Form 80-105-18-8-1-000 (Rev. 08/18)

Taxpayer First Name

Spouse First Name

EXEMPTIONS

6 (A) Name

City

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PAYMENTS



Mississippi **Resident Individual Income Tax Return** 2018

Amended

Initial Last Name SSN Spouse SSN Initial Last Name 1 Married - Combined or Joint Return (\$12,000) Mailing Address (Number and Street, Including Rural Route) 2 Married - Spouse Died in Tax Year (\$12,000) 3 Married - Filing Separate Returns (\$12,000) State Zip County Code 4 Head of Family (\$8,000) 5 Single (\$6,000) Dependents (in column B, enter "C" for child, "P" for parent or "R" for relative) Taxpayer Age 65 or Over Spouse Age 65 or Over 8 (B) (C) Dependent SSN Taxpayer Blind Spouse Blind 9 Total dependents line 7 plus number of boxes checked line 8 10 Line 9 x \$1,500 10 _____.00 **11** Enter filing status exemption 11 _____00 Total number of dependents (from line 6 and Form 80-491) **12** Total (line 10 plus line 11) 12 ______00 Column B (Spouse) **MISSISSIPPI INCOME TAX** Column A (Taxpayer) Mississippi adjusted gross income (from page 2, line 64) 13A 13B Standard or itemized deductions (if itemized, attach Form 80-108) _____00 14A .00 14B Exemptions (from line 12; if married filing separately use 1/2 amount) 15A .00 15B Mississippi taxable income (line 13 minus line 14 and line 15) 16A 16B _____00 Income tax due (from Schedule of Tax Computation, see instructions) 17 ______00 Credit for tax paid to another state (from Form 80-160, line 14; attach other state return) 18 ...00 Other credits (from Form 80-401, line 1) 19 _____00 Net income tax due (line 17 minus line 18 and line 19) 20_____00 Consumer use tax (see instructions) 21_____00 Catastrophe savings tax (from Form 80-360, line 14) 22 ______00 Total Mississippi income tax due (line 20 plus line 21 and line 22) 23 - 00 Mississippi income tax withheld (complete Form 80-107) 24 _____00 Estimated tax payments, extension payments and/or amount paid on original return 25 _____00 Refund received and/or amount carried forward from original return (amended return only) 26_____00 Total payments (line 24 plus line 25 minus line 26) 27 - 00 **REFUND OR BALANCE DUE** (If no overpayment is due on line 28, skip to line 34) Overpayment (if line 27 is more than line 23, subtract line 23 from line 27) 28 -00 Interest on underestimated tax (from Form 80-320, line 11) Farmers or Fishermen _____00 29 (see instructions) Adjusted overpayment (line 28 minus line 29) 30 _____ Overpayment to be applied to next year estimated tax account 31_____00

Voluntary contribution (from Form 80-108, part III) 32

Total due (line 34 plus line 35)

Overpayment refund (line 30 minus line 31 and line 32) 33 34 Balance due (if line 23 is more than line 27, subtract line 27 from line 23)

REFUND BALANCE DUE

34

35

36

32_____00

33 _____00

_____.00

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...00

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

Installment Agreement Request

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



Mississippi Resident Individual Income Tax Return

Page 2

2018

SSN

INCOME		Column A (Taxpayer)		Column B (Spouse)	
 Wages, salaries, tips, etc. (complete Fo Business income (loss) (attach Federal 		37A		37B	
Business income (loss) (attach Federal Capital gain (loss) (attach Federal Sche		38A		38B	
		39A	00	39B	0
Rent, royalties, partnerships, S corporati (from Form 80-108, part IV)	on itusis, etc.	40.0		400	
Farm income (loss) (attach Federal Sch	odulo F)	40A			C
Interest income (from Form 80-108, part		41A		41B	
Dividend income (from Form 80-108, par	,	42A		42B	
Alimony received		43A		43B	
Taxable pensions and annuities (comple	ete Form 80-107)	44A 45A		44B 45B	
Unemployment compensation (complete		46A		46B	
Other income (loss) (from Form 80-108,		47A		40B 47B	
Total income (add lines 37 through 47)	. , ,	48A		48B	
		+07		+00	
DJUSTMENTS		Column A (T	axpayer)	Column	B (Spouse)
Doumonto to IDA					
Payments to IRA		49A		49B	
Payments to self-employed SEP, SIMPL		00/1		50B	
Interest penalty on early withdrawal of sa Alimony paid (complete below)	avings	51A		51B	
Alimony paid (complete below)		52A		52B	
Name	SSN	State			
Moving expense (attach Federal Form 3	3903)	50.4		50D	
National Guard or Reserve pay (enter th		53A		53B	
Mississippi Prepaid Affordable College T		0171		54B	
Mississippi Affordable College Savings (55A		55B	
Self-employed health insurance deduction		56A		56B	
Health savings account deduction		57A		57B	
Catastrophe savings account deduction		58A		58B	
Self-employment tax deduction		59A		59B	
First-time home buyers savings account	deduction	60A		60B	
Agricultural disaster program compensat		61A		61B	
Total adjustments (add lines 49 through		62A		62B	
		63A		63B	
Mississippi adjusted gross income (lin on page 1, line 13)	ne 48 minus line 63; enter	64A		64B	
MENDED RETURN - EXPLANATION OF	CHANGES TO ORIGINAL I	RETURN (attach addition	nal statement if ne	eded)	
s return may be discussed with the preparer	Yes No				
clare, under penalties of perjury, that I have e is a true, correct and complete return. Decla					
Taxpayer Signature	Date	Taxpayer Phone Number	Paid Preparer PTIN		
Spouse Signature	Date	Paid Preparer Phone Number	Paid Preparer En	nail Address	

Mail all other returns to: Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050