5863 04	# 80 6305 14 42 13040 16 48 1 5 14 9 20 21 22 23 24 25 26	27 28 2	9 30 31 32 33 No r	34 35 36 37 38 3 Miss n-Resident /	iss Par	ppi₅ t-Year	51 52 53 54 5 Resi	55 56 57 58 59 60 61 dent	62 63 64 65 66 6	7 68 69 70	71 72 73 74 75 76 77 78 7	9 80
05 06	802051431000		- Ir	ndividual In 2	com 014	e Tax	Retui	'n		X	Amended	05 06
07	N. B. H. J. W. B.					73 73 7			3 7 3 7 3 7 3 7			07
₀₈ X	Non-Resident X Par	t-Yeai	r, rax yea	ar Beginning MM	צ צ עע	ZYY	and En	ding MMDD	YYYY			08
09 Tax	payer First Name	Initial	Last Name	•			ss	:N	999999	2000		09
10	XXXXXXXXXXXXXXXXXXX	X	XXXX	xxxxxxxx	XXXX	XXXX			999999			10
	use First Name		Last Name		222222	2222222	0,0	oddo cort	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			11
12 X X	XXXXXXXXXXXXXXXXXXX	X	XXXX	xxxxxxxx	XXXX	XXXX	1	X Marrie	d - Combined	d or Joint	Return (\$12,000)	13
Mai	ling Address (Number and Street, Including Rural R	oute)					2		d - Spouse D	ied in Ta	x Year (\$12,000)	14
15 X S	X9X9X9X9X9X9X9X9X9X	9X9	X9X9	X9X9X9X9X	9X9X	(9Х9Х	3	X Marrie	d - Filing Sep	arate Re	eturns (\$12,000)	15
City		State	e Zip		Cou	nty Code	4	X Head	of Family (\$8,	,000)		16
17 X X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XΣ	Σ	99999		99	5	X Single	(\$6,000)			17
18		Ш										18
19 EX	KEMPTIONS											19
20		"D" ("D" () (')		37 T		05 0	77 0		05.0	20
	pendents (in column B, enter "C" for child, (A) Name			Dependent SSN	8		axpayer A axpayer B	ge 65 or Over		ouse Age ouse Blin	e 65 or Over	21
22 6	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(B) X	. , ,	99999999999	9			s line 7 plus n				22 Q
v	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X		999999999		Total de	репаст	3 III C 7 plus II	diffice of b	OXC3 CIT	cckcd iiic o 9 j	
	XXXXXXXXXXXXXXXXX	X		999999999	10	Line 9 x	\$1.500		10	99	9999999	24 25
	XXXXXXXXXXXXXXXX	X		999999999	11			s exemption	11		99999999	26
				99	12		-	ıs line 11)	12		99999999	27
²⁷ 7	Total number of dependents (from lin	e 6 ar	nd Form 8	0-491)	12	Total (III	ie io pic	is line 11)	14			28
_	RORATION		(COMPL	ETE PAGE 2 BEF	ORE P	ROCEE	ING FU	RTHER)				29
30 Inc	ome			Deductions				Exemp	otions			30
₃₁ 13a	a Mississippi adjusted gross income			14a Standard or i	temized	d deducti	ons			1	ne 12; if married	31
32	999999999			999	9999	999		f	filing separa		1/2 amount)	32
33 l	 Adjusted gross income from all source 	es		b Mississippi d							9999999	33
34	999999999			(line 14a mul			c)		Mississippi			34
35	Line 13a divided by line 13b			999	9999	9999		'	ime roa mi		by line 13c)	35
36	99.9999									99	9999999	36
37	ISSISSIPPI INCOME TAX					0-1	A /T			Calum	n B (Chausa)	37
	ISSISSIPPI INCOME TAX					Colu	mn A (1	axpayer)		Colum	n B (Spouse)	38
³⁹ ₄₀ 16	Mississippi adjusted gross income	(from	nage 2	line 60 or line 61)	16/	. 0	9999	99999	400	99	99999999	39
40 1 7	Standard or itemized deductions (from				167	1 9	2222	99999	16B	99	9999999	40
41 17	attach Form 80-108)	i iiiie	140, 11 10	:IIIIZeu,	17/	, 9	9999	99999	17B	99	9999999	41
42 43	Exemption (from line 15b)				18/			99999	18B		99999999	42
₄₄ 19	Mississippi taxable income (line 16	minu	s line 17 a	and line 18)	19/			99999	19B		99999999	44
₄₅ 20	Income tax due (from Schedule of Tax					_			20		99999999	45
₄₆ 21	Other credits (from Form 80-401, line								21		9999999	46
₄₇ 22	Net income tax due (line 20 minus li	ne 21)						22	99	99999999	47
₄₈ 23	Consumer use tax (see instructions)								23	99	9999999	48
₄₉ 24	Total Mississippi income tax due (l	ne 22	2 plus line	23)					24	99	99999999	49
₅₀ 25	Mississippi income tax withheld (com								25	99	99999999	50
₅₁ 26	Estimated tax payments, extension p								26	99	9999999	51
₅₂ 27	Refund received and/or amount carrie			ı original return (ar	nended	d return (only)		27		99999999	52
₅₃ 28	Total payments (line 25 plus line 26 n								28		99999999	53
₅₄ 29	Overpayment (if line 28 is more than				28)	X		ners or Fisherm instructions)	en ₂₉		99999999	54
₅₅ 30	Interest on underestimated tax (from			ne 12)			(300		30		99999999	55
₅₆ 31	Adjusted overpayment (line 29 minus								31		99999999	56
₅₇ 32	Overpayment to be applied to next ye			IX ACCOUNT				DECIMO	32		99999999	57
₅₈ 33	Overpayment refund (line 31 minus I Balance due (if line 24 is more than I			t line 28 from line 1	24)		D/	REFUND LANCE DUE	00		99999999	58
₅₉ 34	Interest, penalty and interest on unde					9)	D/	ALAIVOE DUE	0.1		99999999	59
60 35 61 36	Total due (line 34 plus line 35)	Coull	iaieu lax	(1101111 01111 00-320	, mie i	J)	ДМОШ	NT YOU OWE	35		99999999	60
	X	Ins	tallment A	greement Request			,		36			61
62	2			ons for eligibility; attac	h Form	71-661)						62
06 07	7 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	27 28 29	9 30 31 32 33	34 35 36 37 38 39 40 41 42	43 44 45 46	6 47 48 49 50	51 52 53 54	55 56 57 58 59 60 61	62 63 64 65 66 6	7 68 69 70	71 72 73 74 75 76 77 78 7	63 9 80

56677 806695 14-72-73-00-16-67-75-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-3-Mississippi 50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80 Non-Resident / Part-Year Resident Individual Income Tax Return 802051432000

۷C	COME	Total	Income From All Source	es Mi	Mississippi Income ONL'		
Ī							
	Wages, salaries, tips, etc. (complete Form 80-107)	37	999999999	37	999999999		
	Business income (loss) (attach Federal Schedule C or C	:- EZ) 38	999999999	38	999999999		
	Capital gain (loss) (attach Federal Schedule D)	39	999999999	39	999999999		
	Rent, royalties, partnerships, S corporation, trusts, etc.						
	(from Form 80-108, part IV)	40	999999999	40	999999999		
	Farm income (loss) (attach Federal Schedule F)	41	999999999	41	999999999		
	Interest income (from Form 80-108, part II)	42	999999999	42	999999999		
	Dividend income (from Form 80-108, part II)	43	9999999999	43	999999999		
,	Alimony received	44	999999999	44	999999999		
	Taxable pensions and annuities (complete Form 80-107)	45	999999999	45	999999999		
	Unemployment compensation (complete Form 80-107)	46	999999999	46	999999999		
	Other income (loss) (from Form 80-108, part V)	47	999999999	47	999999999		
	Total income (add lines 37 through 47)	48	9999999999	48	999999999		
),	JUSTMENTS	Total	Income From All Source	es Mi	ssissippi Income ONL		
	Payments to IRA	49	999999999	49	999999999		
	Payments to self-employed SEP, SIMPLE and qualified re		9999999999	50	9999999999		
	Interest penalty on early withdrawal of savings	51	9999999999	51	9999999999		
	Alimony paid (complete below)	52	9999999999	52	999999999		
		000000000	01.1 3737				
	Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999	State: XX				
	Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999	State: XX				
1	Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999	State: XX				
	Moving expense (attach Federal Form 3903)	53	9999999999	53	999999999		
	National Guard or Reserve pay (enter the lesser of amour		9999999999	54	9999999999		
	Mississippi Prepaid Affordable College Tuition (MPACT)	55	9999999999	55	9999999999		
	Mississippi Affordable College Savings (MACS)	56	9999999999	56	9999999999		
	Self-employed health insurance deduction	57	999999999	57	999999999		
	Health savings account deduction	58	999999999	58	999999999		
	Total adjustments (add lines 49 through 58)	59	9999999999	59	9999999999		
	Adjusted gross income (line 48 minus line 59; enter total			39			
	on page 1, line 13b and Mississippi AGI line 13a)	60	999999999	60	999999999		
	Split Mississippi AGI on line 60 between taxpayer and		9999999999	S 61	999999999		
	Split wississippi AGI off life of between taxpayer and	spouse		- 01			
11	ENDED RETURN - EXPLANATION OF CHANGES TO O	RIGINAL RETURN (a	ttach additional statem	ent if needed)			
Σ	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXX	XXXXXXX	XXXXXXXXXXX		
Σ	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXX	XXXXXXXXXXX		
Σ	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXX	XXXXXXXXXXX		
Σ	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXX	XXXXXXXXXXX		
r	return may be discussed with the preparer X Yes X	No					
cl	lare, under penalties of perjury, that I have examined this retu	rn and accompanying sc	hedules and statements, a	nd to the best o	of my knowledge and belie		
İS	s a true, correct and complete return. Declaration of preparer	(other than taxpayer) is	based on all information o	f which prepare	r has any knowledge.		
				999999			
	Taxpayer Signature Date	Taxpayer Phon	e Number Paid Pre	parer PTIN			
Ĺ							
Ĺ	Spouse Signature Date	Paid Preparer P	hone Number Paid Pre	parer Email Addre	SS		
ſ	Paid Preparer Signature Date	Paid Preparer Ad	ddress City		State Zip Code		