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 (Must Attach Federal Form 1040 Schedule A) ____________ 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 (Must Attach Federal Form 4684) ____________ 00
6. a. Employee Business Expenses (Must Attach Federal Form 2106) ____________ 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 plus 6b minus 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. Mississippi Itemized Deductions - (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 ____________ 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) ____________ 00
4. Total Dividends From All Sources ____________ 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) ____________ 00

PART 3: VOLUNTARY CONTRIBUTION CHECK-OFFS (Residents Only)

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

<table>
<thead>
<tr>
<th>Fund</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Military Family Relief Fund</td>
<td>____________ 00</td>
</tr>
<tr>
<td>Burn Care Fund</td>
<td>____________ 00</td>
</tr>
<tr>
<td>Wildlife Heritage Fund</td>
<td>____________ 00</td>
</tr>
<tr>
<td>Educational Trust Fund</td>
<td>____________ 00</td>
</tr>
<tr>
<td>Bicentennial Celebration Fund</td>
<td>____________ 00</td>
</tr>
<tr>
<td>Wildlife Fisheries and Parks Foundation</td>
<td>____________ 00</td>
</tr>
<tr>
<td>Commission for Volunteer Service Fund</td>
<td>____________ 00</td>
</tr>
</tbody>
</table>

Enter Total of Check-Offs here and on Form 80-105, Page 1, Line 34 ____________ 00
### 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) __, __  __, __  __, __  __, __  __, __  __, __ 00
2. Add: Depletion claimed in excess of cost basis __, __  __, __  __, __  __, __  __, __  __, __ 00
3. Rental Real Estate and Royalty Income (Loss) for Mississippi purposes. Add Line 1 plus Line 2. __, __  __, __  __, __  __, __  __, __  __, __ 00

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

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>FEIN (Must include FEIN)</th>
<th>INCOME(LOSS) Mississippi K-1's</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>__, __  __, __  __, __  __, __ 00</td>
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<td>__, __  __, __  __, __  __, __ 00</td>
</tr>
</tbody>
</table>

Total for Section B __, __  __, __  __, __  __, __  __, __  __, __ 00

C. Total of Section A & B. Enter here and on Form 80-105, Line 41 or Form 80-205, Line 41. __, __  __, __  __, __  __, __  __, __  __, __ 00

### 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) __, __  __, __  __, __  __, __  __, __  __, __ 00
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. __, __  __, __  __, __  __, __  __, __  __, __ 00