



# Mississippi Resident Individual Income Tax Return 2025

☐ Amended

Taxpayer First Name	Initial	Last Name
Spouse First Name	Initial	Last Name
Mailing Address (Number and Street, Including Rural Route)		
City	State	Zip
County Code		

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

- |   |                          |   |
|---|--------------------------|---|
| 1 | <input type="checkbox"/> | Married - Combined or Joint Return (\$12,000) |
| 2 | <input type="checkbox"/> | Married - Spouse Died in Tax Year (\$12,000)  |
| 3 | <input type="checkbox"/> | Married - Filing Separate Returns (\$12,000)  |
| 4 | <input type="checkbox"/> | Head of Family (\$8,000)                      |
| 5 | <input type="checkbox"/> | Single (\$6,000)                              |

## EXEMPTIONS

**Dependents** (in column B, enter "C" for child, "P" for parent or "R" for relative)

6	(A) Name	(B)	(C) Dependent SSN

7 Total number of dependents (from line 6 and Form 80-491) \_\_\_\_\_

- |   |                          |                         |                          |                       |
|---|--------------------------|-------------------------|--------------------------|-----------------------|
| 8 | <input type="checkbox"/> | Taxpayer Age 65 or Over | <input type="checkbox"/> | Spouse Age 65 or Over |
|   | <input type="checkbox"/> | Taxpayer Blind          | <input type="checkbox"/> | Spouse Blind          |

9 Total dependents line 7 plus number of boxes checked line 8 \_\_\_\_\_

- |    |                               |    |           |
|----|-------------------------------|----|-----------|
| 10 | Line 9 x \$1,500              | 10 | _____ .00 |
| 11 | Enter filing status exemption | 11 | _____ .00 |
| 12 | Total (line 10 plus line 11)  | 12 | _____ .00 |

## MISSISSIPPI INCOME TAX

### Column A (Taxpayer)

### Column B (Spouse)

13	Mississippi adjusted gross income (from page 2, line 66)	13A	_____ .00	13B	_____ .00
14	Standard or itemized deductions (if itemized, attach Form 80-108)	14A	_____ .00	14B	_____ .00
15	Exemptions (from line 12; if married filing separately use 1/2 amount)	15A	_____ .00	15B	_____ .00
16	Mississippi taxable income (line 13 minus line 14 and line 15)	16A	_____ .00	16B	_____ .00
17	Income tax due (from Schedule of Tax Computation, see instructions)	17	_____ .00	17	_____ .00
18	Credit for tax paid to another state (from Form 80-160, line 12; attach other state return)	18	_____ .00	18	_____ .00
19	Other credits (from Form 80-401, line 1)	19	_____ .00	19	_____ .00
20	Net income tax due (line 17 minus line 18 and line 19)	20	_____ .00	20	_____ .00
21	Consumer use tax (see instructions)	21	_____ .00	21	_____ .00
22	Catastrophe savings tax (see instructions)	22	_____ .00	22	_____ .00
23	Total Mississippi income tax due (line 20 plus line 21 and line 22)	23	_____ .00	23	_____ .00

## PAYMENTS

24	Mississippi income tax withheld (complete Form 80-107)	24	_____ .00
25	Estimated tax payments, extension payments and/or amount paid on original return	25	_____ .00
26	Credit for tax paid on an electing Pass-Through Entity Tax Return (from Form 80-161, line 3D)	26	_____ .00
27	Refund received and/or amount carried forward from original return (amended return only)	27	_____ .00
28	Total payments (line 24 plus line 25 and line 26 minus line 27)	28	_____ .00

## REFUND OR BALANCE DUE

29	Overpayment (if line 28 is more than line 23, subtract line 23 from line 28; if zero, skip to line 35)	29	_____ .00
30	Interest and penalty (from Form 80-320, line 11 and/or line 12)	30	_____ .00
31	Adjusted overpayment (line 29 minus line 30)	31	_____ .00
32	Overpayment to be applied to next year estimated tax account <input type="checkbox"/> Farmers or Fishermen (see instructions)	32	_____ .00
33	Voluntary contribution (from Form 80-108, part III)	33	_____ .00
34	Overpayment refund (line 31 minus line 32 and line 33)	REFUND	34 _____ .00

☐ Direct Deposit Request  
(check box and go to page 3)

35	Balance due (if line 23 is more than line 28, subtract line 28 from line 23)	BALANCE DUE	35 _____ .00
36	Interest and penalty (from Form 80-320, line 19)	36	_____ .00
37	Total due (line 35 plus line 36)	AMOUNT YOU OWE	37 _____ .00

☐ Installment Agreement Request  
(see instructions for eligibility; attach Form 71-661)

PLEASE SIGN THIS TAX RETURN ON THE BOTTOM OF PAGE 3



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SSN \_\_\_\_\_

INCOME	Column A (Taxpayer)	Column B (Spouse)
<b>38</b> Wages, salaries, tips, etc. ( <b>complete Form 80-107</b> )	38A _____ .00	38B _____ .00
<b>39</b> Business income (loss) ( <b>attach Federal Schedule C or C-EZ</b> )	39A _____ .00	39B _____ .00
<b>40</b> Capital gain (loss) ( <b>attach Federal Schedule D, if applicable</b> )	40A _____ .00	40B _____ .00
<b>41</b> Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV)	41A _____ .00	41B _____ .00
<b>42</b> Farm income (loss) ( <b>attach Federal Schedule F</b> )	42A _____ .00	42B _____ .00
<b>43</b> Interest income (from Form 80-108, part II, line 3)	43A _____ .00	43B _____ .00
<b>44</b> Dividend income (from Form 80-108, part II, line 6)	44A _____ .00	44B _____ .00
<b>45</b> Alimony received	45A _____ .00	45B _____ .00
<b>46</b> Taxable pensions and annuities ( <b>complete Form 80-107</b> )	46A _____ .00	46B _____ .00
<b>47</b> Unemployment compensation ( <b>complete Form 80-107</b> )	47A _____ .00	47B _____ .00
<b>48</b> Other income (loss) (from Form 80-108, part V, line 10)	48A _____ .00	48B _____ .00
<b>49 Total income</b> (add lines 38 through 48)	49A _____ .00	49B _____ .00

ADJUSTMENTS	Column A (Taxpayer)	Column B (Spouse)
<b>50</b> Payments to IRA	50A _____ .00	50B _____ .00
<b>51</b> Payments to self-employed SEP, SIMPLE and qualified retirement plans	51A _____ .00	51B _____ .00
<b>52</b> Interest penalty on early withdrawal of savings	52A _____ .00	52B _____ .00
<b>53</b> Alimony paid (complete below)	53A _____ .00	53B _____ .00

Name \_\_\_\_\_ SSN \_\_\_\_\_ State \_\_\_\_\_ Date of Divorce \_\_\_\_\_

<b>54</b> Moving expense ( <b>attach Federal Form 3903</b> )	54A _____ .00	54B _____ .00
<b>55</b> National Guard or Reserve pay (enter the lesser of amount or \$15,000)	55A _____ .00	55B _____ .00
<b>56</b> Mississippi Prepaid Affordable College Tuition (MPACT)	56A _____ .00	56B _____ .00
<b>57</b> Mississippi Affordable College Savings (MACS)	57A _____ .00	57B _____ .00
<b>58</b> Self-employed health insurance deduction	58A _____ .00	58B _____ .00
<b>59</b> Health savings account deduction	59A _____ .00	59B _____ .00
<b>60</b> Catastrophe savings account deduction	60A _____ .00	60B _____ .00
<b>61</b> Self-employment tax deduction	61A _____ .00	61B _____ .00
<b>62</b> First-time home buyer savings account deduction	62A _____ .00	62B _____ .00
<b>63</b> Agricultural disaster program compensation deduction	63A _____ .00	63B _____ .00
<b>64</b> Mississippi Achieving a Better Life Experience (ABLE) Act deduction	64A _____ .00	64B _____ .00
<b>65 Total adjustments</b> (add lines 50 through 64)	65A _____ .00	65B _____ .00
<b>66 Mississippi adjusted gross income</b> (line 49 minus line 65; enter on page 1, line 13)	66A _____ .00	66B _____ .00

**AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN (attach additional statement if needed)**

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# Mississippi Resident Individual Income Tax Return 2025

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SSN \_\_\_\_\_

## DIRECT DEPOSIT INFORMATION

**1** Overpayment refund (from page 1, line 34) 1 \_\_\_\_\_ .00

<b>a</b> Routing Number 1  <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	Account Number 1 <input type="checkbox"/> Checking <input type="checkbox"/> Savings  <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	Direct Deposit 1 Amount  1a _____ .00
<b>b</b> Routing Number 2  <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	Account Number 2 <input type="checkbox"/> Checking <input type="checkbox"/> Savings  <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	Direct Deposit 2 Amount  1b _____ .00

## SIGNATURE

This return may be discussed with the preparer ☐ Yes ☐ No

**I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.**

Taxpayer Signature	Date	Taxpayer Phone Number	Paid Preparer PTIN
Spouse Signature	Date	Paid Preparer Phone Number	Paid Preparer Email Address
Paid Preparer Signature	Date	Paid Preparer Address	City      State      Zip Code

**Mail REFUND returns to:** Department of Revenue, P.O. Box 23058, Jackson, MS 39225-3058  
**Mail all other returns to:** Department of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

**Duplex and Photocopies NOT Acceptable**