Scanband Version of Form 72-225-01-5
Occupancy Tax Return

This form is not to be used by your taxpayer until the July 2001 tax period that is due by August 20, 2001. The use of the attached form prior to August 2001, will result in such form being sent back to the taxpayer without processing. A penalty may be assessed to you or the taxpayer.

722250151000

MS **Mississippi**
Occupancy Tax Return

Form 72-225-01-5-1-000 (Rev. 5/01)

SO

DIRECT 412

IMPORTANT: Photocopies or hand completions of this form are **NOT** acceptable.

Ad	AC	D1	T2	CA
Fn	PM	T1	TT	AA
Am	PO	D2	LP	TD
AT				

Instructions
Round to nearest dollar. Do not include pennies.
This return must be filed, even if no tax is due.

Due Date
Due 1st to 20th; delinquent after 20th. Add penalty if delinquent.

Name

Address

City   State   Zip

Account Number

Filing Period

MONTHLY   Month   Year

QUARTERLY **OR** First Month   Last Month   Year
ANNUAL   thru

You MUST use the filing period assigned by the Tax Commission. Only standard filing periods may be used. The periods are:
Quarterly: 01 to 03, 04 to 06, 07 to 09, or 10 to 12
Annual: 01 to 12

Change of Status
☐ Address Change
Make changes above.
☐ Amended Return
☐ Additional Tax
☐ Final Return - Close Account

(Column 1) Number of Occupied Room Days	(Column 2) Rate of Tax	(Column 3) Amount of Tax
	..............$0.75 Per Day..............	
	..............$1.00 Per Day..............	
1. Tax Due..		
2. Late Filing Penalty (See Instructions).....................................		
3. Credit Adjustments (See Instructions)......................................		
4. Additional Assessments (See Instructions)...............................		
5. Total Due..		

I declare, under the penalties of perjury, that this return (including any accompanying schedules) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

_____
Signature of Taxpayer or Agent

_____
Date

_____
Phone Number

Mail Return To: **Mississippi Tax Commission**
P. O. Box 960
Jackson, MS 39205

MS   Mississippi
Occupancy Tax Return

Form 72-225-01-5-1-000 (Rev. 5/01)

SO
DIRECT 412

IMPORTANT: Photocopies or hand completions of this form are **NOT** acceptable.

13/10	20/10 - 29/10	35/10 - 44/10	50/10 - 59/10	65/10 - 74/10
13/11	26/11 - 29/11	35/11 - 44/11	50/11 - 59/11	65/11 - 74/11
13/12	24/12 - 29/12	35/12 - 44/12	50/12 - 59/12	65/12 - 74/12
13/13				

For Computer Use Only - Do Not Write Above This Line

The beginning and ending positions of each data box above are referenced in the box.

MS **Mississippi**
Occupancy Tax Return

Form 72-225-01-5-1-000 (Rev. 5/01)

SO

DIRECT 412

IMPORTANT: Photocopies or hand completions of this form are **NOT** acceptable.

722250151000

N	025250041	1000	0	0
N	1101	750	750	0
N	0	0	0	750
N				

For Computer Use Only - Do Not Write Above This Line

Instructions

Round to nearest dollar. Do not include pennies.
This return must be filed, even if no tax is due.

Due Date

Due 1st to 20th; delinquent after 20th. Add penalty if delinquent.

Pat Taxpayer
Name

234 Cedar St.
Address

Jackson   MS   39225-0010
City   State   Zip

Account Number   025-25004-1

Filing Period		Month	Year
	MONTHLY	11	01

QUARTERLY **OR**	First Month	Last Month	Year
ANNUAL		thru	

You MUST use the filing period assigned by the Tax Commission. Only standard filing periods may be used. The periods are:
   Quarterly: 01 to 03, 04 to 06, 07 to 09, or 10 to 12
   Annual: 01 to 12

Change of Status

Address Change
Make changes above.

Amended
Return

Additional
Tax

Final Return -
Close Account

	(Column 1) Number of Occupied Room Days	(Column 2) Rate of Tax	(Column 3) Amount of Tax
	1,000	.............$0.75 Per Day..............	750
		.............$1.00 Per Day..............	
1.	Tax Due..		750
2.	Late Filing Penalty (See Instructions)......................................		
3.	Credit Adjustments (See Instructions)....................................		
4.	Additional Assessments (See Instructions)..............................		
5.	Total Due..		750

I declare, under the penalties of perjury, that this return (including any accompanying schedules) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

Signature of Taxpayer or Agent

Date

Phone Number

Mail Return To: **Mississippi Tax Commission**
                       P. O. Box 960
                       Jackson, MS 39205

Key to Data Fields for the Mississippi Occupancy Tax Return 72-225-01-5

Key to the data fields for the occupancy tax return scanband version for 2001/2002, Form Number 72-225-01-5. All grid locations are presented as: x/y the beginning location to x/y as the ending location on the 10/6 grid.

Page 1

> The top left corner of the barcode is located at position 6/4 to 20/4.
> The top right registration mark is located at the top right corner at grid 80/4.
> The lower left corner of the scanband must be located on the left and bottom edge of grid 6/15.
> **"MS" in the header must begin at grid 27/4 and end at grid 28/4 and is in a Courier 12pt.**
> **The "SO" in the right corner begins at grid 70/4 and ends at grid 73/4 and is in Arial 18pt.**

If a draft version of this form is released in your software, the print function must be disabled. If a draft version is filed, it will be returned to the taxpayer and a penalty may apply to you or your customer.

Provider forms are only accepted after approval. It is not acceptable for a taxpayer to print out a blank copy of the form and hand complete it. A hand completed version of a provider form will be sent back to the taxpayer and a penalty may apply to you or your customer. All forms must be original laser printed forms. **Photocopies are NOT acceptable**.

The following is the labeling and the description of the items to be included in the Scanband of this form. The beginning and ending data positions are included in one of the templates for this form. The field length is included in this key for each data position. Grid positioning given is from the first grid space and through the last grid space included in a data field. (Example 27/10 to 36/10 is 10 grid spaces). You should use this information to position the data on the returns. Do not use a grid overlay to determine the positions from a printed paper form. The field length specified assumes using a **Courier 12pt. font or OCR-A 12pt. font,** which are the required fonts. All data fields in the scanband should be right justified. All fields in the scanband must be filled. If the field is blank a "0" should be used for numeric field; and "N" for all alpha and alpha/numeric fields.

The money field in the scanband should **not** contain any commas, cents, decimals or other formatting information except for the negative signs (-) as a leading indicator for any negative amount. The amounts in the body of the return **should** contain commas. Pennies should always rounded to whole dollars. No pennies or decimals should be anywhere on the return Example -123,456 in the body of the form would appear a -123456 in the scanband.

Field Name	Description
AD	Address Change - Should be Y or N in the scanband. X or blank in the body of the form. If this is Y, then the new address should be entered in the address field in the body of the form. This field is 1 character long. Data position is 13/10.
FN	Final Return - Should be Y or N in the scanband. X or blank in the body of the form. This should be checked if this is the last return and the account should be closed. This field is 1 character long. Data position is 13/11.
AM	Amended Return - Should be Y or N in the scanband. X or blank in the body of the form. If checked, this return should replace the original return, not supplement it. This field is 1 character long. Data position is 13/12.
AT	Additional Tax - Should be Y or N in the scanband. X or blank in the body of the form. If checked, this is additional tax that should supplement the original return. This field is 1 character long. Data position is 13/13.
AC	Account Number - The account number field should be 9 digits long and contain leading zeros. Example 001-23456-7 in the body of the form would appear as 001234567 in the scanband. Data position is 20/10 to 29/10.
PM	Period Monthly - Period of return if taxpayer is a monthly filer. Example - July of 2001 should appear as 07 01 in the body of the form but as 0701 in the scanband. This field is 4 characters long. Data position is 26/11 to 29/11. If other than monthly filer, should enter "0" zero in the scanband and leave a blank in the body.
PO	Period Other - Period of return if taxpayer is filing quarterly or annual. Example - The third quarter of 2001 sales tax year should appear as 07 09 01 in the body of the form but as 070901 in the scanband. Allowable periods are: Quarterly- July thru Sept., 01, Oct. thru Dec., 01, Jan. thru Mar., 02, Apr. thru June, 02. Annual- Jan.thru Dec., 01. If none of these periods apply, enter a "0" zero in the scanband and leave a blank in the body.This field is 6 characters long. Data position is 24/12 to 29/12.

D1   This is a money field and is 10 characters long. Data position is 35/10 to 44/10.

TI   This is a money field and is 10 characters long. Data position is 35/11 to 44/11.

D2   This is a money field and is 10 characters long. Data position is 35/12 to 44/12.

T2   This is a money field and is 10 characters long. Data position is 50/10 to 59/10.

TT   This is a money field and is 10 characters long. Data position is 50/11 to 59/11.

LP   This is a money field and is 10 characters long. Data position is 50/12 to 59/12.

CA   This is a money field and is 10 characters long. Data position is 65/10 to 74/10.

AA   This is a money field and is 10 characters long. Data position is 65/11 to 74/11.

TD   This is a money field and is 10 characters long. Data position is 65/12 to 74/11.