

Mississippi Resident Individual Income Tax Return 2016

								Amended
Taxpayer First Name Initial Last Name			Last Name			SSN		
Spo	use First Name	Initial	Last Name			Spouse SSN		
								ed or Joint Return (\$12,000)
Mail	ing Address (Number and Street, Including Rura	l Route)					•	Died in Tax Year (\$12,000) eparate Returns (\$12,000)
City		State	Zip	Cour	nty Code	4 Head of F	-	
						5 Single (\$6	• '	,
E	(EMPTIONS							
								7
	pendents (in column B, enter "C" for chi			8		expayer Age 65 or Over		Spouse Age 65 or Over
6_	(A) Name	(B)	(C) Dependent SSN	1	la la	expayer Blind		Spouse Blind
_				9	Total de	pendents line 7 plus nu	mber of	boxes checked line 8
_						F		
				10	Line 9 x	\$1,500	10	
				11	Enter fili	ing status exemption		.00
7	Total number of dependents (from	line 6 and	d Form 80-491)	12	Total (lir	ne 10 plus line 11)		00
MI	SSISSIPPI INCOME TAX				Colum	ın A (Taxpayer)		Column B (Spouse)
13	Mississippi adjusted gross incor	•	. •			00	13B_	00
14	Standard or itemized deductions (if							
15 16	Exemptions (from line 12; if marrie			107		00		
17	Mississippi taxable income (line Income tax due (from Schedule of			16/	\	00		00
18	Credit for tax paid to another state		,	her sta	ate return)		00
19	Other credits (from Form 80-401, li	`	in oo roo, line ro, allacir ol	1101 310	ate return	,		00
20	Net income tax due (line 17 minus	,	and line 19)					00
21	Consumer use tax (see instructions		and in 6 16)					00
22	Catastrophe savings tax (see instru							
23	Total Mississippi income tax due		plus line 21 and line 22)					00
P	AYMENTS						_	
	TIMENTO							
24	Mississippi income tax withheld (co	-	•				24 _	00
25	Estimated tax payments, extension			-			25 _	00
26	Refund received and/or amount ca		,	ended	l return d	only)	26 _	00
27	Total payments (line 24 plus line 25	5 minus li	ne 26)				27 _	
RE	FUND OR BALANCE DUE							
			(If no overpayment is du	ıe on	line 28, s	skip to line 34)		
28	Overpayment (if line 27 is more th			27)			28 _	00
29	Interest on underestimated tax (from		• •			Farmers or Fishermen (see instructions)		00
30	Adjusted overpayment (line 28 min					(200 111311110110113)		00
31	Overpayment to be applied to next							00
32	Voluntary contribution (from Form 8					BEELING		00
33	Overpayment refund (line 30 minu			٥١		REFUND		
34 35	Balance due (if line 23 is more that Interest, penalty and interest on un				8)	BALANCE DUE		00
აა 36	Total due (line 34 plus line 35)	ucicsiiiii	aiou iax (IIUIII FUIIII 00-320,	ше і	0)	AMOUNT YOU OWE		
	. The day (into or plus little do)					COM	36 _	

Installment Agreement Request (see instructions for eligibility; attach Form 71-661)



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SSN			

INCOME		Column A	(Taxpayer)	Column B (Spouse)		
	Warran calarina tira ata (complete Ferre 00 107)					
37	Wages, salaries, tips, etc. (complete Form 80-107)	37A			00	
38 20	Business income (loss) (attach Federal Schedule C or C-EZ)	38A			00	
39	Capital gain (loss) (attach Federal Schedule D, if applicable)	39A	00	39B	00	
10	Rent, royalties, partnerships, S corporation trusts, etc. (from Form 80-108, part IV)					
14		40A			00	
l1	Farm income (loss) (attach Federal Schedule F)	41A			00	
12	Interest income (from Form 80-108, part II, line 3)	42A			00	
3	Dividend income (from Form 80-108, part II, line 6)	43A			00	
4	Alimony received	44A				
5	Taxable pensions and annuities (complete Form 80-107) Unemployment compensation (complete Form 80-107)	45A				
6	Other income (loss) (from Form 80-108, part V, line 10)	46A				
7		47A				
8	Total income (add lines 37 through 47)	48A	00	48B	00	
ΑD	JUSTMENTS	Column A (Taxpayer)		Column B (Spouse)		
_	Parameter IDA					
9	Payments to IRA	49A				
0	Payments to self-employed SEP, SIMPLE and qualified retirement plans	0071				
1	Interest penalty on early withdrawal of savings	51A		51B		
2	Alimony paid (complete below)	52A	00	52B		
	Name SSN	State				
	Name SSN	State				
	Name SSN	State				
3	Moving expense (attach Federal Form 3903)	50 A		52D		
4	National Guard or Reserve pay (enter the lesser of amount or \$15,000)	53A			00	
5	Mississippi Prepaid Affordable College Tuition (MPACT)	54A			00	
6	Mississippi Affordable College Savings (MACS)	55A			00	
7	Self-employed health insurance deduction	56A			00	
8	Health savings account deduction	57A			.00	
9	Catastrophe savings account deduction	58A			.00	
0	Total adjustments (add lines 49 through 59)	59A			.00	
61	Mississippi adjusted gross income (line 48 minus line 60; enter	60A			.00	
•	on page 1, line 13)	01A	= UU	016	00	
ΑN	IENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RET	URN (attach additi	onal statement if n	eeded)		
_						
his	return may be discussed with the preparer Yes No					
	lare, under penalties of perjury, that I have examined this return and accompa is a true, correct and complete return. Declaration of preparer (other than tax					
1113	is a due, correct and complete return. Declaration of preparer (other than tax	payer j is baseu on all		preparer nas any	kilowicuge.	
	Taxpayer Signature Date Taxp	ayer Phone Number	Paid Preparer F	PTIN		
	Spouse Signature Date Paid	Preparer Phone Number	Paid Preparer E	mail Address		
	Paid Preparer Signature Date Paid	Preparer Address	City	State	Zip Code	