Form 80-105-19-8-1-000 (Rev. 07/19)

Taxpayer First Name

Spouse First Name

EXEMPTIONS

6 (A) Name

City

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PAYMENTS



Mississippi **Resident Individual Income Tax Return**

2019 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 65) 13A 13B ____00 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 _____00 16B 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 and penalty (from Form 80-320, line 11 and/or line 12) 29

30 Adjusted overpayment (line 28 minus line 29)

Total due (line 34 plus line 35)

Overpayment to be applied to next year estimated tax account 31

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

Interest and penalty (from Form 80-320, line 19)

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)

see instructions)	3
REFUND	3

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BALANCE DUE

Farmers or Fishermen

AMOUNT YOU OWE

_____ 31 ____ _ 00 .00 _____00 _____.00 _____00

_____00



Mississippi Resident Individual Income Tax Return

Page 2

2019

SSN

IN	СОМЕ		Column A (Taxpayer)		Column B (Spouse)
					,
37	Wages, salaries, tips, etc. (complete Form 80-107)	37A		37B_	
38	Business income (loss) (attach Federal Schedule C or C-EZ)				
39	Capital gain (loss) (attach Federal Schedule D, if applicable)				
40	Rent, royalties, partnerships, S corporation trusts, etc. (from Form 80-108, part IV)			10R	
41	Farm income (loss) (attach Federal Schedule F)		00 00		00
42	Interest income (from Form 80-108, part II, line 3)		00		00
43	Dividend income (from Form 80-108, part II, line 6)		00		00
44	Alimony received		00		00
45	Taxable pensions and annuities (complete Form 80-107)		00		.00
46	Unemployment compensation (complete Form 80-107)		00		.00
47	Other income (loss) (from Form 80-108, part V, line 10)		00		.00
48	Total income (add lines 37 through 47)		00		.00
		10/1		100_	
A	DJUSTMENTS		Column A (Taxpayer)		Column B (Spouse)
49	Payments to IRA	40.4		405	
5 0	Payments to self-employed SEP, SIMPLE and qualified retirement plans				
51	Interest penalty on early withdrawal of savings	0071			
52	Alimony paid (complete below)				00
		52A	00	52B	00
	Name SSN		State Date of	Divorce _	
53	Moving expense (attach Federal Form 3903)				
53 54	National Guard or Reserve pay (enter the lesser of amount or \$15,000)				
55	Mississippi Prepaid Affordable College Tuition (MPACT)		00		
56	Mississippi Affordable College Savings (MACS)				00
57	Self-employed health insurance deduction				00
58	Health savings account deduction				00
59	Catastrophe savings account deduction				
60	Self-employment tax deduction				
61	First-time home buyer savings account deduction				00
62	Agricultural disaster program compensation deduction		00		00
63	Mississippi Achieving a Better Life Experience (ABLE) Act deduction		00		
64	Total adjustments (add lines 49 through 63)	64A	00	64B	
65	Mississippi adjusted gross income (line 48 minus line 64; enter	65A	.00	65B	.00
	on page 1, line 13)	007		000	
A	IENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RET	FURN (att	ach additional statement i	f needed)
Thio	return may be discussed with the preparer Yes No				
11113					
l de	clare, under penalties of perjury, that I have examined this return and accomp	anving sch	edules and statements, and to	the best	of my knowledge and belief.
	is a true, correct and complete return. Declaration of preparer (other than tax				
	1 1		1		
	Taurayar Cirpatura Data Tau		Number Daid Dave a		
	Taxpayer Signature Date Tax	bayer Phone	Number Paid Prepa	er PTIN	
	Spouse Signature Date Paic	l Preparer Ph	ne Number Paid Prepar	er Email Add	ress
	Paid Preparer Signature Date Paid	Propores A-			State Zin Code
		Preparer Ado	Iress City		State Zip Code

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 39225-3050