

Affidavit for Reservation Indian Income Exclusion From Mississippi State Income Taxes

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

INDIAN STATUS (CHECK ONE)

- (a) I am a Mississippi Choctaw Indian.
(b) I am a member or am eligible for membership in an Indian Tribe other than the Mississippi Band of Choctaws.

Name of Tribe

RESERVATION RESIDENCY

(a) During 9999 I lived on the Mississippi Choctaw Indian Reservation for... (check one box ONLY below)

- The entire year
Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec (Circle months lived on reservation.)
I did not live on the Choctaw Reservation during 9999

(b) My place(s) of residence on the Choctaw Reservation during 9999 was (were) located on (check one or more boxes below)

- A tribal housing site lease
A Choctaw housing authority house site
A BIA dormitory or house

RESERVATION INCOME

(a) During the months I lived on the Choctaw Reservation in 9999, I earned the following income from work on the Choctaw Reservation

(b) My employer(s) for my on-reservation work during 9999 was (were) the... (check one or more boxes below)

- Mississippi Band of Choctaw Indians
Bureau of Indian Affairs
Indian Health Service, USPHS
Other

Form fields for Employer information including Name of Employer, Employer Phone, Employer Address, and zip code.

I do hereby claim that the above described earned income falls outside the taxing jurisdiction of the State of Mississippi on the basis of the legal principles established in McClanahan vs. Arizona Tax Commission, 411 U.S. 164 (1973). THIS FORM MUST BE SIGNED. If someone else completed this form, both of you must sign the form. Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief this form is true, correct, and complete.

Signature and Date lines for the taxpayer and preparer.

Mail this form with your state tax return to: P.O. Box 1030, Jackson, MS 39215