## Form 80-105-10-8-1-000 (Rev. 05/10)

## Mississippi Resident Individual Income Tax Return 2010

WII	В
Page	1

	8	Duplex o	r Photocopies NOT Accep				Pa	ige 1		
ess	Тахра	yer Last Name	Taxpayer First Name	Middle Initial	Taxpayer : : : : : : : : : : : : : : : : : : :	· · · · · · · · · · · · · · · · · · ·				
Address	Spous	se Last Name	Spouse First Name	Middle Initial	Spouse					
ంర	– – – Mailing	g Address (Number & Street, Including Rural Route)		i	SSN :	:	.ii=i			
Name	 City		State Zip		▲ YOL	J MUST	ENTER	R SSN A		
Ž	L			Residence	County Code	- See Instruc	tions			
<u>s</u>	1.	Married - Combined or Joint Return -	naver	7. Mark "X		er Taxpayer	· · · · · · · · · · · · · · · · · ·			
tion	2.	Married - Spouse Died in Tax Year - Ples Enter \$12,000 on Line 12. Enter Spouse  Married - Filling Separate Petures - Enter		er Age 65 or Ove						
mp	3.	SSN in boxes provided above. (Cannot	Spouse	Age 65 or Over		Blind				
and Exemptions	4.	Head of Family - Enter \$8,000 on Line Dependent Living in the Home with You		onship of the	8. Numbe	r of Dependents				
pu	5. 6.	Single - Enter \$6,000 on Line 12.	Head of Family - Enter \$8,000 on Line 12. Provide Name, SSN, and Relationship of the Dependent Living in the Home with You on Line 6.  Single - Enter \$6,000 on Line 12.  Dependents (in column (b) Must enter C for child, P for parent or R for relative).							
ıs a	- <u></u> -	(a) Name (b)   (b)   (c)	(c) Dependent SSN			Line 8 plus Line	9			
Status					11. Line 10  12. Enter A Lines 1	x \$ 1,500 =		00		
s 6	L					mount from 1 through 5.		00		
Filing					13. Total (L	ine 11 plus 12).		00		
-					14 If Filing	g MFS Returns, 1/2 of Line 13.		00		
Ta	 ixpayer	If Filing a Combined Return, Use Column A for r and Column B for Spouse, Otherwise Use Column A ON	ııy. see Column A (Taxp	ayer)	Round to Ne Dollar		Column B (			
	15.	instructions in booklet.  Wages, salaries, tips, etc. (Must Attach W-2s)			)0	: :::::::::::::::::::::::::::::::::::::		00		
	16	Other Income (Amount from Line 46,								
		Page 2 of this Form) Adjustments to Gross Income (Amount			00			00		
		from Line 56, Page 2 of this form)  Mississippi Adjusted Gross Income	<u></u>		00			00		
Income	18.	(Line 15 plus Line 16 minus Line 17) ► (P) Standard or Itemized Deductions (For Itemized		[[[7	00 ► (B)	<b>–</b>		00		
nco	19.	Deductions, Must Attach Sch. A, Form 80-108)	► (F)	(	00	(H)		00		
		Amount of Exemption Line 13 (Line 14 if Married Filing Separately)		C	00			00		
	21.	Mississippi Taxable Income (Line 18 Less Lines 1 and 20) See Instructions (If less than 0, enter 0)	19 : : : :	C	00			00		
	22.	Total Income Tax Due (From Schedule of Tax Con	nputation, Page 2 of this form)					00		
	23.	Mississippi Income Tax Withheld (Must Attach	W-2s.)		<b>&gt;</b> (	(W)		00		
	24.	Estimated Tax Payments and/or Amount Paid w	ith Extension		•	(E)		00		
its	25.	Credit for Income Tax Paid to Another State (Mu	ıst Attach Copy of Return filed v	with other St	ates)	(S)		00		
Credits		Other Credits (See Instructions) Enter code for each	ch : : : : : : : : : : : : : : : : : : :			(O)				
ပ	27	type of credit claimed. (Must Attach Form 80-4  Total Credits (Add Lines 23 through 26)	<b>74)</b> : : : : : : : : : : : : : : : : : : :					00		
		Total Credits (Add Lines 23 through 26)		0)/555	AVMENT			00		
		Enter the Amount of Overpayment If Line 27 is L		OVERP	PAYMENT			00		
a	29.	Amount of Overpayment to be Applied to Your N Voluntary Contribution Check-offs (From Form 8		L, M, N, Q, ar		(C)		00		
Refund or Balance Due		(J) (L) (N) (Z)								
ance	30.	(K): : : : (M): : :				00				
Bala	24		(Q) : : : : : : : : : : : : : : : : : : :	no 20\	DEELIND:	(D).				
or		Amount of Overpayment to be Refunded to You	•	,		(R):		00		
funo	32.	Enter Balance Due If Line 22 Is Larger Than Lir	ne 27.	BALA	NCE DUE			00		
Re	33.	Interest on Underpayment of Estimated Tax Page	yments (Must Attach Form 80-320	))	•	(I)		00		
	1	34. Late Payments - Interest @ 1% Per Mont	h and Penalty @ 1/2% Per Month.		•	(T)		00		
		35. TOTAL DUE (Add Lines 32, 33, and 34.) Moreover Due payable to: Department of Revenue			OTAL DUE	(V)		00		
1							21.12.21.11.11			

Form	80-	105-	10-8	-2-000	(Rev	05/10)



			гау
rn			

orm 8	0-105	5-10-8-2-000 (Rev. 05/10)	Re	sident		dississip dual Ind 2010	ome 1		eturn	#111 <u>3</u>	<b>P</b> a	age 2			7
		801051082000				2010		SSN		<u>.</u>					
		If showing a shade minus (-)		Example	e:	Column	A (Taxp	oayer)			Co	lumn B (	Spouse)		
	36. 37.	Business Income/(Loss (Must Attach Federal S Capital Gain (Loss) (Must Attach Federal S	Schedule C or	C-EZ)					00						00
	38. 39.	Rent, Royalties, P-ships Trusts, etc. (Must Atta Farm Income/(Loss)	ch Federal Sch	nedule E)					00	0					00
me		(Must Attach Federal S Interest Income	Schedule F)						00	<u>:</u> تا			: :		00
Other Incom	41.	Dividend Income							00	Near			:		00
erl	42.	Alimony Received							00					7	00
O#P	43.	Taxable Pensions and A	Annuities (Must	Attach					00	nd T					00
	44.	(Must Attach Form(s)	nsation <b>1099-G)</b>						00	onu			:		00
	45.	Other Income (Loss) (Must Attach MS Sche	•						00	₩					00
	46.	<b>Total Other Income</b> through 45. Carry Amts	(Add Lines 36 . to Page 1, Line	e 16)					00			<u> </u>			00
	ـ. ا				: · ·						· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	: :		
ne		Payments to an IRA Payments to Self-Emplo SIMPLE, & Qualified Re	oyed SEP,		:				00	:					00
CON		Interest Penalty on Earl							00	ollar					00
Adjustments to Income		Withdrawal of Savings Alimony Paid (Must Co	mplete Sched	ule P Below	γ) :···				00						00
ıts t		Moving Expense (Must Attach Federal I							00	Nearest					00
mer	52.	National Guard or Reserve Reserve Pay or the \$15,00	e Pav (Enter the I	esser of the output	Guard/ ; payer) ;				00	Veal			1		00
ustı	53.	MC Dranaid Affordable College Tuition (MDACT			:				00	To					00
Adj	54.	insurance Deduction		:				00	. pu					00	
	55.	Health Savings Account	ealth Savings Account Deduction						00	Rou					00
	56.	to Page 1, Line 17)							00				<u>.</u>	: :	00
		Schedule o Tax Rate(s)	of Tax Comp Taxpayer (Co		7	ole income use (Columr		ge 1, Lii	ne 21. S Total	ee boo	klet for Rate		ons. Income Ta	 ax	
		5,000 or Part		-  -	-		- + + - 	·   ·   · +							
		\$5,000 or Part ining Balance	  - 		+		<u>-</u>	:			x 4%   x 5%				
4. Sı			   	   + 	<del>-</del> i						X 0 70				
		ncome Tax - Enter or		22											¬
If a d pleas state	educt e furi of re	e PAlimony Paid tion is claimed for Alimony nish the name, SSN, and t sidency of the individual to the was paid.	Paid, ¦ the	e				- SSN Recipie	ent :		= ;	<b>-</b> [			.
THIS	RE1	TURN MUST BE SIG ts, and to the best of	NED. Under	penalties o	f perjury, I f it is true	declare tha	it I have e complete	xamined	this retur	n, inclu	ding acco	ompanying	schedule	s and	
	T	axpayer Signature	Phone This Return may be discussed with the preparer.			Paid Firm Identification Number or PTIN  OR									
	,S	pouse Signature (If joint,	, <b>BOTH</b> must si	gn)	Date		Yes	s No	Janeary or	parer So	er Social Security Number or PTIN				
	ι _	Paid Preparer Sig	gnature			Date	<del></del> . 11	_ <del></del>	Paid Preparer (Print Firm Name)						
Paid Preparer Phone						Paid Prepa	arer Addres	 SS	i						