Form 80-108-18-8-1-000 (Rev. 08/18)



Mississippi Adjustments And Contributions 2018

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Taxpayer Name		SSN		
PART I: SCHEDULE A - ITEMIZED DEDUCTIONS (ATTACH FEDER	RAL FORM 1040 SC	CHEDULE A)		
In the event you filed using the standard deduction on your federal return and wish to and transfer the information from the specific lines indicated to this Schedule A.	itemize for Mississipp	i purposes, use Federal Fo	m 1040 Schedule A as a	worksheet
1 Federal AGI from Federal Form 1040, page 2, line 7	1	.00		
2 a Medical and dental expenses	2a	.00		
b Multiply line 1 by 7.5% (0.075).		.00		
c Medical and dental expense deduction (line 2a minus line 2b)		.00	2c	-00
3 a Total taxes paid	33	00		
b Less state income taxes (or other taxes in lieu of)		.00		
c Total taxes paid deduction (line 3a minus line 3b)		00	3c	00
4 Total interest paid			4	00
5 Charitable contributions			5	
6 Total casualty or theft loss (attach Federal Form 4684)			6	
7 a Other miscellaneous deductions	7a	.00		
b Less Mississippi gambling losses		.00		
c Total other miscellaneous deductions (line 7a minus line 7b)		.00	7c	-00
Mississippi itemized deductions (add lines 2c, 3c, 4, 5, 6, 7c); enter page 1, line 14 or Non-Resident Form 80-205, page 1, line 14a	here and on Reside	ent Form 80-105,	8	00
PART II: SCHEDULE B - INTEREST AND DIVIDEND INCOME (FRO	M FEDERAL FORI	M 1040, SCHEDULE B)		
1 Interest income from all sources			4	
2 Amount of Mississippi nontaxable interest in line 1			12	
Total Mississippi interest (line 1 minus line 2, enter here and on Form 8	80-105, line 42 or F	orm 80-205, line 43)	3	
4 Total dividends from all sources		•	4	
5 Amount of Mississippi nontaxable distributions reported in line 4			5	
6 Total Mississippi dividends (line 4 minus line 5, enter here and on Forr	m 80-105, line 43 or	Form 80-205, line 44)		00
PART III: VOLUNTARY CONTRIBUTION CHECK-OFFS (RESIDENT	S ONLY)			
You may elect to voluntarily contribute all or part (at least \$1) of your income tax refur be downloaded from our website at www.dor.ms.gov) for an explanation of the purpos				t 80-100 (may
Military Family Relief Fund	Bicentennial Celeb	oration Fund		00
Burn Care Fund		and Parks Foundation		
Wildlife Heritage Fund		olunteer Service Fund		
Educational Trust Fund00				00
Enter total of check-offs here and on Form 80-105, page 1, line 32				00
				00



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SSN				
PART IV: INCOME (LOSS) FROM RENTS, ROYALTIE	ES, PARTNERSHIPS, S CORPORATIONS. TRU	STS AND ESTATES		
A INCOME (LOSS) FROM RENTAL REAL ESTATE A	AND ROYALTIES			
1 Total rental real estate and royalty income (loss) (from Federal Schedule F. Part 1 and Part 5:			
attach Federal Schedule E)	month oderal contedute E, i are i and i are o,	A1	00	
2 Add: depletion claimed in excess of cost basis			.00	
3 Rental real estate and royalty income (loss) for Mi	ssissippi purposes (line 1 plus line 2)		00	
3 INCOME (LOSS) FROM PARTNERSHIPS, S CORF		_		
(ATT	ACH MISSISSIPPI K-1S AS APPLICABLE)			
NAME OF ENTITY	FEIN (MUST INCLUDE FEIN)	INCOME (LOSS) MI	SSISSIPPI K-1S	
			.00	
			.00	
			.00	
			.00	
			00	
			00	
			00	
			00	
			00	
			00	
			00	
			00	
			00	
			00	
	Total for Section	ıB	00	
			00	
Total of Section A and B (enter here and on Form	n 80-105, line 40 or Form 80-205, line 41)		00	
PART V: SCHEDULE N - OTHER INCOME (LOSS) AN	ND SUPPLEMENTAL INCOME			
Net operating loss (enter from Form 80-155, line 2)		1		
ist other types of income (loss)				
· -		2	00	
		3	00	
		4	00	
		5	0	
		6	0	
		7	00	
		8	0	
		9	.00	
Total Schedule N Other Income (Loss); enter here an	nd on Form 80-105, page 2, line 47 or	10	00	
Form 80-205, page 2, line 48				