



801052331223

Mississippi Resident Individual Income Tax Return 2023

Amended

| | | | | |
|--|---------|-----------------------|--------------------------|--|
| Taxpayer First Name a | Initial | Last Name a | | |
| Spouse First Name | Initial | Last Name | | |
| Mailing Address (Number and Street, Including Rural Route) | | | | |
| City | State | Zip | County Code 90 | |

SSN **490549999**

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 **X** 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)

0

8 **X** 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 **1**10 Line 9 x **\$1,500** 10 **1500**11 Enter filing status exemption 11 **6000**12 Total (line 10 plus line 11) 12 **7500****MISSISSIPPI INCOME TAX**

Column A (Taxpayer)

Column B (Spouse)

| | | |
|--|-----------------|-----|
| 13 Mississippi adjusted gross income (from page 2, line 66) | 13A | 13B |
| 14 Standard or itemized deductions (if itemized, attach Form 80-108) | 14A 2300 | 14B |
| 15 Exemptions (from line 12; if married filing separately use 1/2 amount) | 15A 7500 | 15B |
| 16 Mississippi taxable income (line 13 minus line 14 and line 15) | 16A | 16B |
| 17 Income tax due (from Schedule of Tax Computation, see instructions) | | 17 |
| 18 Credit for tax paid to another state (from Form 80-160, line 12; attach other state return) | | 18 |
| 19 Other credits (from Form 80-401, line 1) | | 19 |
| 20 Net income tax due (line 17 minus line 18 and line 19) | | 20 |
| 21 Consumer use tax (see instructions) | | 21 |
| 22 Catastrophe savings tax (see instructions) | | 22 |
| 23 Total Mississippi income tax due (line 20 plus line 21 and line 22) | | 23 |

PAYMENTS

| | |
|--|----|
| 24 Mississippi income tax withheld (complete Form 80-107) | 24 |
| 25 Estimated tax payments, extension payments and/or amount paid on original return | 25 |
| 26 Credit for tax paid on an electing Pass-Through Entity Tax Return (from Form 80-161, line 3D) | 26 |
| 27 Refund received and/or amount carried forward from original return (amended return only) | 27 |
| 28 Total payments (line 24 plus line 25 and line 26 minus line 27) | 28 |

REFUND OR BALANCE DUE

| | |
|--|----|
| 29 Overpayment (if line 28 is more than line 23, subtract line 23 from line 28; if zero, skip to line 35) | 29 |
| 30 Interest and penalty (from Form 80-320, line 11 and/or line 12) | 30 |
| 31 Adjusted overpayment (line 29 minus line 30) | 31 |
| 32 Overpayment to be applied to next year estimated tax account Farmers or Fishermen (see instructions) | 32 |
| 33 Voluntary contribution (from Form 80-108, part III) | 33 |
| 34 Overpayment refund (line 31 minus line 32 and line 33) REFUND | 34 |

Direct Deposit Request
(check box and go to page 3)

| | |
|--|----|
| 35 Balance due (if line 23 is more than line 28, subtract line 28 from line 23) BALANCE DUE | 35 |
| 36 Interest and penalty (from Form 80-320, line 19) | 36 |
| 37 Total due (line 35 plus line 36) AMOUNT YOU OWE | 37 |

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

PLEASE SIGN THIS TAX RETURN ON THE BOTTOM OF PAGE 3



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Mississippi

Resident Individual Income Tax Return

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Page 2

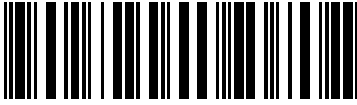
SSN

490549999

| INCOME | | Column A (Taxpayer) | Column B (Spouse) |
|-----------|--|---------------------|-------------------|
| 38 | Wages, salaries, tips, etc. (complete Form 80-107) | 38A | 38B |
| 39 | Business income (loss) (attach Federal Schedule C or C-EZ) | 39A | 39B |
| 40 | Capital gain (loss) (attach Federal Schedule D, if applicable) | 40A | 40B |
| 41 | Rent, royalties, partnerships, S corporations, trusts, etc. (from Form 80-108, part IV) | 41A | 41B |
| 42 | Farm income (loss) (attach Federal Schedule F) | 42A | 42B |
| 43 | Interest income (from Form 80-108, part II, line 3) | 43A | 43B |
| 44 | Dividend income (from Form 80-108, part II, line 6) | 44A | 44B |
| 45 | Alimony received | 45A | 45B |
| 46 | Taxable pensions and annuities (complete Form 80-107) | 46A | 46B |
| 47 | Unemployment compensation (complete Form 80-107) | 47A | 47B |
| 48 | Other income (loss) (from Form 80-108, part V, line 10) | 48A | 48B |
| 49 | Total income (add lines 38 through 48) | 49A | 49B |

| ADJUSTMENTS | | Column A (Taxpayer) | Column B (Spouse) |
|---|--|---------------------|-------------------|
| 50 | Payments to IRA | 50A | 50B |
| 51 | Payments to self-employed SEP, SIMPLE and qualified retirement plans | 51A | 51B |
| 52 | Interest penalty on early withdrawal of savings | 52A | 52B |
| 53 | Alimony paid (complete below) | 53A | 53B |
| <div> <div>Name</div> <div>SSN</div> <div>State</div> <div>Date of Divorce</div> </div> | | | |
| 54 | Moving expense (attach Federal Form 3903) | 54A | 54B |
| 55 | National Guard or Reserve pay (enter the lesser of amount or \$15,000) | 55A | 55B |
| 56 | Mississippi Prepaid Affordable College Tuition (MPACT) | 56A | 56B |
| 57 | Mississippi Affordable College Savings (MACS) | 57A | 57B |
| 58 | Self-employed health insurance deduction | 58A | 58B |
| 59 | Health savings account deduction | 59A | 59B |
| 60 | Catastrophe savings account deduction | 60A | 60B |
| 61 | Self-employment tax deduction | 61A | 61B |
| 62 | First-time home buyer savings account deduction | 62A | 62B |
| 63 | Agricultural disaster program compensation deduction | 63A | 63B |
| 64 | Mississippi Achieving a Better Life Experience (ABLE) Act deduction | 64A | 64B |
| 65 | Total adjustments (add lines 50 through 64) | 65A | 65B |
| 66 | Mississippi adjusted gross income (line 49 minus line 65; enter on page 1, line 13) | 66A | 66B |

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



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SSN

490549999**DIRECT DEPOSIT INFORMATION****1** Overpayment refund (from page 1, line 34)

1

| a Routing Number 1 | Account Number 1 | Checking | Savings | Direct Deposit 1 Amount |
|---------------------------|------------------|----------|---------|-------------------------|
| | | | | 1a |
| b Routing Number 2 | Account Number 2 | Checking | Savings | Direct Deposit 2 Amount |
| | | | | 1b |

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