

Mississippi Resident Individual Income Tax Return 2009



Duplex or Photocopies NOT Acceptable

Name & Address section containing fields for Taxpayer Last Name, First Name, Middle Initial, SSN, Spouse Last Name, First Name, Middle Initial, Spouse SSN, Mailing Address, City, State, Zip, and Residence County Code.

YOU MUST ENTER SSN

Filing Status and Exemptions section with instructions for filing status (Married, Head of Family, Single, etc.) and a table for dependents with columns for Name, SSN, and relationship.

Filing Status and Exemption Amounts section with a table for calculating total exemptions and amounts, including lines 7 through 14.

If Filing a Combined Return, Use Column A for Taxpayer and Column B for Spouse, Otherwise Use Column A ONLY. See instructions in booklet.

Column A (Taxpayer)

Round to Nearest Dollar

Column B (Spouse)

Income section with a table for reporting wages, other income, adjustments, gross income, deductions, and taxable income.

Credits section with a table for reporting Mississippi income tax withheld, estimated tax payments, and other credits.

Refund or Balance Due section with a table for reporting overpayment, voluntary contribution check-offs, and total due.

PLEASE SIGN THIS TAX RETURN IN THE SIGNATURE AREA PROVIDED ON THE BOTTOM OF PAGE 2.

Mail REFUND To: Office of Revenue, P.O. Box 23058, Jackson, MS 39225-3058

Mail All Other Returns To: Office of Revenue, P.O. Box 23050, Jackson, MS 39225-3050



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SSN - -

If showing a loss, shade minus (-) in box.

Example: -

Column A (Taxpayer)

Column B (Spouse)

Other Income

- 36. Business Income/(Loss) **(Must Attach Federal Schedule C or C-EZ)**
- 37. Capital Gain (Loss) **(Must Attach Federal Schedule D)**
- 38. Rent, Royalties, P-ships, S Corps, Trusts, etc. **(Must Attach Federal Schedule E)**
- 39. Farm Income/(Loss) **(Must Attach Federal Schedule F)**
- 40. Interest Income
- 41. Dividend Income
- 42. Alimony Received
- 43. Taxable Pensions and Annuities **(Must Attach 1099-R)**
- 44. Unemployment Compensation **(Must Attach Form(s) 1099-G)**
- 45. Other Income (Loss) **(Must Attach MS Schedule N)**
- 46. **Total Other Income** (Add Lines 36 through 45. Carry Amts. to Page 1, Line 16.)

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Round To Nearest Dollar

Adjustments to Income

- 47. Payments to an IRA
- 48. Payments to Self-Employed SEP, SIMPLE, & Qualified Retirement Plans
- 49. Interest Penalty on Early Withdrawal of Savings
- 50. Alimony Paid **(Must Complete Schedule P Below)**
- 51. Moving Expense **(Must Attach Federal Form 3903)**
- 52. National Guard or Reserve Pay (Enter the Lesser of the Guard/ Reserve Pay or the \$15,000 Statutory Exclusion Per Taxpayer)
- 53. MS Prepaid Affordable College Tuition (MPACT) and/or MS Affordable College Savings (MACS)
- 54. Self-Employed Health Insurance Deduction
- 54. Health Savings Account Deduction
- 56. **Total Adjustments** (Add Lines 47 through 55. Carry Amts to Page 1, Line 17.)

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Round To Nearest Dollar

Schedule of Tax Computation - Use taxable income from Page 1, Line 21. See booklet for instructions.

Tax Rate(s)	Taxpayer (Column A)	Spouse (Column B)	Total	Rate	Income Tax
1. First \$5,000 or Part	+	=		x 3%	
2. Next \$5,000 or Part	+	=		x 4%	
3. Remaining Balance	+	=		x 5%	
4. Subtotal	+	=			
5. Total Income Tax - Enter on Page 1, Line 22					

Schedule P - Alimony Paid

If a deduction is claimed for Alimony Paid, please furnish the name, SSN, and the state of residency of the individual to whom the amount was paid.

Name _____

SSN of Recipient - -

State of Residency

THIS RETURN MUST BE SIGNED. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete.

Taxpayer Signature	Taxpayer Phone () - - - - -	This Return may be discussed with the preparer. <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid Firm Identification Number or PTIN - -
Spouse Signature (If joint, BOTH must sign)	Date		Paid Preparer Social Security Number or PTIN - -
Paid Preparer Signature	Date	Paid Preparer (Print Firm Name)	
Paid Preparer Phone () - - - - - -		Paid Preparer Address	

OR