



Mississippi Resident Individual Income Tax Return 2021

Amended

Taxpayer First Name, Spouse First Name, Mailing Address, City, State, Zip, 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

Table with 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)

MISSISSIPPI INCOME TAX

Table with columns: Column A (Taxpayer), Column B (Spouse). Rows 13-23 including Mississippi adjusted gross income, deductions, exemptions, taxable income, and total income tax due.

PAYMENTS

Table with rows 24-27: Mississippi income tax withheld, estimated tax payments, refund received, total payments.

REFUND OR BALANCE DUE

(If no overpayment is due on line 28, skip to line 34)

Table with rows 28-33: Overpayment, interest and penalty, adjusted overpayment, overpayment to be applied to next year, voluntary contribution, overpayment refund.

Direct Deposit Request (check box and go to page 3)

Table with rows 34-36: Balance due, interest and penalty, total due.

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



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INCOME	Column A (Taxpayer)	Column B (Spouse)
37 Wages, salaries, tips, etc. (complete Form 80-107)	37A _____ .00	37B _____ .00
38 Business income (loss) (attach Federal Schedule C or C-EZ)	38A _____ .00	38B _____ .00
39 Capital gain (loss) (attach Federal Schedule D, if applicable)	39A _____ .00	39B _____ .00
40 Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV)	40A _____ .00	40B _____ .00
41 Farm income (loss) (attach Federal Schedule F)	41A _____ .00	41B _____ .00
42 Interest income (from Form 80-108, part II, line 3)	42A _____ .00	42B _____ .00
43 Dividend income (from Form 80-108, part II, line 6)	43A _____ .00	43B _____ .00
44 Alimony received	44A _____ .00	44B _____ .00
45 Taxable pensions and annuities (complete Form 80-107)	45A _____ .00	45B _____ .00
46 Unemployment compensation (complete Form 80-107)	46A _____ .00	46B _____ .00
47 Other income (loss) (from Form 80-108, part V, line 10)	47A _____ .00	47B _____ .00
48 Total income (add lines 37 through 47)	48A _____ .00	48B _____ .00

ADJUSTMENTS	Column A (Taxpayer)	Column B (Spouse)
49 Payments to IRA	49A _____ .00	49B _____ .00
50 Payments to self-employed SEP, SIMPLE and qualified retirement plans	50A _____ .00	50B _____ .00
51 Interest penalty on early withdrawal of savings	51A _____ .00	51B _____ .00
52 Alimony paid (complete below)	52A _____ .00	52B _____ .00

Name _____ SSN _____ State _____ Date of Divorce _____

53 Moving expense (attach Federal Form 3903)	53A _____ .00	53B _____ .00
54 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	54A _____ .00	54B _____ .00
55 Mississippi Prepaid Affordable College Tuition (MPACT)	55A _____ .00	55B _____ .00
56 Mississippi Affordable College Savings (MACS)	56A _____ .00	56B _____ .00
57 Self-employed health insurance deduction	57A _____ .00	57B _____ .00
58 Health savings account deduction	58A _____ .00	58B _____ .00
59 Catastrophe savings account deduction	59A _____ .00	59B _____ .00
60 Self-employment tax deduction	60A _____ .00	60B _____ .00
61 First-time home buyer savings account deduction	61A _____ .00	61B _____ .00
62 Agricultural disaster program compensation deduction	62A _____ .00	62B _____ .00
63 Mississippi Achieving a Better Life Experience (ABLE) Act deduction	63A _____ .00	63B _____ .00
64 Total adjustments (add lines 49 through 63)	64A _____ .00	64B _____ .00
65 Mississippi adjusted gross income (line 48 minus line 64; enter on page 1, line 13)	65A _____ .00	65B _____ .00

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



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DIRECT DEPOSIT INFORMATION

1 Overpayment refund (from page 1, line 33) 1 _____ .00

a Routing Number 1 _____	Account Number 1 _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Direct Deposit 1 Amount 1a _____ .00
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b Routing Number 2 _____	Account Number 2 _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Direct Deposit 2 Amount 1b _____ .00
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SIGNATURE

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