

MS8453-IIT

Mississippi Individual Income Tax Declaration For Electronic Filing 2015

Submission Number 99999999999999999999

Form fields for Taxpayer and Spouse information including names, initials, last names, mailing address, city, state, zip, and county code.

YOU MUST ENTER SSN Taxpayer SSN 999999999 Spouse SSN 999999999

PART I: TAX RETURN INFORMATION (ROUND TO THE NEAREST DOLLAR)

Table with 5 rows showing tax return information: 1 Mississippi taxable income, 2 Total Mississippi tax, 3 Mississippi tax payments, 4 Refund, 5 Amount you owe.

PART II: DIRECT DEPOSIT/DIRECT DEBIT

Form fields for Direct Deposit/Debit: 1 Routing number, 2 Account number, 3 Type of account (Checking, Savings).

My request for direct deposit/direct debit of my refund/payment includes my authorization for the Mississippi Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to insure my refund/payment is properly processed.

PART III: DECLARATION OF TAXPAYER

Under penalties of perjury, I declare that I have compared the information contained on my income tax return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my Mississippi income tax return.

Form fields for Taxpayer and Spouse signatures and dates.

PART IV: DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

Under penalties of perjury, I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correctly represented to the best of my knowledge. I have obtained the taxpayer's signature and will maintain this return for the Mississippi Department of Revenue as part of my permanent records.

Form fields for ERO/Paid Preparer: ERO Signature, Date, Check if Also Paid Preparer, Check if Self-Employed, ERO SSN or PTIN, Firm Name, address and ZIP code, EIN, Phone No.

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Form fields for Paid Preparer: Preparer Signature, Date, Check if Also Paid Preparer, Check if Self-Employed, Preparer SSN or PTIN, Firm Name, address and ZIP code, EIN, Phone No.