Form 80-905-07-8-1-000

809050781000

Mississippi
State Tax Commission

Statement 1- Additional Dependents

Primary SSN

Dependent's Name	Dependent's SSN	Relationship

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, the dependent's Social Security Number, and the dependent's relationship to taxpayer.

The Resident and Non-Resident Returns only provide spaces for four (4) dependents. Use this statement for additional dependents. If this form is used for all dependents, enter "See Statement 1" on Line 6 of Resident and Non-Resident Returns. Enter the total number of dependents claimed on Line 8 of return.

Submit this form with both paper and electronically filed returns to ensure accuracy.