income</small></p> <p>____, ____ Income from Other State .00</p> <hr/> <p><small>State</small>      <small>Income from Other State</small></p>	<p align="center"><small>MS WITHHOLDING</small></p> <p align="right">____, ____ .00</p> <p align="center"><small>Check appropriate box.</small></p> <p><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><b>Mississippi Withholding Only</b></p>

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

Duplex and Photocopies NOT Acceptable



Mississippi MS Non-Resident / Part-Year Resident Individual Income Tax Return 2012

Non-Resident [X] Part-Year [ ] From To

[ ] Amended

Taxpayer Last Name: Test, First Name: Four, Middle Initial: L, Spouse Last Name: Test, Spouse First Name: Susan, Middle Initial: Z, Mailing Address: 12457 Way Avenue, City: Wakeup, State: NE, Zip: 68792

YOU MUST ENTER SSN

SSN: 4 0 0 - 0 0 - 4 6 4 4, Spouse SSN: 4 0 0 - 0 0 - 4 6 5 4, Residence County Code - See Instructions: 8 3

- 1. Married - Combined or Joint Return (Enter \$12,000 on Line 12.)
2. Married - Spouse Died in Tax Year - Enter surviving spouse first as taxpayer.
3. Married - Filing Separate Returns (Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above. Cannot change from Joint to Separate after due date.)
4. Head of Family (Enter \$8,000 on Line 12. Provide Name, SSN, and Relationship of the Dependent Living in the Home with You on Line 6.)
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 Boxes Marked "X" on Line 7.
9. Number of Dependents Listed on Line 6. (List additional dependents on Form 80-491)
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.

Table with 3 columns: (A) Name, (B) Relationship, (C) Dependent SSN. Rows include Zay and TJ.

COMPLETE SCHEDULE OF INCOME ON PAGE 2 BEFORE PROCEEDING FURTHER. (See Instructions)

15a. MS Adjusted Gross Income: 1 0 8 0 0 .00
16a. Standard or Itemized Deduction: 2 3 0 0 .00
17a. Exemption, Line 13 above or Line 14 if MFS: 7 5 0 0 .00
b. Total Adjusted Gross Income From All Sources: 2 2 3 0 0 .00
b. MS Deduction, 16a Times 15c: 1 1 1 4 .00
b. MS Exemption 17a Times 15c: 3 6 3 2 .00
c. Line 15a Divided by 15b: 4 8 .4 3 %

Main tax calculation table with columns: Column A (Taxpayer), Round to Nearest Dollar, Column B (Spouse). Rows include Mississippi Adjusted Gross Income, Standard or Itemized Deductions, Exemption, Mississippi Taxable Income, Total Income Tax Due, Credit for Tax Paid to Another State, Other Credits, Net Income Tax Due, Consumer Use Tax, Total Tax Due, Mississippi Income Tax Withheld, Estimated Tax Payments, Total Payments, Refund Received, Overpayment, and Total Due.



MS Mississippi Non-Resident or Part-Year Resident Individual Income Tax Return 2012

ROUND TO NEAREST DOLLAR

SSN 4 0 0 - 0 0 - 4 6 4 4

Total Income From All Sources

Mississippi Income ONLY

Table with 2 columns: Total Income From All Sources and Mississippi Income ONLY. Rows include: 38. Wages, Salaries, Tips, Etc. (Complete Form 80-107); 39. Business Income (Loss) (Must Attach Federal Schedule C or C-EZ); 40. Capital Gain (Loss) (Must Attach Federal Schedule D); 41. Rent, Royalties, Partnerships, S-Corps, Trusts, etc. (From Form 80-108, Part 4); 42. Farm Income (Loss) (Must Attach Federal Schedule F); 43. Interest Income (From Form 80-108, Part 2); 44. Dividend Income (From Form 80-108, Part 2); 45. Alimony Received; 46. Taxable Pensions and Annuities (Complete Form 80-107); 47. Unemployment Compensation (Complete Form 80-107); 48. Other Income (Loss) (From Form 80-108, Part 5); 49. Total Income (Add Lines 38 through 48); 50. Payments to IRA; 51. Payments to Self-employed SEP, SIMPLE, & Qualified Retirement Plans; 52. Interest Penalty on Early Withdrawal of Savings; 53. Alimony Paid (Must Complete Below); 54. Moving Expense (Must Attach Federal Form 3903); 55. National Guard or Reserve Pay; 56. MS Prepaid Affordable College Tuition (MPACT); 57. MS Affordable College Savings (MACS); 58. Self-Employed Health Insurance Deduction; 59. Health Savings Account Deduction; 60. Total Adjustments (Add Lines 50 through 59); 61. Adjusted Gross Income (Line 49 minus Line 60) Carry Total AGI to Line 15b & MS AGI Line 15a; 62. Split MS AGI on Line 61 between Taxpayer & Spouse.

Name: \_\_\_\_\_ SSN \_\_\_\_\_ State \_\_\_\_\_

Name: \_\_\_\_\_ SSN \_\_\_\_\_ State \_\_\_\_\_

Installment Agreement Request (See Instructions for eligibility). 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.

Signature and contact information fields for Taxpayer, Spouse, and Paid Preparer, including Date, Phone Number, PTIN, Email Address, Address, City, State, and Zip Code.



MS

# Mississippi Income / Withholding Tax Schedule 2012

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

1 A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
<p>1 1 0 0 0 0 2 3 Employer or payer ID from W-2, 1099, K-1</p> <p><b>Go Mef Inc</b> Employer or payer name</p> <p><b>P O Box 55510</b> Address</p> <p><b>Jackson, MS 39206</b> City, State, ZIP</p>	<p><b>Four L Test</b></p> <p>Name 4 0 0 0 0 4 6 4 4</p> <p>Social Security Number</p> <p>MS 1 0 8 0 0 . 00 State Mississippi Taxable Income</p> <p>NC 1 1 5 0 0 . 00 State Income from Other State</p>	<p style="text-align: center;">MS WITHHOLDING</p> <p style="text-align: right;">8 0 5 . 00</p> <p>Check appropriate box.</p> <p><input checked="" type="checkbox"/> W-2    <input type="checkbox"/> 1099    <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7</p> <p style="text-align: right;"><b>Mississippi Withholding Only</b></p>

2 A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
<p>Employer or payer ID from W-2, 1099, K-1</p> <p>Employer or payer name</p> <p>Address</p> <p>City, State, ZIP</p>	<p>Name</p> <p>Social Security Number</p> <p>State Mississippi Taxable Income . 00</p> <p>State Income from Other State . 00</p>	<p style="text-align: center;">MS WITHHOLDING</p> <p style="text-align: right;">. 00</p> <p>Check appropriate box.</p> <p><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 style="text-align: right;"><b>Mississippi Withholding Only</b></p>

3 A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
<p>Employer or payer ID from W-2, 1099, K-1</p> <p>Employer or payer name</p> <p>Address</p> <p>City, State, ZIP</p>	<p>Name</p> <p>Social Security Number</p> <p>State Mississippi Taxable Income . 00</p> <p>State Income from Other State . 00</p>	<p style="text-align: center;">MS WITHHOLDING</p> <p style="text-align: right;">. 00</p> <p>Check appropriate box.</p> <p><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 style="text-align: right;"><b>Mississippi Withholding Only</b></p>

4 A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
<p>Employer or payer ID from W-2, 1099, K-1</p> <p>Employer or payer name</p> <p>Address</p> <p>City, State, ZIP</p>	<p>Name</p> <p>Social Security Number</p> <p>State Mississippi Taxable Income . 00</p> <p>State Income from Other State . 00</p>	<p style="text-align: center;">MS WITHHOLDING</p> <p style="text-align: right;">. 00</p> <p>Check appropriate box.</p> <p><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 style="text-align: right;"><b>Mississippi Withholding Only</b></p>

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

**Duplex and Photocopies NOT Acceptable**



MS

# Mississippi Resident Individual Income Tax Return 2012

Amended

Taxpayer Last Name <b>Test</b>		First Name <b>Five</b>	Middle Initial <b>I</b>	<b>YOU MUST ENTER SSN</b>	
Spouse Last Name		Spouse First Name	Middle Initial	SSN	<b>4 0 0 - 0 0 - 4 6 4 5</b>
Mailing Address (Number & Street, Including Rural Route) <b>104 Hwy 75 North</b>				Spouse SSN	-
City <b>New Albany</b>		State <b>MS</b>	Zip <b>38652</b>	Residence County Code - See Instructions <b>7 3</b>	

<p>1. <input type="checkbox"/> Married - Combined or Joint Return (Enter \$12,000 on Line 12.)</p> <p>2. <input type="checkbox"/> Married - Spouse Died in Tax Year - Enter surviving spouse first as taxpayer. (Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above.)</p> <p>3. <input type="checkbox"/> Married - Filing Separate Returns (Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above. Cannot change from Joint to Separate after due date.)</p> <p>4. <input checked="" type="checkbox"/> Head of Family (Enter \$8,000 on Line 12. Provide Name, SSN, and Relationship of the Dependent Living in the Home with You on Line 6.)</p> <p>5. <input type="checkbox"/> Single - (Enter \$6,000 on Line 12.)</p>	<p>7. Mark "X" ONLY if:</p> <p><input type="checkbox"/> Taxpayer Age 65 or Over      <input type="checkbox"/> Taxpayer Blind</p> <p><input type="checkbox"/> Spouse Age 65 or Over      <input type="checkbox"/> Spouse Blind</p> <p>8. Number of Boxes Marked "X" on Line 7. _____</p> <p>9. Number of Dependents Listed on Line 6. _____ <b>2</b> (List additional dependents on Form 80-491)</p> <p>10. Total of Line 8 plus Line 9. _____ <b>2</b></p> <p>11. Line 10 x <b>\$1,500</b>      _____ <b>3 0 0 0 .00</b></p> <p>12. Enter Amount from Lines 1 through 5.      _____ <b>8 0 0 0 .00</b></p> <p>13. Total (Line 11 plus 12).      _____ <b>1 1 0 0 0 .00</b></p> <p>14. If Filing MFS Returns, Enter 1/2 of Line 13. _____ <b>.00</b></p>
--	---

	(A) Name	(B)	(C) Dependent SSN			
--	----------	-----	-------------------	--	--	--

	Bobby	C	4 0 0 - 0 0 - 4 6 5 7			
	Sam	C	4 0 0 - 0 0 - 4 6 5 8			

	Column A (Taxpayer)	Round to Nearest Dollar	Column B (Spouse)
15. Wages, Salaries, Tips, etc. (Complete Form 80-107)	2 8 6 5 0 .00		.00
16. Other Income (Amount from Line 49, Page 2 of this Form)	1 6 4 7 9 .00		.00
17. Adjustments to Gross Income (Amount from Line 60, Page 2 of this form)	4 0 0 0 .00		.00
18. Mississippi Adjusted Gross Income (Line 15 plus Line 16 minus Line 17)	4 1 1 2 9 .00		.00
19. Standard or Itemized Deductions (For Itemized Deductions, Must Attach Form 80-108)	5 5 5 8 .00		.00
20. Amount of Exemption Line 13 (Line 14 if Married Filing Separately)	1 1 0 0 0 .00		.00
21. Mississippi Taxable Income	2 4 5 7 1 .00		.00
22. Total Income Tax Due (From Schedule of Tax Computation, Form 80-100)			1 0 7 9 .00
23. Credit for Tax Paid to Another State			.00
24. Other Credits (From Form 80-401, Line 1)			.00
25. Net Income Tax Due (Line 22 minus Line 23 and 24)			1 0 7 9 .00
26. Consumer Use Tax (See Instructions, Form 80-100)			1 0 0 .00
27. Total Tax Due (Line 25 plus Line 26)			1 1 7 9 .00
28. Mississippi Income Tax Withheld (Must Complete Form 80-107)			9 8 0 .00
29. Estimated Tax Payments and/or Amount Paid on Original Return			.00
30. Total Payments (Line 28 plus Line 29)			9 8 0 .00
31. Refund Received And/Or Amount Carried Forward from Original Return (Amended Return Only)			.00
32. Overpayment (If Line 30 is larger than Line 27 plus Line 31)			.00
33. Overpayment to be Applied to Next Year Estimated Tax Account			.00
34. Voluntary Contribution (From Form 80-108, Part 3)			.00
35. Refund (Line 32 minus Line 33 and Line 34)			.00
36. Balance Due (If Line 27 plus 31 is larger than Line 30)			1 9 9 .00
37. Interest and Penalty (Including Interest on Underpayment of Estimated Tax, Form 80-320)			.00
38. Total Due (Line 36 plus Line 37)			1 9 9 .00



Mississippi Resident Individual Income Tax Return 2012

SSN 4 0 0 - 0 0 - 4 6 4 5

Round To Nearest Dollar

Column A (Taxpayer)

Column B (Spouse)

Table with 3 columns: Description, Column A (Taxpayer), Column B (Spouse). Rows include Business Income, Capital Gain, Farm Income, Interest Income, Dividend Income, Alimony Received, Total Other Income, Payments to IRA, etc.

Name: \_\_\_\_\_

SSN \_\_\_\_\_

State \_\_\_\_\_

Name: \_\_\_\_\_

SSN \_\_\_\_\_

State \_\_\_\_\_

[X] Installment Agreement Request (See Instructions for eligibility).

[ ] 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.

Signature lines for Taxpayer, Spouse, and Paid Preparer, including fields for Date, Phone Number, PTIN, Email Address, Address, City, State, and Zip Code.



MS

Mississippi Adjustments & Contributions 2012

Taxpayer Name Test Five I

SSN 4 0 0 - 0 0 - 4 6 4 5

PART 1: SCHEDULE A - Itemized Deductions (From Federal Form 1040 Schedule A) (MUST COMPLETE FULLY.)

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. ROUND TO THE NEAREST DOLLAR

Table with 2 columns: Description and Amount. Rows include Medical and Dental Expenses, Total Taxes Paid, Total Interest Paid, Charitable Contributions, Total Casualty or Theft Loss, and Mississippi Itemized Deductions.

PART 2: SCHEDULE B - Interest and Dividend Income (From Federal Form 1040 Schedule B, enter the amount from the line indicated)

Table with 2 columns: Description and Amount. Rows include Interest Income From All Sources, Total MS Interest, Total Dividends From All Sources, and Total MS Dividends.

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.

Table with 2 columns: Fund Name and Amount. Funds include Military Family Relief Fund, Bicentennial Celebration Fund, Burn Care Fund, Wildlife Fisheries and Parks Foundation, Wildlife Heritage Fund, Commission for Volunteer Service Fund, and Educational Trust Fund.

Enter Total of Check-Offs here and on Form 80-105, Page 1, Line 34



Mississippi
Adjustments & Contributions
2012

SSN 4 0 0 - 0 0 - 4 6 4 5

PART 4: INCOME (LOSS) FROM RENTS, ROYALTIES, PARTNERSHIPS, S CORPORATIONS, TRUSTS & ESTATES

A. INCOME (LOSS) FROM RENTAL REAL ESTATE AND ROYALTIES

- 1. Total Rental Real Estate and Royalty Income (Loss) from Part 1 (Must Attach Federal Schedule E)
2. Add: Depletion claimed in excess of cost basis
3. Rental Real Estate and Royalty Income (Loss) for Mississippi purposes. Add Line 1 plus Line 2.

B. INCOME (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS (Must Attach MS K-1 as applicable)

Table with 3 columns: Name of Entity, FEIN (Must include FEIN), INCOME(LOSS) Mississippi K-1's. Includes a Total for Section B row.

C. Total of Section A & B. Enter here and on Form 80-105, Line 41 or Form 80-205, Line 41.

PART 5: SCHEDULE N - Other Income (Loss) and Supplemental Income

List type of Income (Loss)

- 1. Net Operating Loss (Enter From Form 80-155, Line 2)
2.
3.
4.
5.
6.

Total Schedule N Other Income (Loss) Enter here and on Form 80-105, Line 48 or Form 80-205, Line 48.



MS

# Mississippi Income / Withholding Tax Schedule 2012

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

1	A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
	<p>1 1 0 0 0 0 2 4 Employer or payer ID from W-2, 1099, K-1</p> <p><b>Mississippi Mef Inc</b> Employer or payer name</p> <p>P O Box 55525 Address</p> <p>Jackson, MS 39206 City, State, ZIP</p>	<p><b>Five I Test</b></p> <p>Name 4 0 0 0 0 4 6 4 5</p> <p>Social Security Number</p> <p>MS 2 8 6 5 0 . 00 State Mississippi Taxable Income</p> <p>Income from Other State . 00</p>	<p style="text-align: center;">MS WITHHOLDING</p> <p style="text-align: right;">9 8 0 . 00</p> <p>Check appropriate box.</p> <p><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><b>Mississippi Withholding Only</b></p>

2	A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
	<p>Employer or payer ID from W-2, 1099, K-1</p> <p>Employer or payer name</p> <p>Address</p> <p>City, State, ZIP</p>	<p>Name</p> <p>Social Security Number</p> <p>State Mississippi Taxable Income . 00</p> <p>Income from Other State . 00</p>	<p style="text-align: center;">MS WITHHOLDING</p> <p style="text-align: right;">. 00</p> <p>Check appropriate box.</p> <p><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><b>Mississippi Withholding Only</b></p>

3	A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
	<p>Employer or payer ID from W-2, 1099, K-1</p> <p>Employer or payer name</p> <p>Address</p> <p>City, State, ZIP</p>	<p>Name</p> <p>Social Security Number</p> <p>State Mississippi Taxable Income . 00</p> <p>Income from Other State . 00</p>	<p style="text-align: center;">MS WITHHOLDING</p> <p style="text-align: right;">. 00</p> <p>Check appropriate box.</p> <p><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><b>Mississippi Withholding Only</b></p>

4	A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
	<p>Employer or payer ID from W-2, 1099, K-1</p> <p>Employer or payer name</p> <p>Address</p> <p>City, State, ZIP</p>	<p>Name</p> <p>Social Security Number</p> <p>State Mississippi Taxable Income . 00</p> <p>Income from Other State . 00</p>	<p style="text-align: center;">MS WITHHOLDING</p> <p style="text-align: right;">. 00</p> <p>Check appropriate box.</p> <p><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><b>Mississippi Withholding Only</b></p>

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

Duplex and Photocopies NOT Acceptable



MS

Mississippi Resident Individual Income Tax Return 2012

Amended

Taxpayer Last Name: Test, First Name: Six, Middle Initial: R, Spouse Last Name: Test, Spouse First Name: Rita, Middle Initial: E, Mailing Address: 10 Brown Avenue, City: Biloxi, State: MS, Zip: 39532

YOU MUST ENTER SSN

SSN: 4 0 0 - 0 0 - 4 6 4 6, Spouse SSN: 4 0 0 - 0 0 - 4 6 6 0, Residence County Code - See Instructions: 2 4

- 1. Married - Combined or Joint Return (Enter \$12,000 on Line 12.)
2. Married - Spouse Died in Tax Year - Enter surviving spouse first as taxpayer.
3. Married - Filing Separate Returns (Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above. Cannot change from Joint to Separate after due date.)
4. Head of Family (Enter \$8,000 on Line 12. Provide Name, SSN, and Relationship of the Dependent Living in the Home with You on Line 6.)
5. Single - (Enter \$6,000 on Line 12.)
6. Dependents (In column (B) Must enter C for child, P for parent, or R for relative)

- 7. Mark "X" ONLY if:
Taxpayer Age 65 or Over
Taxpayer Blind
Spouse Age 65 or Over
Spouse Blind

8. Number of Boxes Marked "X" on Line 7.
9. Number of Dependents Listed on Line 6. (List additional dependents on Form 80-491)
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.

See Statement

Table with columns: Column A (Taxpayer), Round to Nearest Dollar, Column B (Spouse). Rows include: 15. Wages, Salaries, Tips, etc. (Complete Form 80-107); 16. Other Income; 17. Adjustments to Gross Income; 18. Mississippi Adjusted Gross Income; 19. Standard or Itemized Deductions; 20. Amount of Exemption Line 13; 21. Mississippi Taxable Income; 22. Total Income Tax Due; 23. Credit for Tax Paid to Another State; 24. Other Credits; 25. Net Income Tax Due; 26. Consumer Use Tax; 27. Total Tax Due; 28. Mississippi Income Tax Withheld; 29. Estimated Tax Payments; 30. Total Payments; 31. Refund Received; 32. Overpayment; 33. Overpayment to be Applied; 34. Voluntary Contribution; 35. Refund; 36. Balance Due; 37. Interest and Penalty; 38. Total Due.



MS

Mississippi Resident Individual Income Tax Return 2012

SSN 4 0 0 - 0 0 - 4 6 4 5

Round To Nearest Dollar

Column A (Taxpayer)

Column B (Spouse)

Table with 3 columns: Line Number, Description, Column A (Taxpayer), Column B (Spouse). Rows include Business Income, Capital Gain, Rent, Royalties, Farm Income, Interest Income, Dividend Income, Alimony Received, Taxable Pensions, Unemployment Compensation, Other Income, Total Other Income, Payments to IRA, Payments to Self-Employed SEP, SIMPLE, & Qualified Retirement Plans, Interest Penalty on Early Withdrawal of Savings, Alimony Paid, Moving Expense, National Guard or Reserve Pay, MS Prepaid Affordable College Tuition (MPACT), MS Affordable College Savings (MACS), Self-Employed Health Insurance Deduction, Health Savings Account Deduction, Total Adjustments.

Installation Agreement Request (See Instructions for eligibility). 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.

Signature lines for Taxpayer, Spouse, and Paid Preparer, including fields for Date, Phone Number, PTIN, Email Address, Address, City, State, and Zip Code.



MS

# Mississippi Individual Income Tax Statement of Additional Dependents 2012



Taxpayer Last Name <b>Test</b>	First Name <b>Six</b>	Middle Initial <b>R</b>	<b>YOU MUST ENTER SSN</b>	
Spouse Last Name <b>Test</b>	Spouse First Name <b>Rita</b>	Middle Initial <b>E</b>	SSN	4 0 0 - 0 0 - 4 6 4 6
Mailing Address (Number & Street, Including Rural Route) <b>10 Brown Avenue</b>			Spouse SSN	4 0 0 - 0 0 - 4 6 6 0
City <b>Biloxi</b>	State <b>MS</b>	Zip <b>39532</b>	Residence County Code - See Instructions <span style="float: right;"><u>  2  </u> <u>  4  </u></span>	

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) Dependents <small>Enter C for child, P for parent and R for relative</small>	(C) Dependent's SSN
1. <u>Bill Test</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. _____	_____	_____





MS

# Mississippi Income / Withholding Tax Schedule 2012

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

1 A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
<p>1 1 0 0 0 0 2 4 Employer or payer ID from W-2, 1099, K-1</p> <p><b>Mef Inc</b> Employer or payer name</p> <p>P O Box 55558 Address</p> <p>Jackson, MS 39206 City, State, ZIP</p>	<p><b>Rita E Test</b> Name</p> <p>4 0 0 0 0 4 6 6 0 Social Security Number</p> <p>MS 2 8 4 0 0 . 00 State Mississippi Taxable Income</p> <p>Income from Other State . 00</p>	<p style="text-align: center;">MS WITHHOLDING</p> <p style="text-align: center;">1 7 0 4 . 00</p> <p>Check appropriate box.</p> <p><input checked="" type="checkbox"/> W-2    <input type="checkbox"/> 1099    <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7</p> <p style="text-align: center;"><b>Mississippi Withholding Only</b></p>

2 A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
<p>Employer or payer ID from W-2, 1099, K-1</p> <p>Employer or payer name</p> <p>Address</p> <p>City, State, ZIP</p>	<p>Name</p> <p>Social Security Number</p> <p>State Mississippi Taxable Income . 00</p> <p>Income from Other State . 00</p>	<p style="text-align: center;">MS WITHHOLDING</p> <p style="text-align: center;">. 00</p> <p>Check appropriate box.</p> <p><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 style="text-align: center;"><b>Mississippi Withholding Only</b></p>

3 A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
<p>Employer or payer ID from W-2, 1099, K-1</p> <p>Employer or payer name</p> <p>Address</p> <p>City, State, ZIP</p>	<p>Name</p> <p>Social Security Number</p> <p>State Mississippi Taxable Income . 00</p> <p>Income from Other State . 00</p>	<p style="text-align: center;">MS WITHHOLDING</p> <p style="text-align: center;">. 00</p> <p>Check appropriate box.</p> <p><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 style="text-align: center;"><b>Mississippi Withholding Only</b></p>

4 A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
<p>Employer or payer ID from W-2, 1099, K-1</p> <p>Employer or payer name</p> <p>Address</p> <p>City, State, ZIP</p>	<p>Name</p> <p>Social Security Number</p> <p>State Mississippi Taxable Income . 00</p> <p>Income from Other State . 00</p>	<p style="text-align: center;">MS WITHHOLDING</p> <p style="text-align: center;">. 00</p> <p>Check appropriate box.</p> <p><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 style="text-align: center;"><b>Mississippi Withholding Only</b></p>

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

Duplex and Photocopies NOT Acceptable



Mississippi MS Non-Resident / Part-Year Resident Individual Income Tax Return 2012

Amended

Non-Resident Part-Year From 2012/01/01 To 2012/06/30

Taxpayer Last Name: Test, First Name: Seven, Middle Initial: J, Spouse Last Name, Spouse First Name, Middle Initial, Mailing Address: USS Robert E Lee, City: FPO, State: AP, Zip: 96269

YOU MUST ENTER SSN, SSN: 4 0 0 - 0 0 - 4 6 4 7, Spouse SSN, Residence County Code - See Instructions: 8 3

- 1. Married - Combined or Joint Return
2. Married - Spouse Died in Tax Year
3. Married - Filing Separate Returns
4. Head of Family (checked)
5. Single

- 7. Mark 'X' ONLY if: Taxpayer Age 65 or Over, Taxpayer Blind, Spouse Age 65 or Over, Spouse Blind
8. Number of Boxes Marked 'X' on Line 7
9. Number of Dependents Listed on Line 6: 1
10. Total of Line 8 plus Line 9: 1
11. Line 10 x \$1,500: 1,500.00
12. Enter Amount from Lines 1 through 5: 8,000.00
13. Total (Line 11 plus 12): 9,500.00
14. If Filing MFS Returns, Enter 1/2 of Line 13: 0.00

Table with 3 columns: (A) Name, (B) Relationship, (C) Dependent SSN. Row 1: Amelia, C, 4 0 0 - 0 0 - 4 6 5 9

COMPLETE SCHEDULE OF INCOME ON PAGE 2 BEFORE PROCEEDING FURTHER. (See Instructions)

Summary table with 3 columns: 15a. MS Adjusted Gross Income (2,083.00), 16a. Standard or Itemized Deduction (3,400.00), 17a. Exemption (9,500.00), b. Total Adjusted Gross Income (2,360.00), b. MS Deduction (3,001.00), b. MS Exemption (8,385.00), c. Line 15a Divided by 15b (88.26%)

Main tax calculation table with 3 columns: Column A (Taxpayer), Round to Nearest Dollar, Column B (Spouse). Rows include Mississippi Adjusted Gross Income, Deductions, Exemption, Taxable Income, Total Income Tax Due, Credits, Total Tax Due, Withheld, and Total Due (2,280.00).



MS Non-Resident or Part-Year Resident Individual Income Tax Return 2012

ROUND TO NEAREST DOLLAR

SSN 4 0 0 - 0 0 - 4 6 4 7

Total Income From All Sources

Mississippi Income ONLY

Table with 2 columns: Total Income From All Sources and Mississippi Income ONLY. Rows include: 38. Wages, Salaries, Tips, Etc. (Complete Form 80-107); 39. Business Income (Loss) (Must Attach Federal Schedule C or C-EZ); 40. Capital Gain (Loss) (Must Attach Federal Schedule D); 41. Rent, Royalties, Partnerships, S-Corps, Trusts, etc. (From Form 80-108, Part 4); 42. Farm Income (Loss) (Must Attach Federal Schedule F); 43. Interest Income (From Form 80-108, Part 2); 44. Dividend Income (From Form 80-108, Part 2); 45. Alimony Received; 46. Taxable Pensions and Annuities (Complete Form 80-107); 47. Unemployment Compensation (Complete Form 80-107); 48. Other Income (Loss) (From Form 80-108, Part 5); 49. Total Income (Add Lines 38 through 48); 50. Payments to IRA; 51. Payments to Self-employed SEP, SIMPLE, & Qualified Retirement Plans; 52. Interest Penalty on Early Withdrawal of Savings; 53. Alimony Paid (Must Complete Below); 54. Moving Expense (Must Attach Federal Form 3903); 55. National Guard or Reserve Pay (Enter the Lesser of the Guard/ Reserve Pay or the \$15,000 Statutory Exclusion Per Taxpayer); 56. MS Prepaid Affordable College Tuition (MPACT); 57. MS Affordable College Savings (MACS); 58. Self-Employed Health Insurance Deduction; 59. Health Savings Account Deduction; 60. Total Adjustments (Add Lines 50 through 59); 61. Adjusted Gross Income (Line 49 minus Line 60) Carry Total AGI to Line 15b & MS AGI Line 15a; 62. Split MS AGI on Line 61 between Taxpayer & Spouse.

Name: \_\_\_\_\_ SSN \_\_\_\_\_ State \_\_\_\_\_

Name: \_\_\_\_\_ SSN \_\_\_\_\_ State \_\_\_\_\_

Installment Agreement Request (See Instructions for eligibility). 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.

Signature and information fields for Taxpayer, Spouse, and Paid Preparer, including Date, Phone Number, PTIN, Email Address, Address, City, State, and Zip Code.



MS

# Mississippi Tax Credit Summary Schedule 2012

SSN 4 0 0 - 0 0 - 4 6 4 7

OR FEIN \_\_\_\_\_

(\* Carryover not Available)

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	<b>Historic Structure Rehabilitation (Attach Statement)</b>
* 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)

<u>0 5</u>	20.00	.00	.00	20.00	.00	.00
<u>1 0</u>	50.00	.00	.00	50.00	.00	.00
<u>1 4</u>	10.00	.00	.00	10.00	.00	.00
<u>2 7</u>	20.00	.00	.00	20.00	.00	.00

1. Total Income Tax Credit Used This Year (Total Column E) 1 0 0  
(Enter on Form 80-105, Line 24 or Form 80-205, Line 24 or Form 81-110, Line 5)
  
2. Total Income Tax Credit Available for Next Year (Total Column G) 0
  
3. If Code 25 is Selected, Enter Adoptee SSN(s) Here \_\_\_\_\_  
(Cannot be claimed as credit in year of adoption, but can be claimed as a dependent)

MS

# Mississippi Reforestation Tax Credit 2012

Taxpayer Name  
Test Seven J

SSN 4 0 0 - 0 0 - 0 4 4 7

FEIN \_\_\_\_\_

### PART I : COMPUTATION OF CREDIT

- 1. Total expenditures during the year 2012 for seedlings, seed/acorns, seeding, planting by hand or machine, site preparation, and post-planting site preparation on all eligible acres. 1, 0 0 . 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. 1, 0 0 . 00
- 3. Eligible Costs (Enter lesser of Line 1 or Line 2) 1, 0 0 . 00
- 4. Enter 50% of amount in Line 3 above or \$10,000 whichever is less. **This is your RTC earned this year.** 5 0 . 00
- 5a. Enter the amount of RTC carried over from earlier years. (Must Attach a copy of Form 80-315 for immediate prior year) . 00
- 5b. Enter the current year RTC passed through to you as an investor in a pass-through entity. (Refer to Forms K-1) . 00
- 6. Total Amount of RTC available to be utilized this year (Add Lines 4, 5a & 5b, but do not enter an amount larger than the amount shown on Line 16, Part IV, below) *Pass-through entities only: This is the amount of RTC which is available to be passed through to investors. Enter this amount on Form 83-401 and skip Parts II and III.* 5 0 . 00

<b>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:</b>	<b>Investment Tax Credit</b>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
	<b>Reforestation Amortization</b>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>

### 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 & 80-205 (individuals); Line 5, Form 83-105 (corporations); or Line 7, Form 81-110 (fiduciary return). 3, 2 8 . 00
- 8. Enter the total amount of all other credit(s) available to you this year. (Refer to the instructions for the income tax return you are filing for a list of available credits) **Do not include withholding or estimated tax payments.** 5 0 . 00
- 9. Net Income Tax Due (Line 7 minus Line 8) 2 3 6 . 00
- 10. Reforestation Tax Credit (Enter LESSER of Line 6 or Line 9.) Enter here and Form 83-401 5 0 . 00

### PART III: COMPUTATION OF RTC CARRYOVER AMOUNT:

- 11. Total Reforestation Tax Credit available to be utilized this year. (Amount from Line 6 above) 5 0 . 00
- 12. Amount of RTC utilized this year. (Amount from Line 10 above) 5 0 . 00
- 13. Amount of RTC available to be carried forward and used in succeeding tax years. (Line 11 minus Line 12) 0 . 00

### PART IV: COMPUTATION OF ACCUMULATED RTC LIFETIME CREDIT UTILIZED:

- 14. LIFETIME REFORESTATION TAX CREDIT ALLOWANCE 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 taxable years) *Pass-through entities: Enter total RTC passed through to investors in ALL prior years.* 5 0 . 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.* 7 4 9 5 0 . 00

### PART V: CERTIFICATION OF FORESTER

In accordance with the requirements set forth in Miss Code Ann § 27-7-18, 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.

- Site Preparation
- Planting by Hand or Machine and/or Seeding
- Cost of Seedlings and/or Seed/Acorns
- Post-planting Site Preparation Practices

\_\_\_\_\_  
Signature Title Date

\_\_\_\_\_  
Business Address Identifying Number

MS

# Mississippi Reforestation Tax Credit Cost Worksheet 2012

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: Hinda      Code 

2	5
---	---

      Code 

--	--

      Code 

--	--

TYPE OF ACTIVITY	Column A COST SUMMARY PER ACRE - FROM MISSISSIPPI FORESTRY COMM.	Column B NUMBER OF ACRES	Column C EXTENDED COST (Col. A X Col. B)
<b>I. Regeneration</b>			
Tree Planting (1)			
Pine			
Seedlings / Bare Root	40.00	_____	_____
Labor	50.00	_____ 1	_____ 5 0.00
Containerized Longleaf			
Seedlings	85.00	_____	_____
Labor	78.00	_____	_____
Containerized Loblolly or Slash			
Seedlings	70.00	_____	_____
Labor	60.00	_____	_____
Hardwood			
Seedlings	68.00	_____	_____
Labor	71.00	_____	_____
Direct Seeding (2)			
Pine			
Seed	22.00	_____	_____
Labor	41.00	_____	_____
Hardwood			
Seed	40.00	_____	_____
Labor	50.00	_____ 2	_____ 5 0.00
Mixed Stand Regeneration			
Seedlings	37.00	_____	_____
Labor	33.00	_____	_____
Site-Preparation	125.00	_____	_____
Natural Regeneration			
Site-Preparation	100.00	_____	_____
<b>II. Site-Preparation</b>			
Chemical	100.00	_____	_____
Mechanical	190.00	_____	_____
Bush Hog	35.00	_____	_____
Post Planting Site-Preparation (3)	85.00	_____	_____
Sub-Soil	50.00	_____	_____
Site-Preparation Burn	38.00	_____	_____
<b>TOTAL</b> (Enter the total of Column C here and on page 1, Part I, line 2.)			_____ 1 0 0.00

**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

**NOTICE:** A copy of the above worksheet MUST be furnished to:  
Mississippi Forestry Commission P. O. Box 703 1711 McCullough Blvd. Tupelo, Mississippi 38802



MS

**Mississippi  
Income / Withholding Tax Schedule  
2012**

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

1 A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
<p>1 1-0000025 Employer or payer ID from W-2, 1099, K-1</p> <p><b>Mef Inc</b> Employer or payer name</p> <p>1577 Green Street Address</p> <p>Jackson MS 39206 City, State, ZIP</p>	<p><b>Seven J Test</b></p> <p>Name _____</p> <p>4 0 0 0 0 4 6 4 7 Social Security Number</p> <p>MS _____, _____ 2 4, 8 0 0 . 00 State Mississippi Taxable Income</p> <p>NC _____, _____ 1, 8 0 0 . 00 State Income from Other State</p>	<p align="center">MS WITHHOLDING</p> <p align="right">_____, _____, _____ . 00</p> <p align="center">Check appropriate box.</p> <p><input checked="" type="checkbox"/> W-2    <input type="checkbox"/> 1099    <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p><b>Mississippi Withholding Only</b></p>

2 A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
<p>1 1-0000030 Employer or payer ID from W-2, 1099, K-1</p> <p><b>Mef National Guard Pay</b> Employer or payer name</p> <p>1500 National Guard Dr Address</p> <p>Jackson MS 39206 City, State, ZIP</p>	<p><b>Seven J Test</b></p> <p>Name _____</p> <p>4 0 0 0 0 4 6 4 7 Social Security Number</p> <p>NC _____, _____ 1, 0 0 0 . 00 State Mississippi Taxable Income</p> <p>_____ , _____ . 00 State Income from Other State</p>	<p align="center">MS WITHHOLDING</p> <p align="right">_____, _____, _____ . 00</p> <p align="center">Check appropriate box.</p> <p><input checked="" type="checkbox"/> W-2    <input type="checkbox"/> 1099    <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____</p> <p><b>Mississippi Withholding Only</b></p>

3 A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
<p>1 1-0000027 Employer or payer ID from W-2, 1099, K-1</p> <p><b>My Mef Inc</b> Employer or payer name</p> <p>P O Box 5558 Address</p> <p>Jackson MS 39206 City, State, ZIP</p>	<p><b>Seven J Test</b></p> <p>Name _____</p> <p>4 0 0 0 0 4 6 4 7 Social Security Number</p> <p>MS _____, _____ 3, 0 0 0 . 00 State Mississippi Taxable Income</p> <p>_____ , _____ . 00 State Income from Other State</p>	<p align="center">MS WITHHOLDING</p> <p align="right">_____, _____, _____ . 00</p> <p align="center">Check appropriate box.</p> <p><input type="checkbox"/> W-2    <input checked="" type="checkbox"/> 1099    <input type="checkbox"/> K-1</p> <p>If 1099-R, Code in Box 7 _____ 1</p> <p><b>Mississippi Withholding Only</b></p>

4 A - Employer or Payer Information	B - Taxpayer Wage Information	C - MS Tax Withheld
<p>_____-_____ Employer or payer ID from W-2, 1099, K-1</p> <p>_____ Employer or payer name</p> <p>_____ Address</p> <p>_____ City, State, ZIP</p>	<p><b>Seven J Test</b></p> <p>Name _____</p> <p>_____ Social Security Number</p> <p>_____, _____ . 00 State Mississippi Taxable Income</p> <p>_____, _____ . 00 State Income from Other State</p>	<p align="center">MS WITHHOLDING</p> <p align="right">_____, _____, _____ . 00</p> <p align="center">Check appropriate box.</p> <p><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><b>Mississippi Withholding Only</b></p>

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

Duplex and Photocopies NOT Acceptable