



Mississippi Resident AMENDED Individual Income Tax Return

2008

Page 1

WII A

Duplex or Photocopies NOT Acceptable

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

Form fields for SSN and Spouse SSN.

YOU MUST ENTER SSN

Residence County Code - See Instructions

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

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

Table for Dependents with columns (A) Name, (B), and (C) Dependent SSN.

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

If Filing a Combined Return, Use Column A for Taxpayer and Column B for Spouse. Otherwise Use Column A ONLY. See Instructions in booklet. Round to Nearest Dollar. Column A (Taxpayer) Column B (Spouse)

Main table for tax calculations with lines 15-33, including Wages, Adjusted Gross Income, Deductions, Taxable Income, Total Income Tax Due, Credits, and Refund/Balance Due.

PLEASE SIGN THIS TAX RETURN IN THE SIGNATURE AREA PROVIDED ON THE BOTTOM OF PAGE 2. Mail AMENDED RETURN To: Office of Revenue, P.O. Box 23058, Jackson, MS 39225-3058



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Social Security Number Page 2

SSN input fields: - -

Example: []

Table with 2 columns: Column A (Taxpayer) and Column B (Spouse). Rows include: 34. Business Income (Loss), 35. Capital Gain (Loss), 36. Rent, Royalties, P-Ship, S-Corps, 37. Farm Income (Loss), 38. Interest Income, 39. Dividend Income, 40. Alimony Received, 41. Taxable Pensions and Annuities, 42. Unemployment Compensation, 43. Other Income (Loss) Schedule N, 44. Total Other Income.

ADJUSTMENTS TO GROSS INCOME

Table with 2 columns: Column A (Taxpayer) and Column B (Spouse). Rows include: 45. Payments to IRA, 46. Payments to Self-Employed SEP, SIMPLE, & Qualified Retirement Plans, 47. Interest Penalty on Early Withdrawal of Savings, 48. Alimony Paid (Complete Schedule P Below), 49. Moving Expense (Must Attach Fed. Form 3903), 50. National Guard or Reserve Pay Exclusion, 51. MS Prepaid Affordable College Tuition (MPACT) and/or MS Affordable College Savings (MACS), 52. Self-Employed Health Insurance Deduction, 53. Health Savings Account Deduction, 54. Total Adjustments.

Schedule P - Alimony

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

Name

SSN of Recipient

State of Residency

EXPLANATION FOR CHANGES TO ORIGINAL RETURN

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

Signature and identification fields: Taxpayer Signature, Spouse Signature (If joint, BOTH must sign), Paid Preparer Signature, Taxpayer Phone, Date, Paid Firm Identification Number, Paid Preparer Social Security Number or PTIN, Paid Preparer (Print Firm Name), Paid Preparer Phone, Paid Preparer Address.

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