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

Taxpayer First Name	Initial Last Name			Tax Year
Spouse First Name	Initial L	_ast Name		SSN
Mailing Address (Number and Street, Including Rural Route)				Spouse SSN
City State Zip County Code				<u></u>
	Oldio		County Couc	
INDIAN STATUS (CHECK ONE)				
(a) I am a Mississippi Choctaw Indian. Yes No				
(b) I am a member or am eligible for membership in an Indian Tribe other than the Mississippi Band of Choctaws.				
Name of Tribe				
RESERVATION RESIDENCY				
(a) During I lived on the Mississippi Choctaw Indian Reservation for (check one box ONLY below)				
The entire year				
Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec (Circle months lived on reservation)				
I did not live on the Choctaw Reservation during				
(b) My place(s) of residence on the Choctaw Reservation during was (were) located on (check one or more boxes below)				
A tribal housing site lease A Choctaw housing authority ho	use site			
A BIA dormitory or house	ouse site			
RESERVATION INCOME				
(a) During the months I lived on the Choctaw Reservation in, I earned the following income from work on the Choctaw Reservation				
(b) My employer(s) for my on-reservation	work du	ıring was (wer	e) the (che	ck one or more boxes below)
Mississippi Band of Choctaw In	dians			
Bureau of Indian Affairs Indian Health Service, USPHS				
Other				
Name of Employer			Employe	er Phone
Employer Address				
I do hereby claim that the above described earned income falls outside the taxing jurisdiction of the State of Mississippi on the basis of the legal principles established in McClanahan vs. Arizona Tax Commission , 411 U.S. 164 (1973). THIS FORM MUST BE SIGNED. If someone else completed this form, both of you must sign the form. Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief this form is true, correct, and complete.				
Signature			Date	<u> </u>
Preparer Signature			Date	e