

**Scanband Version of Form 80-305-96-5  
Prior Year Regular Individual Income Tax Resident Return.**

This form is to be used for all returns filed for 1997 and Prior.  
We will not be making any changes to this form. The barcode and all other dates will stay the same.



# Route to IT

# MS Mississippi Resident Income Tax Return For Prior Years

Your SSN

Page 2 of 2 1997 and Prior


For Computer Use Only Do Not Write Above This Line

To show a loss, place a minus (-) in front of the dollar amount.

### SCHEDULE OF OTHER INCOME.

	Column A (Taxpayer)	Column B (Spouse)
38. Interest Income (Must Attach Schedule B if over \$1,000).....		
39. Dividend Income (Must Attach Schedule B if over \$1,000).....		
40. Alimony		
41. Business Income or Loss (Must Attach Federal Schedule C or C-EZ).....		
42. Capital Gain or Loss (Must Attach Federal Schedule D). See Instructions.....		
43. Pensions and Annuities. (See Instructions)		
Total Taxpayer _____ Total Spouse _____	Taxable Amount	
44. Farm Income or Loss (Must Attach Federal Schedule F).....		
45. Unemployment Compensation (Form(s) 1099-G).....		
46. Other Income or Loss (Must Attach Federal Schedule E and/or Mississippi Schedule N)		
47. Total Other Income (Add Lines 38 through 46. Carry Amounts to Page 1, Line 17).....		

### SCHEDULE OF ADJUSTMENTS TO GROSS INCOME

48. Payments to an IRA and/or a SEP.....		
49. Payments to KEOGH (HR10) Retirement Plan.....		
50. Interest Penalty on Early Withdrawal of Savings.....		
51. Alimony Paid (Complete Schedule P).....		
52. Moving Expense (Must Attach Federal Form 3903 or 3903F).....		
53. National Guard or Reserve Pay (Enter the Lesser of the Guard Pay or the \$5,000 Statutory Exclusion Per Taxpayer).....		
54. Total Adjustments (Add Amounts for Lines 48 through 54. Carry Amounts to Page 1, Line 18).....		

### SCHEDULE P - ALIMONY PAID

If a deduction is claimed for Alimony Paid, please furnish the name, SSN, and state of residency of the individual to whom the amount was paid.

Name \_\_\_\_\_

SSN of Recipient \_\_\_\_\_

State of Residency \_\_\_\_\_

### SCHEDULE A WORKSHEET

For Federal Schedule A Filers only. Must Attach Federal Schedule A.

See Prior Year instructions for limitations on Prior Year Itemized Deductions.

1. Enter Total Itemized Deductions from Federal Schedule A, Line 28.....
2. Enter Total Amount of State Income Tax from Federal Schedule A, Line 5.....
3. Subtract Line 2 from Line 1. Enter this Amount on Page 1, Line 20.....

**THIS RETURN MUST BE SIGNED.** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete.

Your Signature	Taxpayer's Phone	Paid Firm's Identification Number
Spouse's Signature (If joint, BOTH must sign)	Date	Paid Preparer's Social Security Number
Paid Preparer's Signature	Date	Paid Preparer (Print Firm's Name)
Paid Preparer's Phone	Paid Preparer's Address	

# Route to IIT

# MS Mississippi Resident Income Tax Return

## For Prior Years

Enter Year: \_\_\_\_\_

For Official Use Only

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# IP B

Page 1 of 2 1997 and Prior

7A	RC	12	19A	19B	26	33
7B	F\$	13	20A	20B	27	34
7C	8	14	21A	21B	28	35
7D	9	15	22A	22B	29	36
	10	16A	16B	23	30	37
	11	17A	17B	24	31	TS
		18A	18B	25	32	SS
						TY

N ▶ \_\_\_\_\_

A ▶ \_\_\_\_\_

C ▶ \_\_\_\_\_

For Computer Use Only - Do Not Write Above This Line

- Married - Combined or Joint Return - Enter \$9,500 on Line 13.
- Married - Spouse Died in 19\_\_ - Enter \$9,500 on Line 13.
- Married - Filing Separate Returns - Enter \$9,500 on Line 13.
- Head of Family - Enter \$9,500 on Line 13. Provide Name, SSN, and Relationship of the Dependent, in space provided on line 6, Living in your Home.

# B

Your SSN \_\_\_\_\_

Spouse SSN \_\_\_\_\_

Your Occupation \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_

8. Number of Dependents Listed on Line 6.....

9. Number of Boxes Marked "X" on Line 7.....

10. If You Marked an "X" on Line 4, Enter a 1 Here.....

11. Total of Line 8 plus Line 9 minus Line 10.....

12. Line 11 x \$ 1,500 =.....

13. Enter Amount from Lines 1 through 5.....

14. Total (Line 12 plus 13).....

15. If Married-Filing Separate Returns, Enter 1/2 of Line 14.....

- Single - Enter \$6,000 on Line 13.

### 6. Dependents (Do NOT Claim Yourself or Your Spouse)

(a) Name (b) Dependent's SSN (c) Relationship


- Mark "X" if Taxpayer Age 65 or Over Taxpayer Blind Spouse Age 65 or Over Spouse Blind

- Wages, salaries, tips, etc. (Must Attach W-2s.).....
- Other Income (Amount from Line 47, Page 2 of this Form).....
- Adjustments to Gross Income (Amount from Line 54, Page 2).....
- Mississippi Adjusted Gross Income** (Line 16 plus Line 17 minus Line 18).....
- Standard or Itemized Deductions (If Itemized, see Schedule A).....
- Amount of Exemption (Line 14 or Line 15 if Married Filing Separately).....
- Mississippi Taxable Income** (Line 19 Less Lines 20 and 21). See Instructions.....

### Column A (Taxpayer)

### Column B (Spouse)

▶ (P)  
▶ (F)

▶ (B)  
▶ (H)

- Total Income Tax Due** (From Page 8 of Instructions, Schedule of Tax Computation, Line 5).....
- Mississippi Income Tax Withheld (Must Attach W-2s or W-2Gs).....
- 19\_\_ Estimated Tax Payments and/or Amount Paid with Extension.....
- Credit for Income Tax Paid to Another State (Must Attach Copy of Other State Return).....
- Other Credit (See Instructions for Line 27).....
- Total Credits (Add Lines 24 through 27).....
- If Line 28 is Larger than Line 23, Enter the Amount of Overpayment.....
- Amount of Overpayment to be Applied to Your 19\_\_ Estimated Tax Account.....
- I Wish to Contribute ( )\$1, ( )\$5, ( )\$10, or ( ) Other \$ \_\_\_\_\_  
of my Overpayment on Line 29 to:
  - Mississippi Wildlife Heritage Fund.....
  - Mississippi Educational Trust Fund.....
- Amount of Overpayment to be Refunded to You (Subtract Lines 30, 31, and 32 from Line 29).....
- If Line 23 Is Larger Than Line 28, Enter Balance Due.....
- Interest on Underpayment of Estimated Tax Payments (Must Attach Form 80-320).....
- Interest and Penalty (See Instructions).....
- TOTAL DUE** (Add Lines 34, 35, and 36). Must Attach Check or Money Order for Total Due payable to: Department of Revenue.....

### OVERPAYMENT

### REFUND

### BALANCE DUE

### TOTAL DUE

- ▶ (W)
- ▶ (E)
- ▶ (S)
- ▶ (O)
- ▶ (C)
- ▶ (L)
- ▶ (M)
- ▶ (R)
- ▶ (I)
- ▶ (T)
- ▶ (V)

Route to  
IIT

MS Mississippi Resident Income Tax Return

For Prior Years

Enter Year

For Official Use Only

Four empty boxes for official use only.

IP B

Page 1 of 2 1997 and Prior

8/9	12/9	16/9 to 24/9	29/9to37/9	42/9to50/9	55/9to63/9	68/9to76/9
8/10	13/10	16/10to 24/10	29/10to37/10	42/10to50/10	55/10to63/10	68/10to76/10
8/11	12/11	16/11to 24/11	29/11to37/11	42/11to50/11	55/11to63/11	68/11to76/11
8/12	13/12	16/12to 24/12	29/12to37/12	42/12to50/12	55/12to63/12	68/12to76/12
	13/13	16/13to 24/13	29/13to37/13	42/13to50/13	55/13to63/13	68/13to76/13
	12/14	16/14to 24/14	29/14to37/14	42/14to50/14	55/14to63/14	67/14to76/14
		16/15 to 24/15	29/15to37/15	42/15to50/15	55/15to63/15	67/15to76/15
						73/16to76/16
▶	10/17to29/17	32/17to43/17	46/17to57/17			
▶	10/19to37/19					
▶	10/21to21/21	24/21	28/21to37/21			

For Computer Use Only - Do Not Write Above This Line

The beginning and ending positions of each data box above are referenced in the box.

**Route to  
IIT**

MS **Mississippi Resident Income Tax Return**

**For Prior Years**

Enter Year 1995

For Official Use Only

**25 1 5**

**IP B**

Page 1 of 2 1997 and Prior

Y	25	3000	101000	28000	0	0
Y	1	9500	30000	2500	0	1225
N	2	12500	6500	6000	2675	0
Y	0	0	64500	19500	0	0
	0	106000	30000	3900	0	1225
	2	-3000	0	2675	0	3214567897
		2000	2000	0	0	1324657988
						1995

▶ Doe John P Jean P

▶ 123 Redbud Lane

▶ Jackson MS 392121230

For Computer Use Only - Do Not Write Above This Line

- Married - Combined or Joint Return - Enter \$9,500 on Line 13.
- Married - Spouse Died in 19\_\_ - Enter \$9,500 on Line 13.
- Married - Filing Separate Returns - Enter \$9,500 on Line 13.
- Head of Family - Enter \$9,500 on Line 13. Provide Name, SSN, and Relationship of the Dependent, in space provided on line 6, Living in your Home.

**B**

Your SSN 321-45-6789  
 Spouse SSN 132-46-5798  
 Your Occupation Attorney  
 Spouse's Occupation Accountant

- Single - Enter \$6,000 on Line 13.

- Number of Dependents Listed on Line 6..... 2
- Number of Boxes Marked "X" on Line 7.....
- If You Marked an "X" on Line 4, Enter a 1 Here.....
- Total of Line 8 plus Line 9 minus Line 10..... 2
- Line 11 x **\$1,500** =..... 3,000
- Enter Amount from Lines 1 through 5..... 9,500
- Total (Line 12 plus 13)..... 12,500
- If Married-Filing Separate Returns, Enter 1/2 of Line 14.....

(a) Name	(b) Dependent's SSN	(c) Relationship
<u>Jon Doe</u>	<u>587-62-2000</u>	<u>Son</u>
<u>Jan Doe</u>	<u>587-62-2001</u>	<u>Dau</u>

- Mark "X" if  Taxpayer Age 65 or Over  Taxpayer Blind  Spouse Age 65 or Over  Spouse Blind

	Column A (Taxpayer)	Column B (Spouse)
16. Wages, salaries, tips, etc. (Must Attach W-2s.).....	<u>106,000</u>	<u>30,000</u>
17. Other Income (Amount from Line 47, Page 2 of this Form).....	<u>-3,000</u>	
18. Adjustments to Gross Income (Amount from Line 54, Page 2).....	<u>2,000</u>	<u>2,000</u>
19. Mississippi Adjusted Gross Income (Line 16 plus Line 17 minus Line 18).....	<u>101,000</u>	<u>28,000</u>
20. Standard or Itemized Deductions (If Itemized, see Schedule A).....	<u>30,000</u>	<u>2,500</u>
21. Amount of Exemption (Line 14 or Line 15 if Married Filing Separately).....	<u>6,500</u>	<u>6,000</u>
22. Mississippi Taxable Income (Line 19 Less Lines 20 and 21). See Instructions.....	<u>64,500</u>	<u>19,500</u>

- Total Income Tax Due** (From Page 8 of Instructions, Schedule of Tax Computation, Line 5)..... 3,900
- Mississippi Income Tax Withheld (Must Attach W-2s or W-2Gs)..... ▶ (W) 2,675
- 19\_\_ Estimated Tax Payments and/or Amount Paid with Extension..... ▶ (E)
- Credit for Income Tax Paid to Another State (Must Attach Copy of Other State Return)..... ▶ (S)
- Other Credit (See Instructions for Line)..... ▶ (O)
- Total Credits (Add Lines 24 through)..... 2,675
- If Line 28 is Larger than Line 23, Enter the Amount of Overpayment..... **OVERPAYMENT**
- Amount of Overpayment to be Applied to Your 19\_\_ Estimated Tax Account..... ▶ (C)
- I Wish to Contribute { Mississippi Wildlife Heritage Fund..... ▶ (L)
- { Mississippi Educational Trust Fund..... ▶ (M)
- Amount of Overpayment to be Refunded to You (Subtract Lines 30, 31, and 32 from Line 29)..... **REFUND** ▶ (R)
- If Line 23 Is Larger Than Line 28, Enter Balance Due..... **BALANCE DUE** 1,225
- Interest on Underpayment of Estimated Tax Payments (Must Attach Form 80-320)..... ▶ (I)
- Interest and Penalty (See Instructions)..... ▶ (T)
- TOTAL DUE** (Add Lines 34, 35, and 36). Must Attach Check or Money Order for Total Due payable to: Department of Revenue..... **TOTAL DUE** ▶ (V) 1,225



# Route to IIT

# MS Mississippi Resident Income Tax Return For Prior Years

Your SSN

Page 2 of 2 1997 and Prior

9/9to17/9	24/9to32/9	39/9to47/9	54/9to62/9	69/9to77/9
9/10to17/10	24/10to32/10	39/10to47/10	54/10to62/10	69/10to77/10
9/11to17/11	24/11to32/11	39/11to47/11	54/11to62/11	69/11to77/11
9/12to17/12	24/12to32/12	39/12to47/12	54/12to62/12	
9/13to17/13	24/13to32/13	39/13to47/13	54/13to62/13	
9/14to17/14	24/14to32/14	39/14to47/14	54/14to62/14	76/14to77/14
9/15to17/15	24/15to32/15	39/15to47/15	54/15to62/15	
9/16to17/16	24/16to32/16	39/16to47/16	54/16to62/16	
9/17to17/17	24/17to32/17	39/17to47/17		
9/18to17/18	24/18to32/18			

For Computer Use Only Do Not Write Above This Line

The beginning and ending positions of each data box above are referenced in the box.

**Route to  
IIT**

MS **Mississippi Resident Income Tax Return  
For Prior Years**

Your SSN  
321-45-6789

Page 2 of 2 1997 and Prior

0	0	0	0	0
0	0	2000	0	0
0	0	0	0	0
-3000	0	0	0	0
0	0	0	2000	0
0	0	0	0	N
0	0	2000	0	0
0	0	0	0	0
0	0	2000	0	0
-3000	0	0	0	0

For Computer Use Only Do Not Write Above This Line

To show a loss, place a minus (-) in front of the dollar amount.

**SCHEDULE OF OTHER INCOME.**

	Column A (Taxpayer)	Column B (Spouse)
38. Interest Income (Must Attach Schedule B if over \$1,000).....		
39. Dividend Income (Must Attach Schedule B if over \$1,000).....		
40. Alimony		
41. Business Income or Loss (Must Attach Federal Schedule C or C-EZ).....	-3,000	
42. Capital Gain or Loss (Must Attach Federal Schedule D). See Instructions.....		
43. Pensions and Annuities. (See Instructions)		
Total Taxpayer _____ Total Spouse _____ Taxable Amount		
44. Farm Income or Loss (Must Attach Federal Schedule F).....		
45. Unemployment Compensation (Form(s) 1099-G).....		
46. Other Income or Loss (Must Attach Federal Schedule E and/or Mississippi Schedule N)		
47. <b>Total Other Income</b> (Add Lines 38 through 46. Carry Amounts to Page 1, Line 17).....	-3,000	

**SCHEDULE OF ADJUSTMENTS TO GROSS INCOME**

48. Payments to an IRA and/or a SEP.....		
49. Payments to KEOGH (HR10) Retirement Plan.....	2,000	2,000
50. Interest Penalty on Early Withdrawal of Savings.....		
51. Alimony Paid (Complete Schedule P).....		
52. Moving Expense (Must Attach Federal Form 3903 or 3903F).....		
53. National Guard or Reserve Pay (Enter the Lesser of the Guard Pay or the \$5,000 Statutory Exclusion Per Taxpayer).....		
54. <b>Total Adjustments</b> (Add Amounts for Lines 48 through 54. Carry Amounts to Page 1, Line 18).....	2,000	2,000

**SCHEDULE P - ALIMONY PAID**

If a deduction is claimed for Alimony Paid, please furnish the name, SSN, and state of residency of the individual to whom the amount was paid.

Name

SSN of Recipient

State of Residency

**SCHEDULE A WORKSHEET**

For Federal Schedule A Filers only. **Must Attach** Federal Schedule A.

See Prior Year instructions for limitations on Prior Year Itemized Deductions.

1. Enter Total Itemized Deductions from Federal Schedule A, Line 28.....
2. Enter Total Amount of State Income Tax from Federal Schedule A, Line 5.....
3. Subtract Line 2 from Line 1. Enter this Amount on Page 1, Line 20.....

**THIS RETURN MUST BE SIGNED.** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete.

Your Signature

Taxpayer's Phone

Paid Firm's Identification Number

Spouse's Signature (If joint, **BOTH** must sign)

Date

Paid Preparer's Social Security Number

Paid Preparer's Signature

Date

Paid Preparer (Print Firm's Name)

Paid Preparer's Phone

Paid Preparer's Address

# Key to Data Fields for Prior Year Resident Individual Income Tax Form Only 1997 and Prior

Key to the data fields for the income tax form scanband version for 1998. The form number is 80-305-96.

## For Years 1997 and Prior

### Page 1:

The top left corner of the barcode is located at position x=6, y=4 on the 10/6 grid.

The top right registration mark is located at the top right corner of grid box x=80, y=4.

The lower left corner of the scanband must be located on the left and bottom edge of grid space x=6, y=22.

**The letters "MS" must begin at grid 24/4 and end at 25/4, and be in Courier 12 pt.**

### Page 2:

The top left corner of the barcode is located at position x=6, y=4 on the 10/6 grid.

The top right registration mark is located at the top right corner of grid box x=80, y=4.

The lower left corner of the scanband must be located on the left and bottom edge of grid space x=6, y=19.

The following is the labeling and the description of the items to be included in the Scanband of this form. The beginning and ending data positions are included in one of the templates for the form. The field length is included in this key for each data position. Grid positioning given is from the first grid space to the last grid space included in a data field. (Example 22/9 to 29/9 is 8 grid spaces) You should use this information to position the data on the returns. Do not use a grid overlay to determine the positions from a printed paper form. The field length specified assumes using a **Courier 12 point font**, which is the required font. In the Scanband, the name and address fields should be left justified. All other fields should be right justified. **All fields in the scanband must be filled. If a field is Blank in the scanband, your software should fill the field using a "0" (zero) for numeric fields and an "N" for alpha or alphanumeric fields.** The money field in the scanband should not contain any commas, cents, decimals or other formatting information except for the negative signs (-) as a leading indicator for any negative amount. The amounts in the body of the return should contain commas. Example -123,456 in the body of the form would appear as -123456 in the scanband.

### Front (Page 1) of the form:

Date Box: The date of the prior year return. This date will be 1997 and prior.

For Official Use Only Boxes: The top left corner of the "Official Use Only" boxes should begin at position 61/6.  
Box 1 - If the taxpayer has a Mississippi address, enter the number of the Resident County Code for the county in which the taxpayer is located in a 14 point Arial font. If the taxpayer has a non-Mississippi address, enter "90" as the county code in a 14 point Arial font.  
Box 2 - Enter the number of the filing status (1 through 5) in a 14 point Arial font.  
Box 3 - Enter the number of dependents claimed in a 14 point Arial font. If zero, enter "0".  
Box 4 - Leave blank.

Field Name	Description
RC	Resident County Code - This code is a numeric field with the codes ranging from 01 to 82. These codes are found in the instructions to the taxpayer for this form. This field is 2 characters long. Data begins at grid 12/9 and ends at grid 13/9.
FS	Filing Status - This field is a numeric field ranging from 1 to 5. In the scanband the number is entered in the field. In the body of the return an X is placed in the appropriate box. This field is 1 character long. Data begins and ends at grid 12/10.
7A,7C	These fields indicate that the Taxpayer or the Spouse of the taxpayer is 65 years of age or older. These fields should be Y or blank in the scanband. X or blank in the body of form. These fields are each 1 character long. Data begins and ends at grids 8/9 and 8/11.
7B,7D	These fields indicate that the Taxpayer or the Spouse of the taxpayer is Blind. These field should be Y or N in the scanband. X or blank in the body of form. These fields are each 1 character long. Data begins and ends at grids 8/10 and 8/12.
8	This is a numeric field indicating the number of dependents listed on line 6 in the body of the return. In the scanband this number is either 1 or greater, or zero. In the body of the return the dependents are listed by name, social security number, and relationship to the taxpayer. The number of dependents listed should match the number in this field. This field is 2 characters long. Data begins at grid 12/11 and ends at grid 12/12.

- 9 This field is a numeric field indicating the number of Y's in the scanband for items 7A - 7D or the number of X's in line 7 of the body of the return. This numeric field will range from 1 to 4. This field is 1 character long. Data begins and ends at grid 12/12.
- 10 This field is to be zero unless the taxpayer's Filing Status (FS) field has a 4, then this field has a one (1) entered. This field is 1 character long. Data begins and ends at grid 12/13.
- 11 This is a numeric field. This field is 2 characters long. Data begins at grid 12/14 and ends at grid 13/14.
- 12 This is a numeric money field. This field is 9 characters long. Data begins at grid 16/9 and ends at grid 24/9.
- 13 This is a numeric money field. This field is 9 characters long. Data begins at grid 16/10 and ends at grid 24/10.
- 14 This is a numeric money field. This field is 9 characters long. Data begins at grid 16/11 and ends at grid 24/11.
- 15 This is a numeric money field. This field is 9 characters long. Data begins at grid 16/12 and ends at grid 24/12.
- 16A & 16B These are numeric money fields, "A" being the taxpayer's wages and "B" being the spouse's wages. These fields are each 9 characters long. Data begins and end at grids 16/13, 24/13 and 29/13, 37/13.
- 17A & 17B These are numeric money fields, "A" being the taxpayer's Other Income and "B" being the spouse's other income. These are each 9 characters long. Data begins and ends at grid 16/14, 24/14 and 29/14, 37/14.
- 18A & 18B These are numeric money fields, "A" being the taxpayer's Adjustments to Gross Income, and "B" being the spouse's adjustments to gross income. These fields are each 9 characters long. Data begins and ends at grid 16/15, 24/15 and 29/15, 37/15.
- 19A & 19B These are numeric money fields, "A" being the taxpayer's Mississippi Adjusted Gross Income and "B" being the spouse's Mississippi Adjusted Gross Income. These fields are each 9 characters long. Data begins and ends at grids 29/9, 37/9 and 42/9, 50/9.
- 20A & 20B These are numeric money fields, "A" being the taxpayer's Standard or Itemized Deduction and "B" being the spouse's standard or itemized deduction. These fields are each 9 characters long. Data begins and ends at grids 29/10, 37/10 and 42/10, 50/10.
- 21A & 21B These are numeric money fields, "A" being the taxpayer's exemption and "B" being the spouse's exemption. These fields are each 9 characters long. Data begins and ends at grids 29/11, 37/11 and 42/11, 50/11.
- 22A & 22B These are numeric money fields, "A" being the taxpayer's Mississippi Taxable Income and "B" being the spouse's Mississippi Taxable Income. These fields are each 9 characters long. Data begins and ends at grids 29/12, 37/12 and 42/12, 50/12.
- 23 This is a numeric money field. Total Income Tax Due per the Schedule of Tax Computation. This field is 9 characters long. Data begins at grid 42/13 and ends at grid 50/13.
- 24 This is a number money field. Taxpayer provides information in this field per the W-2 or other documentation. This field is 9 characters long. Data begins at grid 42/14 and ends at grid 50/14.
- 25 This is a numeric money field. Taxpayer provides information in this field per estimates paid or payment with extension. This field is 9 characters long. Data begins at grid 42/15 and ends at grid 50/15.

- 26 This is a numeric money field. The taxpayer provides information in this field for tax paid to other states. This field is 9 characters long. Data begins at grid 55/9 and ends at grid 63/9.
- 27 This is a numeric money field. The taxpayer provides information in this field for other tax credits allowed. This field is 9 characters long. Data begins at grid 55/10 and ends at grid 63/10.
- 28 This is a numeric money field. This field is 9 characters long. Data begins at grid 55/11 and ends at grid 63/11.
- 29 This is a numeric money field. This field is 9 characters long. Data begins at grid 55/12 and ends at grid 63/12.
- 30 This is a numeric money field. This field is 9 characters long. Data begins at grid 55/13 and ends at grid 63/13.
- 31 & 32 These are numeric money fields. This field is zero unless the taxpayer chooses to apply refund to these funds. These fields are each 9 characters long. Data begins and ends at grids 55/14, 63/14 and 55/15, 63/15.
- 33 This is a numeric money field. This field is 9 characters long. Data begins at grid 68/9 and ends at grid 76/9.
- 34 This is a numeric money field. This field is 9 characters long. Data begins at grid 68/10 and ends at grid 76/10.
- 35 This is a numeric money field. This field is 9 characters long. Data begins at grid 68/11 and ends at grid 76/11.
- 36 This is a numeric money field. This field is blank unless the taxpayer fails to file his/her return on time. This field is 9 characters long. Data begins at grid 68/12 and ends at grid 76/12.
- 37 This is a numeric money field. This field is 9 characters long. Data begins at grid 68/13 and ends at grid 76/13.
- TS This is a numeric field. This is the taxpayer's Social Security Number. This field is 10 characters long. The last digit in this field is a check digit. This check digit is in the scanband but not in the body of the form. Check digits should be calculated using Modulus 10 Self-check Digit Computation found in the NACTP Tax Form Design Guidelines. Data begins at grid 67/14 and ends at grid 76/14.
- SS This is a numeric field. This is the spouse's Social Security Number. This field is 10 characters long. The last digit in this field is a check digit. This check digit is in the scanband but not in the body of the form. Check digits should be calculated using Modulus 10 Self-check Digit Computation found in the NACTP Tax Form Design Guidelines. Data begins at grid 67/15 and ends at grid 76/15.
- TY This is a numeric field. This is the Tax Year being filed. This field is 4 characters long. Data begins at grid 73/16 and ends at grid 76/16.
- N1 Taxpayer's last name. This is an alpha field. This field is 20 characters long. Data begins at grid 10/17 and ends at grid 29/17.
- N2 Taxpayer's first name and middle initial. This is an alpha field. This field is 12 characters long. Data begins at grid 32/17 and ends at grid 43/17.
- N3 Spouse's first name and middle initial. This is an alpha field. This field is 12 characters long. Data begins at grid 46/17 and ends at grid 57/17.

- A Taxpayer's current address. This is an alpha and numeric field. This field is 28 characters long. Data begins at grid 10/19 and ends at grid 37/19.
- C1 Taxpayer's city of residency. This is an alpha field. This field is 12 characters long. Data begins at grid 10/21 and ends at grid 21/21.
- C2 Taxpayer's state of residency. This is an alpha field and contains the state two letter abbreviation of the taxpayer's residency. This field is 2 characters long. Data begins at grid 24/21 and ends at grid 25/21.
- C3 Taxpayer's Zip Code. This is a numeric field and contains the taxpayer's zip code (Zip plus 4). If you do not have the plus 4, leave that portion blank and only enter the 5 digit Zip Code. This field is 9 characters long. Data begins at grid 28/21 and ends at grid 37/21.

**Back (Page 2) of the Form:**

**See page 6 of this packet for grid spaces. ALL Data to be in Courier 12 pt.**

<b>Field Name</b>	<b>Description</b>
38A to 47B	These are numeric money fields. Column "A" is the taxpayer's Income and Column "B" is the spouse's income. These fields are 9 characters long.
48A to 54B	These are numeric money fields. Column "A" is the taxpayers Adjustments and Column "B" is the spouse's Adjustments. These fields are 9 characters long.
AR	This is a numeric field and is the Social Security number of the recipient of Alimony Paid by the taxpayer. This field is 9 characters long.
AS	This is an alpha field and is the state of residency of the recipient of Alimony Paid by the taxpayer. This field is 2 characters long.
A1	This is a numeric field and is the first line of the Schedule A Worksheet. This field is 9 characters long.
A2	This is a numeric field and is the second line of the Schedule A Worksheet. This field is 9 characters long.
A3	This is a numeric field and is the last line of the Schedule A Worksheet. This field is 9 characters long.
PF	This is a numeric field and is the Paid Firm's Identification Number. This field is 9 characters long.
PS	This is a numeric field and is the Paid Preparer's Social Security Number. This field is 9 characters long.