

# Mississippi Affidavit for Reservation Indian Income Exclusion From Mississippi State Income Taxes

|  |         |           |
|--|---------|-----------|
| 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  |         |           |

Tax Year \_\_\_\_\_

SSN \_\_\_\_\_

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

## INDIAN STATUS (CHECK ONE)

(a) I am a Mississippi Choctaw Indian. ☐ Yes ☐ No(b) I am a member or am eligible for membership in an Indian Tribe other than the Mississippi Band of Choctaws. ☐ Yes ☐ No

Name of Tribe \_\_\_\_\_

## RESERVATION RESIDENCY

(a) During \_\_\_\_\_ I lived on the Mississippi Choctaw Indian Reservation for... (check one box ONLY below)

- ☐ The entire year
- ☐ Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec (Circle months lived on reservation)
- ☐ I did not live on the Choctaw Reservation during \_\_\_\_\_

(b) My place(s) of residence on the Choctaw Reservation during \_\_\_\_\_ was (were) located on (check one or more boxes below)

- ☐ A tribal housing site lease
- ☐ A Choctaw housing authority house site
- ☐ A BIA dormitory or house

## RESERVATION INCOME

(a) During the months I lived on the Choctaw Reservation in \_\_\_\_\_, I earned the following income from work on the Choctaw Reservation

\_\_\_\_\_

(b) My employer(s) for my on-reservation work during \_\_\_\_\_ was (were) the... (check one or more boxes below)

- ☐ Mississippi Band of Choctaw Indians
- ☐ Bureau of Indian Affairs
- ☐ Indian Health Service, USPHS
- ☐ Other

Name of Employer \_\_\_\_\_

Employer Phone \_\_\_\_\_

Employer Address \_\_\_\_\_

I do hereby claim that the above described earned income falls outside the taxing jurisdiction of the State of Mississippi on the basis of the legal principles established in **McClanahan vs. Arizona Tax Commission**, 411 U.S. 164 (1973). **THIS FORM MUST BE SIGNED.** If someone else completed this form, both of you must sign the form. Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief this form is true, correct, and complete.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Preparer Signature \_\_\_\_\_

Date \_\_\_\_\_

**Mail this form to: P.O. Box 1033, Jackson, MS 39215**