Mississippi
Resident Individual Income Tax Return
2018

X Amended

Taxpayer First Name

X

Initial

Last Name

X

SSN

9999999999

Spouse First Name

X

Initial

Last Name

X

Spouse SSN

9999999999

1  X  Married - Combined or Joint Return ($12,000)
2  X  Married - Spouse Died in Tax Year ($12,000)
3  X  Married - Filing Separate Returns ($12,000)
4  X  Head of Family ($8,000)
5  X  Single ($6,000)

EXEMPTIONS

Dependents (in column B, enter "C" for child, "P" for parent or "R" for relative)

6  (A) Name

X

(B) Dependent SSN

9999999999

8  X  Taxpayer Age 65 or Over

X  Spouse Age 65 or Over

9  Total dependents line 7 plus number of boxes checked line 8

10  Line 9 x $1,500

11  Enter filing status exemption

12  Total (line 10 plus line 11)

MISSISSIPPI INCOME TAX

13  Mississippi adjusted gross income (from page 2, line 64)

14  Standard or itemized deductions (if itemized, attach Form 80-108)

15  Exemptions (from line 12; if married filing separately use 1/2 amount)

16  Mississippi taxable income (line 13 minus line 14 and line 15)

17  Income tax due (from Schedule of Tax Computation, see instructions)

18  Credit for tax paid to another state (from Form 80-160, line 14; attach other state return)

19  Other credits (from Form 80-401, line 1)

20  Net income tax due (line 17 minus line 18 and line 19)

21  Consumer use tax (see instructions)

22  Catastrophe savings tax (from Form 80-360, line 14)

23  Total Mississippi income tax due (line 20 plus line 21 and line 22)

PAYMENTS

24  Mississippi income tax withheld (complete Form 80-107)

25  Estimated tax payments, extension payments and/or amount paid on original return

26  Refund received and/or amount carried forward from original return (amended return only)

27  Total payments (line 24 plus line 25 minus line 26)

REFUND OR BALANCE DUE

28  Overpayment (if line 27 is more than line 23, subtract line 23 from line 27)

29  Interest on underestimated tax (from Form 80-320, line 11)

30  Adjusted overpayment (line 28 minus line 29)

31  Overpayment to be applied to next year estimated tax account

32  Voluntary contribution (from Form 80-106, part III)

33  Overpayment refund (line 30 minus line 31 and line 32)

34  Balance due (if line 23 is more than line 27, subtract line 27 from line 23)

35  Interest, penalty and interest on underestimated tax (from Form 80-320, line 19)

36  Total due (line 34 plus line 35)

AMOUNT YOU OWE

PLEASE SIGN THIS TAX RETURN ON THE BOTTOM OF PAGE 2
### Resident Individual Income Tax Return

**Year:** 2018

#### INCOME

<table>
<thead>
<tr>
<th>Column A (Taxpayer)</th>
<th>Column B (Spouse)</th>
</tr>
</thead>
<tbody>
<tr>
<td>37 Wages, salaries, tips, etc. (complete Form 80-107)</td>
<td>9999999999</td>
</tr>
<tr>
<td>38 Business income (loss) (attach Federal Schedule C or C-EZ)</td>
<td>9999999999</td>
</tr>
<tr>
<td>39 Capital gain (loss) (attach Federal Schedule D, if applicable)</td>
<td>9999999999</td>
</tr>
<tr>
<td>40 Rent, royalties, partnerships, S corporation trusts, etc. (from Form 80-108, part IV)</td>
<td>9999999999</td>
</tr>
<tr>
<td>41 Farm income (loss) (attach Federal Schedule F)</td>
<td>9999999999</td>
</tr>
<tr>
<td>42 Interest income (from Form 80-108, part II, line 3)</td>
<td>9999999999</td>
</tr>
<tr>
<td>43 Dividend income (from Form 80-108, part II, line 6)</td>
<td>9999999999</td>
</tr>
<tr>
<td>44 Alimony received</td>
<td>9999999999</td>
</tr>
<tr>
<td>45 Taxable pensions and annuities (complete Form 80-107)</td>
<td>9999999999</td>
</tr>
<tr>
<td>46 Unemployment compensation (complete Form 1007)</td>
<td>9999999999</td>
</tr>
<tr>
<td>47 Other income (loss) (from Form 80-108, part V, line 10)</td>
<td>9999999999</td>
</tr>
<tr>
<td>48 Total income (add lines 37 through 47)</td>
<td>9999999999</td>
</tr>
</tbody>
</table>

#### ADJUSTMENTS

<table>
<thead>
<tr>
<th>Column A (Taxpayer)</th>
<th>Column B (Spouse)</th>
</tr>
</thead>
<tbody>
<tr>
<td>49 Payments to IRA</td>
<td>9999999999</td>
</tr>
<tr>
<td>50 Payments to self-employed SEP, SIMPLE and qualified retirement plans</td>
<td>9999999999</td>
</tr>
<tr>
<td>51 Interest penalty on early withdrawal of savings</td>
<td>9999999999</td>
</tr>
<tr>
<td>52 Alimony paid (complete below)</td>
<td>9999999999</td>
</tr>
</tbody>
</table>

#### Name XXXXXXXXXXXXXXXXXXXXXXX  SSN 9999999999  State XX

#### Adjustments

<table>
<thead>
<tr>
<th>Column A (Taxpayer)</th>
<th>Column B (Spouse)</th>
</tr>
</thead>
<tbody>
<tr>
<td>53 Moving expense (attach Federal Form 3903)</td>
<td>9999999999</td>
</tr>
<tr>
<td>54 National Guard or Reserve pay (enter the lesser of amount or $15,000)</td>
<td>9999999999</td>
</tr>
<tr>
<td>55 Mississippi Prepaid Affordable College Tuition (MPACT)</td>
<td>9999999999</td>
</tr>
<tr>
<td>56 Mississippi Affordable College Savings (MACS)</td>
<td>9999999999</td>
</tr>
<tr>
<td>57 Self-employed health insurance deduction</td>
<td>9999999999</td>
</tr>
<tr>
<td>58 Health savings account deduction</td>
<td>9999999999</td>
</tr>
<tr>
<td>59 Catastrophe savings account deduction</td>
<td>9999999999</td>
</tr>
<tr>
<td>60 Self-employment tax deduction</td>
<td>9999999999</td>
</tr>
<tr>
<td>61 First-time home buyers savings account deduction</td>
<td>9999999999</td>
</tr>
<tr>
<td>62 Agricultural disaster program compensation deduction</td>
<td>9999999999</td>
</tr>
<tr>
<td>63 Total adjustments (add lines 49 through 62)</td>
<td>9999999999</td>
</tr>
<tr>
<td>64 Mississippi adjusted gross income (line 48 minus line 63; enter on page 1, line 13)</td>
<td>9999999999</td>
</tr>
</tbody>
</table>

#### AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN

This return may be discussed with the preparer X Yes X No

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Taxpayer Signature**

**Date**

**Taxpayer Phone Number**

**Paid Preparer PTIN**

**Spouse Signature**

**Date**

**Paid Preparer Phone Number**

**Paid Preparer Email Address**

**Paid Preparer Signature**

**Date**

**Paid Preparer Address**

**City**  **State**  **Zip Code**

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**Mail REFUND returns 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 39225-3058

Duplex and Photocopies NOT Acceptable