



Mississippi Non-Resident or Part-Year Resident Individual Income Tax Return 2009

Duplex or Photocopies NOT Acceptable

Name & Address section containing fields for Taxpayer Last Name, Spouse Last Name, Mailing Address, City, State, Zip, Taxpayer SSN, Spouse SSN, and Residence County Code.

YOU MUST ENTER SSN

Filing Status and Exemptions section with instructions for filing status (Married, Head of Family, Single) and a table for dependents with columns for Name, SSN, and Exemption Amounts (Lines 10-14).

Proration section containing three computation tables: 15. Ratio Computation, 16. Standard or Itemized Deduction Computation, and 17. Exemption Computation.

Income section with a table for Mississippi Adjusted Gross Income (Line 18), Standard or Itemized Deductions (Line 19), and Mississippi Taxable Income (Line 21).

Credits section with a table for Mississippi Income Tax Withheld (Line 23), Estimated Tax Payments (Line 24), and Total Credits (Line 26).

Refund or Balance Due section with a table for Overpayment (Line 27), Refund (Line 29), and Total Due (Line 31).

PLEASE SIGN THIS TAX RETURN IN THE SIGNATURE AREA PROVIDED ON THE BOTTOM OF PAGE 2.



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Taxpayer SSN

Example:

If Showing A Loss, Shade Minus (-) In Box.

Total Income From All Sources

Mississippi Income ONLY

Other Income

Table with 5 columns: Line number, Description, Total Income From All Sources, Mississippi Income ONLY, and Taxable Income. Rows 34-45 include Wages, Business Income, Capital Gain, etc.

Adjustments to Income

Table with 5 columns: Line number, Description, Total Income From All Sources, Mississippi Income ONLY, and Taxable Income. Rows 46-57 include Payments to an IRA, Adjustments, and Adjusted Gross Income.

Schedule of Tax Computation - Use taxable income from Page 1, Line 21. See booklet for instructions.

Table with 5 columns: Tax Rate(s), Taxpayer (Column A), Spouse (Column B), Total, Rate, Income Tax. Rows 1-5 show tax rate calculations.

Schedule P - Alimony Paid

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

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 it is true, correct and complete.

Signature and identification section including Taxpayer Signature, Spouse Signature, Paid Preparer Signature, and various identification numbers (PTIN, SSN, etc.).