

## 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 \_\_\_\_\_