



Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2022

Amended

Non-Resident Part-Year, Tax Year Beginning _____ and Ending _____

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 Taxpayer Age 65 or Over Spouse Age 65 or Over
- Taxpayer Blind 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

PRORATION (COMPLETE PAGE 2 BEFORE PROCEEDING FURTHER)

13a Mississippi adjusted gross income _____ .00 b Adjusted gross income from all sources _____ .00 c Line 13a divided by line 13b _____ %	14a Standard or itemized deductions _____ .00 b Mississippi deductions (line 14a multiplied by line 13c) _____ .00	15a Exemptions (from line 12; if married filing separate, use 1/2 amount) _____ .00 b Mississippi exemption (line 15a multiplied by line 13c) _____ .00
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MISSISSIPPI INCOME TAX

	Column A (Taxpayer)	Column B (Spouse)
16 Mississippi adjusted gross income (from page 2, line 67 or line 68)	16A _____ .00	16B _____ .00
17 Deductions (from line 14b; if itemized, attach Form 80-108)	17A _____ .00	17B _____ .00
18 Exemptions (from line 15b)	18A _____ .00	18B _____ .00
19 Mississippi taxable income (line 16 minus line 17 and line 18)	19A _____ .00	19B _____ .00
20 Income tax due (from Schedule of Tax Computation, see instructions)		20 _____ .00
21 Credit for tax paid on an electing Pass-Through Entity Tax Return (from Form 80-161, line 7)		21 _____ .00
22 Other credits (from Form 80-401, line 1)		22 _____ .00
23 Net income tax due (line 20 minus line 21 and line 22)		23 _____ .00
24 Consumer use tax (see instructions)		24 _____ .00
25 Catastrophe savings tax (see instructions)		25 _____ .00
26 Total Mississippi income tax due (line 23 plus line 24 and line 25)		26 _____ .00
27 Mississippi income tax withheld (complete Form 80-107)		27 _____ .00
28 Estimated tax payments, extension payments and/or amount paid on original return		28 _____ .00
29 Refund received and/or amount carried forward from original return (amended return only)		29 _____ .00
30 Total payments (line 27 plus line 28 minus line 29)		30 _____ .00
31 Overpayment (if line 30 is more than line 26, subtract line 26 from line 30; if zero, skip to line 36)		31 _____ .00
32 Interest and penalty (from Form 80-320, line 11 and/or line 12)		32 _____ .00
33 Adjusted overpayment (line 31 minus line 32 plus amount from Form 80-161, line 8)		33 _____ .00
34 Overpayment to be applied to next year estimated tax account <input type="checkbox"/> Farmers or Fishermen (see instructions)		34 _____ .00
35 Overpayment refund (line 33 minus line 34)		35 _____ .00
<input type="checkbox"/> Direct Deposit Request (check box and go to page 3)		
36 Balance due (if line 26 is more than line 30, subtract line 30 from line 26)	BALANCE DUE	36 _____ .00
37 Interest and penalty (from Form 80-320, line 19)		37 _____ .00
38 Total due (line 36 plus line 37)	AMOUNT YOU OWE	38 _____ .00

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



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Table with 3 columns: INCOME, Total Income From All Sources, Mississippi Income ONLY. Rows 39-50 include Wages, salaries, tips, etc. (complete Form 80-107); Business income (loss) (attach Federal Schedule C or C-EZ); Capital gain (loss) (attach Federal Schedule D, if applicable); Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV); Farm income (loss) (attach Federal Schedule F); Interest income (from Form 80-108, part II, line 3); Dividend income (from Form 80-108, part II, line 6); Alimony received; Taxable pensions and annuities (complete Form 80-107); Unemployment compensation (complete Form 80-107); Other income (loss) (from Form 80-108, part V, line 10); Total income (add lines 39 through 49).

Table with 3 columns: ADJUSTMENTS, Total Income From All Sources, Mississippi Income ONLY. Rows 51-54 include Payments to IRA; Payments to self-employed SEP, SIMPLE and qualified retirement plans; Interest penalty on early withdrawal of savings; Alimony paid (complete below).

Name _____ SSN _____ State _____ Date of Divorce _____

Table with 3 columns: ADJUSTMENTS, Total Income From All Sources, Mississippi Income ONLY. Rows 55-68 include Moving expense (attach Federal Form 3903); National Guard or Reserve pay (enter the lesser of amount or \$15,000); Mississippi Prepaid Affordable College Tuition (MPACT); Mississippi Affordable College Savings (MACS); Self-employed health insurance deduction; Health savings account deduction; Catastrophe savings account deduction; Self-employment tax deduction; First-time home buyer saving account deduction; Agricultural disaster program compensation deduction; Mississippi Achieving a Better Life Experience (ABLE) Act deduction; Total adjustments (add lines 51 through 65); Adjusted gross income (line 50 minus line 66; enter total AGI on page 1, line 13b and Mississippi AGI line 13a); Split Mississippi AGI on line 67 between taxpayer and spouse (T 68, S 68).

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

Four horizontal lines for providing an explanation of changes to the original return.





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DIRECT DEPOSIT INFORMATION

1 Overpayment refund (from page 1, line 35) 1 _____ .00

a Routing Number 1 _____	Account Number 1 _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Direct Deposit 1 Amount 1a _____ .00
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b Routing Number 2 _____	Account Number 2 _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Direct Deposit 2 Amount 1b _____ .00
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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