

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 _____