

Mississippi Resident Individual Income Tax Return 2014

									Amended
Tax	payer First Name	Initial	Last Name			SSI	N ouse SSN		
Spo	use First Name	Initial	Last Name			Spc	Juse 33N		
						1	Married - 0	Combin	ed or Joint Return (\$12,000)
Mail	ing Address (Number and Street, Including Rural	Route)				2		•	Died in Tax Year (\$12,000)
City		State	Zip	Cou	nty Code	4	Head of Fa	_	eparate Returns (\$12,000)
						5	Single (\$6		,0,000)
	/FMDTIONS								
E	(EMPTIONS			Τ					
Der	pendents (in column B, enter "C" for chile	d. "P" for i	parent or "R" for relative)	8	Та	axpaver	Age 65 or Over		Spouse Age 65 or Over
_	(A) Name	(B)	(C) Dependent SSN	1		axpayer	-		Spouse Blind
_		, ,		1		. ,			·
_		-		9	Total de	epender	nts line 7 plus nun	nber of	boxes checked line 8
_									
		_		10	Line 9 x			10 _	
		. — .		11		-	us exemption	11 _	
7	Total number of dependents (from li	ine 6 and	I Form 80-491)	12	Total (lir	ne 10 pl	lus line 11)	12 _	00
MI	SSISSIPPI INCOME TAX				Colum	nn A (Ta	axpayer)		Column B (Spouse)
13	Mississippi adjusted gross income (•	13/	Α		00	13B_	
14	Standard or itemized deductions (if						00		
15	Exemptions (from line 12; if married	•	•	, 107			00		
16	Mississippi taxable income (line 1		,	16/	Α		00		
17	Income tax due (from Schedule of								
18	Credit for tax paid to another state (orm 80-160)						
19	Other credits (from Form 80-401, line		and line 10\						
20 21	Net income tax due (line 17 minus Consumer use tax (see instructions		and line 19)						.00
22	Total Mississippi income tax due	•	nlus lina 21)						00
	Total mississippi moome tax due	(11110 20	pido iirie 21)					22_	00
PA	AYMENTS								
23	Mississippi income tax withheld (co	mplete F	Form 80-107)					23	.00
24	Estimated tax payments, extension	•	•	iginal	return				00
25	Refund received and/or amount car	ried forw	ard from original return (am	ende	d return o	only)			.00
26	Total payments (line 23 plus line 24	minus li	ne 25)						.00
RF	EFUND OR BALANCE DUE								
27	Overpayment (if line 26 is more that			26)		ı	ers or Fishermen instructions)	27 _	.00
28	Interest on underestimated tax (fron					(566)	iristi uctions)	28 _	
29	Adjusted overpayment (line 27 minu								00
30	Overpayment to be applied to next								
31	Voluntary contribution (from Form 8						DEELWO		
32	Overpayment refund (line 29 minus			2		_	REFUND		00
33	Balance due (if line 22 is more than				0)	В	ALANCE DUE		00
34	Interest, penalty and interest on unc Total due (line 33 plus line 34)	iei estima	ateu tax (IIOIII FORM 80-320)	, ime 1	3)	AMO!	INT YOU OWE		
35	i otal uue (iille 33 pius iille 34)					AIVIOU	HI IOU OWE	35 _	.00
ı	Installment Agreement Reque (see instructions for eligibility;		rm 71-661)						



Mississippi Resident Individual Income Tax Return 2014

SSN	

NCOME	Column A (Taxp	payer)	Column	B (Spouse)
Wagner coloring time at a formulate Form 90 407)				
 Wages, salaries, tips, etc. (complete Form 80-107) Business income (loss) (attach Federal Schedule C or C-EZ) 	36A			
Capital gain (loss) (attach Federal Schedule D)	37A		37B	
Rent, royalties, partnerships, S corporation trusts, etc.	38A		38B	
(from Form 80-108, part IV)	39A	00	39B	
Farm income (loss) (attach Federal Schedule F)	39A 40A		100	
Interest income (from Form 80-108, part II, line 3)	41A			
Dividend income (from Form 80-108, part II, line 6)	42A			
Alimony received	43A			
Taxable pensions and annuities (complete Form 80-107)	44A			
Unemployment compensation (complete Form 80-107)	45A			
Other income (loss) (from Form 80-108, part V, line 10) Total income (add lines 36 through 46)	46A		46B	
Total income (add lines 36 through 46)	47A		47B	
DJUSTMENTS	Column A (Taxp	ayer)	Column	B (Spouse)
	(- w/4	,		
Payments to IRA	48A			
Payments to self-employed SEP, SIMPLE and qualified retirement plans	4071		49B	
Interest penalty on early withdrawal of savings	50A	00	50B	
Alimony paid (complete below)	51A		51B	
Name SSN	State:			
Name SSN	State:			
Name SSN	State:	_		
Moving expense (attach Federal Form 3903)	524		52P	
National Guard or Reserve pay (enter the lesser of amount or \$15,000)	52A			
Mississippi Prepaid Affordable College Tuition (MPACT)	53A 54A			
Mississippi Affordable College Savings (MACS)	55A			
Self-employed health insurance deduction	56A			
Health savings account deduction	57A			
Total adjustments (add lines 48 through 57)	58A			
Mississippi adjusted gross income (line 47 minus line 58; enter				
on page 1, line 13)	59A	00	59B	
MENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RET	URN (attach additional	statement if r	needed)	
return may be discussed with the preparer Yes No				
clare, under penalties of perjury, that I have examined this return and accompa				
is a true, correct and complete return. Declaration of preparer (other than tax				
Taxpayer Signature Date Taxpa	ayer Phone Number	Paid Preparer	PTIN	
Spouse Signature	Dronores Dharas M	Daid Dec -	=mail Address	
Spouse Signature Date Paid	Preparer Phone Number	Paid Preparer I	Linaii Audress	Ī
Paid Preparer Signature Date Paid	Preparer Address	City	State	Zip Code
raiu	oparor / warood			



Mississippi Income / Withholding Tax Schedule 2014

Primary Taxpayer Name (As shown on Forms 80-105, 80-110, 80-	205 and 81-110)	
1 A - Statement Information	B - Income and Withhholding	C - Employer or Payer Information
Check appropriate box W-2 1099 K-1 If 1099-R, Code in Box 7	State Mississippi Taxable Income	Employer or payer name
Employer or payer ID from W-2, 1099, K-1	Mississippi Withholding Only	Address City, State, ZIP
Taxpayer Name Taxpayer Social Security Number	State Income from Other State	
2 A - Statement Information Check appropriate box W-2 1099 K-1	B - Income and Withhholding MS	C - Employer or Payer Information
If 1099-R, Code in Box 7	State Mississippi Taxable Income	Employer or payer name Address
Employer or payer ID from W-2, 1099, K-1	Mississippi Withholding Only	City, State, ZIP
Taxpayer Name Taxpayer Social Security Number	State Income from Other State	
· · · · · · · · · · · · · · · · · · ·	D. Income and Withhhalding	C. Employer or Poyer Information
3 A - Statement Information	B - Income and Withhholding	C - Employer or Payer Information
3 A - Statement Information Check appropriate box W-2 1099 K-1	B - Income and Withhholding MS State Mississippi Taxable Income	C - Employer or Payer Information Employer or payer name
3 A - Statement Information Check appropriate box	MS .00	
3 A - Statement Information Check appropriate box W-2 1099 K-1 If 1099-R, Code in Box 7	State Mississippi Taxable Income	Employer or payer name
3 A - Statement Information Check appropriate box W-2 1099 K-1 If 1099-R, Code in Box 7 Employer or payer ID from W-2, 1099, K-1	State Mississippi Taxable Income Mississippi Withholding Only	Employer or payer name Address
3 A - Statement Information Check appropriate box W-2 1099 K-1 If 1099-R, Code in Box 7 Employer or payer ID from W-2, 1099, K-1 Taxpayer Name	State Mississippi Taxable Income Mississippi Withholding Only	Employer or payer name Address
3 A - Statement Information Check appropriate box W-2 1099 K-1 If 1099-R, Code in Box 7 Employer or payer ID from W-2, 1099, K-1 Taxpayer Name	State Mississippi Taxable Income Mississippi Withholding Only	Employer or payer name Address
3 A - Statement Information Check appropriate box W-2 1099 K-1 If 1099-R, Code in Box 7 Employer or payer ID from W-2, 1099, K-1 Taxpayer Name Taxpayer Social Security Number	State Mississippi Taxable Income Mississippi Withholding Only State Income from Other State	Employer or payer name Address City, State, ZIP
3 A - Statement Information Check appropriate box W-2 1099 K-1 If 1099-R, Code in Box 7 Employer or payer ID from W-2, 1099, K-1 Taxpayer Name Taxpayer Social Security Number 4 A - Statement Information Check appropriate box W-2 1099 K-1 If 1099-R, Code in Box 7	MS State Mississippi Taxable Income Mississippi Withholding Only State Income from Other State B - Income and Withhholding MS State Mississippi Taxable Income	Employer or payer name Address City, State, ZIP C - Employer or Payer Information
3 A - Statement Information Check appropriate box W-2 1099 K-1 If 1099-R, Code in Box 7 Employer or payer ID from W-2, 1099, K-1 Taxpayer Name Taxpayer Social Security Number 4 A - Statement Information Check appropriate box W-2 1099 K-1	State Mississippi Taxable Income Mississippi Withholding Only State Income from Other State B - Income and Withhholding MS State Mississippi Taxable Income	Employer or payer name Address City, State, ZIP C - Employer or Payer Information Employer or payer name
3 A - Statement Information Check appropriate box W-2 1099 K-1 If 1099-R, Code in Box 7 Employer or payer ID from W-2, 1099, K-1 Taxpayer Name Taxpayer Social Security Number 4 A - Statement Information Check appropriate box W-2 1099 K-1 If 1099-R, Code in Box 7	MS State Mississippi Taxable Income Mississippi Withholding Only State Income from Other State B - Income and Withhholding MS State Mississippi Taxable Income	Employer or payer name Address City, State, ZIP C - Employer or Payer Information Employer or payer name Address

THIS FORM MUST BE FILED EVEN IF YOU HAVE NO MISSISSIPPI WITHHOLDING