## Mississippi Affidavit for Reservation Indian Income Exclusion From Mississippi State Income Taxes

Taxpayer First Name	Initial	Last Name			Tax Year
Spouse First Name	Initial	Last Name		SSN	
Mailing Address (Number and Street, Including Rural Route)				Spouse SSN	
City State Zip County Code				· ·	
·					
INDIAN STATUS (CHECK ONE)					
(a) I am a Mississippi Choctaw Indian.			Yes No	)	
(b) I am a member or am eligible for mem	bership	o in an Indian Tribe other tha	an the Mississip	pi Band of Choctaws.	Yes No
Name of Tribe					
RESERVATION RESIDENCY					
(a) During I lived on the Miss	issippi	Choctaw Indian Reservation	n for (check o	ne box ONLY below)	
The entire year Jan Feb Mar Apr May June July I did not live on the Choctaw Re	-		months lived on	reservation)	
<ul> <li>(b) My place(s) of residence on the Chock</li> <li>A tribal housing site lease</li> <li>A Choctaw housing authority ho</li> <li>A BIA dormitory or house</li> </ul>			vas (were) locat	ed on (check one or m	ore boxes below)
RESERVATION INCOME					
(a) During the months I lived on the Choc	taw Re	servation in, I ea	rned the followir	ng income from work o	n the Choctaw Reservation
(b) My employer(s) for my on-reservation Mississippi Band of Choctaw Ind Bureau of Indian Affairs Indian Health Service, USPHS		uring was (wer	ə) the (che	ck one or more boxes	below)
Other					
Name of Employer			Employe	er Phone	
Employer Address					
I do hereby claim that the above described earn McClanahan vs. Arizona Tax Commission , 4 Under penalties of perjury, I declare that I have o	11 U.S.	164 (1973). THIS FORM MUS	FBE SIGNED. If	someone else completed	this form, both of you must sign the form.
Signature			Date	e	
Preparer Signature			Date	e	

Mail this form to: P.O. Box 1033, Jackson, MS 39215