

MS

## Mississippi Affidavit In Support Of Reservation Indian Income Exclusion From Mississippi State Income Taxes

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

Taxpayer Last Name	First Name	Middle Initial	<b>YOU MUST ENTER SSN</b>
Spouse Last Name	Spouse First Name	Middle Initial	
Mailing Address (Number & Street, Including Rural Route)			
City	State	Zip	
			SSN _____ - _____ - _____ Spouse SSN _____ - _____ - _____ Residence County Code - See Instructions _____

**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 **OR**
- 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 separately from your State Tax Return to:**  
**Department of Revenue**  
**P.O. Box 1033**  
**Jackson, MS 39215**

**Duplex or Photocopies NOT Acceptable**