



Mississippi Non-Resident / Part-Year Resident
AMENDED Individual Income Tax Return
2011

Duplex or Photocopies NOT Acceptable

Form fields for Taxpayer Last Name, First Name, Middle Initial, SSN, Spouse Last Name, Spouse First Name, Middle Initial, Spouse SSN, Mailing Address, City, State, Zip, and Residence County Code.

YOU MUST ENTER SSN

- 1. Married - Combined or Joint Return - Enter \$12,000 on Line 12.
2. Married - Spouse Died in Tax Year - Please enter surviving spouse first as taxpayer.
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.

- 7. Mark 'X' ONLY if:
Taxpayer Age 65 or Over
Taxpayer Blind
Spouse Age 65 or Over
Spouse Blind

Table for Filing Status and Exemption Amounts with rows for Dependents, Boxes Marked 'X', Total of Line 8 plus Line 9, Line 10 x \$1,500, Enter Amount from Lines 1 through 5, Total (Line 11 plus 12), and If Filing MFS Returns.

Table for Dependents with columns for Name, SSN, and other details.

COMPLETE SCHEDULE OF INCOME ON PAGE 2 BEFORE PROCEEDING FURTHER. The Exemption and Deduction (Standard or Itemized) Must be Prorated According to the Ratio of Mississippi Income to Total Income of Taxpayer and Spouse from all Sources.

15. Ratio Computation

Form for Ratio Computation with fields for MS Adjusted Gross Income, Total Adjusted Gross Income From All Sources, and Ratio.

16. Standard or Itemized Deduction Computation

Form for Standard or Itemized Deduction Computation with fields for Standard or Itemized Deduction and MS Deduction.

17. Exemption Computation

Form for Exemption Computation with fields for Exemption and MS Exemption.

Main tax calculation table with columns for Column A (Taxpayer), Round to Nearest Dollar, and Column B (Spouse). Rows include Mississippi Adjusted Gross Income, Standard or Itemized Deductions, Amount of Exemption, Mississippi Taxable Income, Total Income Tax Due, Mississippi Income Tax Withheld, Estimated Tax Payments, Other Credits, Overpayment from original return, Total Credits, Enter Amount of Refund, Enter Balance Due, Interest on Underpayment, and Interest and Penalty.

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

Mail REFUND 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

Complete the return as it should have been originally completed.

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Example:

Total Income From All Sources

Mississippi Income ONLY

OTHER INCOME

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

33. Wages, Salaries, Tips, Etc. (Must Attach W-2s)	00	00
34. Business Income (Loss) (Must Attach Federal Schedule C or C-EZ)	00	00
35. Capital Gain (Loss) (Must Attach Federal Schedule D)	00	00
36. Rent, Royalties, P-ships, S Corps, Trusts, etc. (Must Attach Federal Schedule E)	00	00
37. Farm Income (Loss) (Must Attach Federal Schedule F)	00	00
38. Interest Income	00	00
39. Dividend Income	00	00
40. Alimony Received	00	00
41. Taxable Pensions and Annuities (Must Attach 1099-R)	00	00
42. Unemployment Compensation (Must Attach Form(s) 1099-G)	00	00
43. Other Income (Loss) (Must Attach MS Schedule N)	00	00
44. Total Income (Add Lines 33 through 43)	00	00

SCHEDULE OF ADJUSTMENTS TO GROSS INCOME

45. Payments to IRA	00	00
46. Payments to Self-Employed SEP, SIMPLE, & Qualified Retirement Plans	00	00
47. Interest Penalty on Early Withdrawal of Savings	00	00
48. Alimony Paid (Must Complete Schedule P Below)	00	00
49. Moving Expense (Must Attach Federal Form 3903)	00	00
50. National Guard or Reserve Pay (Enter the Lesser of the Guard/ Reserve Pay or the \$15,000 Statutory Exclusion Per Taxpayer)	00	00
51. MS Prepaid Affordable College Tuition (MPACT) and/or MS Affordable College Savings (MACS)	00	00
52. Self-Employed Health Insurance Deduction	00	00
53. Health Savings Account Deduction	00	00
54. Total Adjustments (Add Lines 45 through 53)	00	00
55. Adjusted Gross Income (Line 44 minus Line 54) Carry Total AGI to Line 15b & MS AGI Line 15a	00	00
56. Split MS AGI on Line 56 between Taxpayer (T) & Spouse (S) T	00	S

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 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.

Taxpayer Signature	Taxpayer Phone ()	This Return may be discussed with the preparer. <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid Firm Identification Number or PTIN
Spouse Signature (If joint, BOTH must sign)	Date		Paid Preparer Social Security Number or PTIN
Paid Preparer Signature	Date		Paid Preparer (Print Firm Name)
Paid Preparer Phone ()	Paid Preparer Address		

Complete the return as it should have been originally completed.