



801052581000

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 Married - Combined or Joint Return (\$12,000)
 2 Married - Spouse Died in Tax Year (\$12,000)
 3 Married - Filing Separate Returns (\$12,000)
 4 Head of Family (\$8,000)
 5 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	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	
18 Credit for tax paid to another state (from Form 80-160, line 12; attach other state return)	18 _____ .00	
19 Other credits (from Form 80-401, line 1)	19 _____ .00	
20 Net income tax due (line 17 minus line 18 and line 19)	20 _____ .00	
21 Consumer use tax (see instructions)	21 _____ .00	
22 Catastrophe savings tax (see instructions)	22 _____ .00	
23 Total Mississippi income tax due (line 20 plus line 21 and line 22)	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)
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)



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SSN _____

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

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

Name _____ SSN _____ State _____ Date of Divorce _____

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

DIRECT DEPOSIT INFORMATION

1 Overpayment refund (from page 1, line 34)

1 _____ .00

a Routing Number 1

Account Number 1

Checking

Savings

Direct Deposit 1 Amount

1a _____ .00

b Routing Number 2

Account Number 2

Checking

Savings

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