Form 80-105-09-8-1-000 (Rev. 05/09)

Mississinni x Return

5-09-8-1-000 (Rev. 05/09)	ivilooloolippi
	Resident Individual Income Tax 2009

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S Ta	axpay	yer Last Name			Taxpaye	er First Name	Middle Ir	Initial Taxpaye			- :	- :		:	
Sp	ouse	e Last Name			Spouse F	First Name	Middle Ir	Spouse		· · · · · · · · · · · · · · · · · · ·					
න Ma	 ailing	g Address (Number & Street, Incl	 luding Rui	ral Route)				SSN				.;;•; . =	·		
Name cit	ty					State		L				ENT			V
. التو ا	 1	× : : Married Com!	ed or 1	int Return	nter \$40.1)00 on Line 40	,				·	e - See Ins	structic	ons :	
	1. 2.	Married - Spouse Died in Tax Year - Please enter surviving spouse first as taxpayer. Taxpayer Age 65 or Over Taxpayer Blind													
	2. 3.	Enter \$12,000 on L	Line 12. E parate Re	Enter Spouse eturns - Enter S	se Age 65	or Over		use Blin							
Шe	3. 4.	SSN in boxes provided above. (Cannot change from Joint to Separate after due date.) Head of Family - Enter \$8,000 on Line 12. Provide Name. SSN, and Relationship of the													* *. : :
	4. 5.	Dependent Living in Single - Enter \$6,0	ed "X" on Lin	e 7											
<u>an</u>	<u>6</u>	Dependents (In o				i <u>ld, P for parent o</u> Dependent SSN	or R for relative).	10	0. Total o	of Line 8	plus Line	∍ 9	:	: : :	:
Status		<u>_</u>	/					Status and		10 x \$ 1 ,		: :	· · · · · · · · · · · · · · · · · · ·		
			= = ! :		- :			Stattus 12.	Enter .	· Amount f	from	· · · · · · · · · · · · · · · · · · ·	:		00
iling						: - : - : - : - : - : - : - : - : - : -		: S iii 13.	Lines	s 1 throug (Line 11 p		· · · · · · · · · · · · · · · · · · ·	:		00
<u> </u>								14.	. If Filin	ng MFS F	Returns,	· · · · · · · · · · · · · · · · · · ·	•		00
Tav-		If Filing a Combined Return,			Y. See	Column ^	::		nd to Ne	er 1/2 of Li learest		Column	.: В (°-)Unec,	
	-	instructions in bo	ooklet.		:	Solution F	(.uxpayel)		Dollar			JoiuIIII	<i>-</i> (⊃	rouse,	
	16	Wages, salaries, tips, etc. (I Other Income (Amount from L	-	oii #V-ZS.)	:::::			00				ļ	<u>.</u>	1	00
		Page 2 of this Form.) Adjustments to Gross Income	e (Amount		· · · · ·			00			į		:		00
	17. _{fi}	from Line 56, Page 2 of this for Mississippi Adjusted Gross	form.)					00		:		<u>.</u>	<u>.</u>	<u>.</u>	00
ame 1	18. ₍	(Line 15 plus Line 16 minus Line 15 plus Line 16 minus Line Standard or Itemized Deduction	ine 17). ons (For It	► (P)	::::: 			00 ▶	▶ (B)		į	<u></u>	<u>:</u>	<u>.</u>	00
<u>ĕ</u>	19. 1	Deductions, Must Attach Sch . Amount of Exemption	n. A, Form	m 80-108) 🕨	· (F)	.		00	•	(H) :		<u>:</u>	<u>:</u>	<u>.</u>	00
2	20. L	Line 13 (Line 14 if Married Fili						00				<u>.</u>	<u>.</u>		00
2	21. a	Mississippi Taxable Income and 20). See Instructions (If le	Line 18 ess than	0, enter 0)	ษ <u>:</u> :	<u>iii.</u> .		00					<u>.</u> ,	<u> </u>	00
_ 2	?2.	Total Income Tax Due (From	ı Schedul	le of Tax Comլ	putation, F	age 2 of this forn	n)			:	. <u></u>				00
2	13.	Mississippi Income Tax With	hheld (M	lust Attach V	∿-2s.)				>	(W)					00
	?4. E	Estimated Tax Payments an	nd/or Am	nount Paid wit	th Extensi	on			•	(E)					00
<u>9</u>	? 5. (Credit for Income Tax Paid t	to Anoth	er State (Mus	st Attach	Copy of Retu	rn filed with othe	er States.)		(S)					00
Credits 5		Other Credits (See Instructions type of credit claimed. (Mus							•	(O)					00
	. 7. 1	Total Credits (Add Lines 23	through.	26)									:		00
2	'8. E	Enter the Amount of Overpa	nyment If	f Line 27 is La	arger than	Line 22.	OV	/ERPAYME	ENT	:	· · · · · · · · · · · · · · · · · · ·				00
2	!9. /	Amount of Overpayment to I	be Applic	ed to Your Ne	ext Year E	Estimate Tax Acu	count.		>	(C)					00
Due		Voluntary Contribution Chec	eck-offs (F	From Form 80	0-108, Pag (N)		l of J, K, L, M, N, ((Z)	Q, and Z in	Right Cc				÷		
Refund or Balance Due	30.	(K) : : : : : : : : : : : : : : : : : : :		:	:			<u>.</u>		00					
r Ba	31.	Amount of Overpayment to	(M) be Refur	nded to You	(Q) (Subtract		0 from Line 28)	REF	UND	(R)	:		:	: :	 00
о р ,		Enter Balance Due If Line 2			•	5 and c	•	SALANCE I		(* V) . 	• • • • • • • • • • • • • • • • • • • •		:		:
efun						ist Attack =		ANUE		\(\rangle\)				: :	00
~ [;]	ა პ.	Interest on Underpayment of		·	,		•		•	(I):					00
		 Late Payments - Interest TOTAL DUE (Add Lin 				•		1	•	· (T)	;	ļ	<u>.</u>	<u>:</u>	00
		Due payable to: State						TOTAL [DUE 🕨	(V)	:	: :	=		: 00

Form 80-105-09-8-2-000 (Rev. 05/09)



Mississippi Resident Individual Income Tax Return

Page	2
9-	_

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9		:	:	: · · ·		:	: • • •	:	: : : :				:	
9	SSN	:	:	:	-	:	:	: -	:			s s	:	

		If showing a loss, shade minus (-) in box.	Example	: -		Colur	mn A	(Taxpa	ıyer)			Col	lumn E	3 (Sp	ouse)	
	36.	Business Income/(Loss) (Must Attach Federal Schedule C or C	C-EZ)	::::			:			00	:::::	:		:			00
	37.	Capital Gain (Loss) (Must Attach Federal Schedule D)		:::: }						00 .							00
	38.	Rent, Royalties, P-ships, S Corps, Trusts, etc. (Must Attach Federal Scho	edule E)							00 है	<u> </u>			:			00
a)	39.	Farm Income/(Loss) (Must Attach Federal Schedule F)								00 2						:	00
ШС	40.	. Interest Income								00 8	163						00
nco	41.	. Dividend Income								00		5 5		:			00
er	42.	. Alimony Received						· · · · · · · · · · · · · · · · · · ·		00 0							00
Other Incom	43.	Taxable Pensions and Annuities (Must	Attach							00 T	- ;····				!		00
	44.	Linomployment Compensation		:								\$					00
	45.	Other Income (Loss) (Must Attach MS Schedule N)								00 0		5 5 5					00
	46.	Total Other Income (Add Lines 36	16)						ļ .	00		 : :		·····•			00
		through 40. Oally 7this. to 1 age 1, Ellie	10.)	:			} .		(12	00	1						; 00
	47.	. Payments to an IRA		:		· · · · · ·	• • • • • •		 : :	00	:	:	···········	·····:	·····	····	00
ne	48.	Payments to Self-Employed SEP,		:					: ;	00							00
COL	49.	Interest Penalty on Early		:						00	ollar					• • • • • •	00
to Income		 Withdrawal of Savings Alimony Paid (Must Complete Schedu 	ile P Relow) :						100 6	ן ב		<u> </u>			• • • • • •	00
ts t		Moving Expense		,						00	Nearest		÷…				00
ení		National Guard or Reserve Pay (Enter the Le	esser of the C	Guard/						00	ear						00
Adjustments	53.	Reserve Pay or the \$15,000 Statutory Exclusion MS Prepaid Affordable College Tuition	(MPACT)	oayer) :					: :	:	Ž						:
dju		and/or MS Affordable College Savings	(MACS)	:					: :	· · · · · ·	- ;						00
A	54.	Insurance Deduction		:					: <u>.</u>	00	nug 		<u>.</u>				00
	54.	 Health Savings Account Deduction Total Adjustments (Add Lines 47 through 	ıah	:							Kon		<u>.</u>				00
	56.	55. Carry Amts to Page 1, Line 17.)			able	inco	no fr			00		t for	inctru	etion		:	00
		Tax Rate(s) Taxpayer (Co		T		e (Colu		¬ - F		ZI. Set Total		Rate	instru		ome 7	 Гах	
1. Fir	st \$	5,000 or Part	 +!	+		- `		+- <u> </u>				3%					·
2. Ne	xt	\$5,000 or Part	<u>-</u>]=[4%					
3. Re	ma	aining Balance										5% ¦					
4. Su				- <u>i</u> 				j=i									
		Income Tax - Enter on Page 1, Line	22 									<u>i</u>					
If a de pleas state	educ e fur of re	le P - Alimony Paid tion is claimed for Alimony Paid, rnish the name, SSN, and the ssidency of the individual to whom nt was paid.	9						SSN of Recipient State of Residency		•		.				· · · · · · · · · · · · · · · · · · ·
HIS	RE	TURN MUST BE SIGNED. Under p	enalties of	f perjury	, I de	eclare	that I I	nave exa	amined thi	s return,	including	g acco	mpany	ing sc	hedul	es and	
tater	_	its, and to the best of my knowledge Faxpayer Signature	and belief	Taxpaye				npiete. is Return	mav 🦃	aid Firm Id	dentification	on Ņun	nber or F	PTIN		 · · .	
	()						be discussed with the preparer.				- ;	.			;)R
	S	Spouse Signature (If joint, BOTH must sig	n)	Date				T _{Vee}	No :	aid Prepa	rer Social	Secur	ity Numb	er or P	TIN		
	i_	Paid Preparer Signature				Date		Yes	;	Paid Pre	eparer (Pr	int Firn	n Name)		<u> </u>	<u> </u>	
						De: - D				İ							
	Paid Preparer Phone						reparer	Address									