



Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2018

Amended

Non-Resident Part-Year, Tax Year Beginning and Ending

Form fields for Taxpayer First Name, Spouse First Name, Mailing Address, City, State, Zip, and County Code.

SSN Spouse SSN

- 1 Married - Combined or Joint Return (\$12,000)
2 Married - Spouse Died in Tax Year (\$12,000)
3 Married - Filing Separate Returns (\$12,000)
4 Head of Family (\$8,000)
5 Single (\$6,000)

EXEMPTIONS

Dependents (in column B, enter "C" for child, "P" for parent or "R" for relative)

Table with 3 columns: (A) Name, (B), (C) Dependent SSN

8 Taxpayer Age 65 or Over Spouse Age 65 or Over
Taxpayer Blind Spouse Blind

9 Total dependents line 7 plus number of boxes checked line 8
10 Line 9 x \$1,500
11 Enter filing status exemption
12 Total (line 10 plus line 11)

7 Total number of dependents (from line 6 and Form 80-491)

PRORATION (COMPLETE PAGE 2 BEFORE PROCEEDING FURTHER)

Table with 3 columns: 13a Mississippi adjusted gross income, 14a Standard or itemized deductions, 15a Exemptions

MISSISSIPPI INCOME TAX Column A (Taxpayer) Column B (Spouse)

Main tax calculation table with lines 16-37 and columns for Taxpayer and Spouse.

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



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SSN _____

INCOME	Total Income From All Sources	Mississippi Income ONLY
38 Wages, salaries, tips, etc. (complete Form 80-107)	38 _____ .00	38 _____ .00
39 Business income (loss) (attach Federal Schedule C or C-EZ)	39 _____ .00	39 _____ .00
40 Capital gain (loss) (attach Federal Schedule D, if applicable)	40 _____ .00	40 _____ .00
41 Rent, royalties, partnerships, S corporation, trusts, etc. (from Form 80-108, part IV)	41 _____ .00	41 _____ .00
42 Farm income (loss) (attach Federal Schedule F)	42 _____ .00	42 _____ .00
43 Interest income (from Form 80-108, part II)	43 _____ .00	43 _____ .00
44 Dividend income (from Form 80-108, part II)	44 _____ .00	44 _____ .00
45 Alimony received	45 _____ .00	45 _____ .00
46 Taxable pensions and annuities (complete Form 80-107)	46 _____ .00	46 _____ .00
47 Unemployment compensation (complete Form 80-107)	47 _____ .00	47 _____ .00
48 Other income (loss) (from Form 80-108, part V)	48 _____ .00	48 _____ .00
49 Total income (add lines 38 through 48)	49 _____ .00	49 _____ .00

ADJUSTMENTS	Total Income From All Sources	Mississippi Income ONLY
50 Payments to IRA	50 _____ .00	50 _____ .00
51 Payments to self-employed SEP, SIMPLE and qualified retirement plans	51 _____ .00	51 _____ .00
52 Interest penalty on early withdrawal of savings	52 _____ .00	52 _____ .00
53 Alimony paid (complete below)	53 _____ .00	53 _____ .00
Name _____ SSN _____ State _____		
54 Moving expense (attach Federal Form 3903)	54 _____ .00	54 _____ .00
55 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	55 _____ .00	55 _____ .00
56 Mississippi Prepaid Affordable College Tuition (MPACT)	56 _____ .00	56 _____ .00
57 Mississippi Affordable College Savings (MACS)	57 _____ .00	57 _____ .00
58 Self-employed health insurance deduction	58 _____ .00	58 _____ .00
59 Health savings account deduction	59 _____ .00	59 _____ .00
60 Catastrophe savings account deduction	60 _____ .00	60 _____ .00
61 Self-employment tax deduction	61 _____ .00	61 _____ .00
62 First-time home buyers saving account deduction	62 _____ .00	62 _____ .00
63 Agricultural disaster program compensation deduction	63 _____ .00	63 _____ .00
64 Total adjustments (add lines 50 through 63)	64 _____ .00	64 _____ .00
65 Adjusted gross income (line 49 minus line 64; enter total AGI on page 1, line 13b and Mississippi AGI line 13a)	65 _____ .00	65 _____ .00
66 Split Mississippi AGI on line 65 between taxpayer and spouse	T 66 _____ .00	S 66 _____ .00

AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN (attach additional statement if needed)

This return may be discussed with the preparer Yes No

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Taxpayer Signature	Date	Taxpayer Phone Number	Paid Preparer PTIN
Spouse Signature	Date	Paid Preparer Phone Number	Paid Preparer Email Address
Paid Preparer Signature	Date	Paid Preparer Address	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
Duplex and Photocopies NOT Acceptable