



Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2019

Amended

Non-Resident Part-Year, Tax Year Beginning _____ and Ending _____

Taxpayer First Name		Initial	Last Name	
Spouse First Name		Initial	Last Name	
Mailing Address (Number and Street, Including Rural Route)				
City		State	Zip	County Code

SSN _____
Spouse SSN _____

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

EXEMPTIONS

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

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

- 8 Taxpayer Age 65 or Over Spouse Age 65 or Over
- Taxpayer Blind Spouse Blind
- 9 Total dependents line 7 plus number of boxes checked line 8 _____
- 10 Line 9 x \$1,500 10 _____ .00
- 11 Enter filing status exemption 11 _____ .00
- 12 Total (line 10 plus line 11) 12 _____ .00

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

PRORATION (COMPLETE PAGE 2 BEFORE PROCEEDING FURTHER)

13a Mississippi adjusted gross income _____ .00 b Adjusted gross income from all sources _____ .00 c Line 13a divided by line 13b _____ %	14a Standard or itemized deductions _____ .00 b Mississippi deductions (line 14a multiplied by line 13c) _____ .00	15a Exemptions (from line 12; if married filing separate, use 1/2 amount) _____ .00 b Mississippi exemption (line 15a multiplied by line 13c) _____ .00
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MISSISSIPPI INCOME TAX

	Column A (Taxpayer)	Column B (Spouse)
16 Mississippi adjusted gross income (from page 2, line 66 or line 67)	16A _____ .00	16B _____ .00
17 Deductions (from line 14b; if itemized, attach Form 80-108)	17A _____ .00	17B _____ .00
18 Exemptions (from line 15b)	18A _____ .00	18B _____ .00
19 Mississippi taxable income (line 16 minus line 17 and line 18)	19A _____ .00	19B _____ .00
20 Income tax due (from Schedule of Tax Computation, see instructions)		20 _____ .00
21 Other credits (from Form 80-401, line 1)		21 _____ .00
22 Net income tax due (line 20 minus line 21)		22 _____ .00
23 Consumer use tax (see instructions)		23 _____ .00
24 Catastrophe savings tax (from Form 80-360, line 14)		24 _____ .00
25 Total Mississippi income tax due (line 22 plus line 23 and line 24)		25 _____ .00
26 Mississippi income tax withheld (complete Form 80-107)		26 _____ .00
27 Estimated tax payments, extension payments and/or amount paid on original return		27 _____ .00
28 Refund received and/or amount carried forward from original return (amended return only)		28 _____ .00
29 Total payments (line 26 plus line 27 minus line 28)		29 _____ .00
(If no overpayment is due on line 30, skip to line 35)		
30 Overpayment (if line 29 is more than line 25, subtract line 25 from line 29)		30 _____ .00
31 Interest and penalty (from Form 80-320, line 11 and/or line 12)		31 _____ .00
32 Adjusted overpayment (line 30 minus line 31)		32 _____ .00
33 Overpayment to be applied to next year estimated tax account	<input type="checkbox"/> Farmers or Fishermen (see instructions)	33 _____ .00
34 Overpayment refund (line 32 minus line 33)		34 _____ .00
35 Balance due (if line 25 is more than line 29, subtract line 29 from line 25)	REFUND	35 _____ .00
36 Interest and penalty (from Form 80-320, line 19)	BALANCE DUE	36 _____ .00
37 Total due (line 35 plus line 36)	AMOUNT YOU OWE	37 _____ .00

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



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SSN _____

INCOME	Total Income From All Sources	Mississippi Income ONLY
38 Wages, salaries, tips, etc. (complete Form 80-107)	38 _____ .00	38 _____ .00
39 Business income (loss) (attach Federal Schedule C or C-EZ)	39 _____ .00	39 _____ .00
40 Capital gain (loss) (attach Federal Schedule D, if applicable)	40 _____ .00	40 _____ .00
41 Rent, royalties, partnerships, S corporation, trusts, etc. (from Form 80-108, part IV)	41 _____ .00	41 _____ .00
42 Farm income (loss) (attach Federal Schedule F)	42 _____ .00	42 _____ .00
43 Interest income (from Form 80-108, part II)	43 _____ .00	43 _____ .00
44 Dividend income (from Form 80-108, part II)	44 _____ .00	44 _____ .00
45 Alimony received	45 _____ .00	45 _____ .00
46 Taxable pensions and annuities (complete Form 80-107)	46 _____ .00	46 _____ .00
47 Unemployment compensation (complete Form 80-107)	47 _____ .00	47 _____ .00
48 Other income (loss) (from Form 80-108, part V)	48 _____ .00	48 _____ .00
49 Total income (add lines 38 through 48)	49 _____ .00	49 _____ .00

ADJUSTMENTS	Total Income From All Sources	Mississippi Income ONLY
50 Payments to IRA	50 _____ .00	50 _____ .00
51 Payments to self-employed SEP, SIMPLE and qualified retirement plans	51 _____ .00	51 _____ .00
52 Interest penalty on early withdrawal of savings	52 _____ .00	52 _____ .00
53 Alimony paid (complete below)	53 _____ .00	53 _____ .00

Name _____ SSN _____ State _____ Date of Divorce _____

54 Moving expense (attach Federal Form 3903)	54 _____ .00	54 _____ .00
55 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	55 _____ .00	55 _____ .00
56 Mississippi Prepaid Affordable College Tuition (MPACT)	56 _____ .00	56 _____ .00
57 Mississippi Affordable College Savings (MACS)	57 _____ .00	57 _____ .00
58 Self-employed health insurance deduction	58 _____ .00	58 _____ .00
59 Health savings account deduction	59 _____ .00	59 _____ .00
60 Catastrophe savings account deduction	60 _____ .00	60 _____ .00
61 Self-employment tax deduction	61 _____ .00	61 _____ .00
62 First-time home buyer saving account deduction	62 _____ .00	62 _____ .00
63 Agricultural disaster program compensation deduction	63 _____ .00	63 _____ .00
64 Mississippi Achieving a Better Life Experience (ABLE) Act deduction	64 _____ .00	64 _____ .00
65 Total adjustments (add lines 50 through 64)	65 _____ .00	65 _____ .00
66 Adjusted gross income (line 49 minus line 65; enter total AGI on page 1, line 13b and Mississippi AGI line 13a)	66 _____ .00	66 _____ .00
67 Split Mississippi AGI on line 66 between taxpayer and spouse	T 67 _____ .00	S 67 _____ .00

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

This return may be discussed with the preparer Yes No

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Taxpayer Signature	Date	Taxpayer Phone Number	Paid Preparer PTIN
Spouse Signature	Date	Paid Preparer Phone Number	Paid Preparer Email Address
Paid Preparer Signature	Date	Paid Preparer Address	City State Zip Code

Mail REFUND returns to: Department of Revenue, P.O. Box 23058, Jackson, MS 39225-3058
Mail all other returns to: Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

Duplex and Photocopies NOT Acceptable