Form 80-105-11-8-1-000 (Rev. 05/11)

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IVIISSISSIPPI
Resident Individual Income Tax Return
2011

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Dublex	or	Photocoi	pies	NOT	Acceptable

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Pac	ae 1

• !!	8	B01051181000 Unit Till Duplex or I	Photocopies NOT Accep	itable					Pag	je 1	
ess	axpa	yyer Last Name	Taxpayer First Name	Middle Initial	Taxpayer :		· · · · · · · · · · · · · · · · · · ·		- []		
\ddr 	Spous	se Last Name	Spouse First Name	Middle Initial	Spouse:				_ : : : : :		
৺ ৺	 /lailing	g Address (Number & Street, Including Rural Route)			SSN :		; - i		• ! !		ii
ame	 City		State		A Y	OU I	MUST	LEN.	TER	SSN	
4		w. C. Mantal Cambridge 1 and 1 and 2				lence Cou		e - See	Instructi	ions :	: :
us	1.	Married - Combined or Joint Return - Engles Married - Spouse Died in Tax Year - Please	e enter surviving spouse first as taxp		=	Mark "X" O l Taxpayer A		ver ∷ ;T	axpayer E	Blind	
<u>ptio</u>	2.	Sherring Separate Returns - Enter \$12,000 on Line 12. Enter Spouse N	12,000 on Line 12. Enter Spouse N	<u> </u>	Spouse Age			pouse Bli			
=xemb	3.	SSN in boxes provided above. (Cannot o	change from Joint to Separate afte	er due date.)	u 8.	Number of I		*			· · .
	4.	Dependent Living in the Home with You on I		onsnip of the		Number of I	Boxes Mark	ced "X" on	Line 7		:
and	5. <u>6</u>	Single - Enter \$6,000 on Line 12. Dependents (In column (b) Must enter (b) Name		elative).	е Ш	Total of Line					• :
atus		(a) Name i i (b) i _ !	(c) Dependent SSN	: :	Ĕ	Line 10 x \$:		00
Sta					tatus 12.	Enter Amou	unt from				. :
lng 					තු	Lines 1 thro	ough 5.	· · · · · · · ·			00
3					ī	Total (Line	' '			:	00
	· – –	If Filing a Combined Return, Use Column A for	;= <u>[</u>		14.	If Filing MF Enter 1/2 of	of Line 13.	ii.		<u></u>	00
Tax	payer	r and Column B for Spouse, Otherwise Use Column A ONLY. instructions in booklet.	See Column A (Taxpa	ayer)		to Neare: Oollar		Colun	nn B (S	pouse)	
		Wages, salaries, tips, etc. (Must Attach W-2s)			00		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;				00
	10.	Other Income (Amount from Line 46, Page 2 of this Form)		(00	::::					00
	17.	Adjustments to Gross Income (Amount from Line 56, Page 2 of this form)		(00						00
ne		Mississippi Adjusted Gross Income (Line 15 plus Line 16 minus Line 17) ► (P)		(00 ►	(B) ::::					00
псоше	19.	Standard or Itemized Deductions (For Itemized Deductions, Must Attach Sch. A, Form 80-108)	F)	(00	▶ (H)					00
_		Amount of Exemption Line 13 (Line 14 if Married Filing Separately)			00						00
	21	Mississippi Taxable Income (Line 18 Less Lines 19 and 20) See Instructions (If less than 0, enter 0)			00				· · · · · · · · · · · · · · · · · · ·		00
		Total Income Tax Due (From Schedule of Tax Compu	tation, Page 2 of this form)	· · · · · · · · · · · · · · · ·						:	00
		Mississippi Income Tax Withheld (Must Attach W-				▶ (W)	.				00
		Estimated Tax Payments and/or Amount Paid with	•			► (E)	1				
		•		rith other C	tatos)						00
\circ		Credit for Income Tax Paid to Another State (Must Other Credits (See Instructions) Enter code for each		vidi other S	iates)	(S)	<u> </u>			<u>.</u>	00
5		type of credit claimed. (Must Attach Form 80-492) Total Credits (Add Lines 23 through 26)			: : : : : : : : : : : : : : : : : : :	: ► (O)	ļ <u>i</u>			<u>.</u>	00
	27.	Total Ordano (Tida Emico 20 milougii 20)								<u>.</u>	00
_		Enter the Amount of Overpayment If Line 27 is Large		OVERI	PAYMEN	IT	ļ .			<u>.</u>	00
	29.	Amount of Overpayment to be Applied to Your Nex Voluntary Contribution Check-offs (From Form 80-		MNOa	nd 7 in Ric	► (C)	<u> </u>		į	<u>.</u>	00
Dne		(J) : (L)	(N) : (Z	/ / / / / / / / / / / / / / / / / /		₂ 20.u.iiii					
Refund or Balance	30.	(K) : : : (M) : : :	(Q) : : :	i			ļ <u>i</u>			<u>.</u>	00
Bala	24			an 20\	DECUM	ID	 .:	: : : :		· · · · · · · · · · · · · · · · · · ·	
o c		Amount of Overpayment to be Refunded to You (S		,	REFUN		'} · · · · ·			<u>:</u> <u>:</u> .	. 00
fun		Enter Balance Due If Line 22 Is Larger Than Line 2			ANCE DU	JE					00
Re	33.	Interest on Underpayment of Estimated Tax Paym	ents (Must Attach Form 80-320)		▶ (I))				00
		34. Late Payments - Interest @ 1% Per Month a	•	or Total		▶ (T)	·				00
		35. TOTAL DUE (Add Lines 32, 33, and 34) Mus Due payable to: Department of Revenue (EN			TOTAL DU	JE ▶ (V)					00

Form 80-105-11-8-2-000 (Rev. 05/11)



Mississippi Resident Individual Income Tax Return 2011 SSN - - -

Page 2

	11 1 3	801051182000						8	SN :			`ii.					
		If showing a shade minus (-)			С	olumn	A (Ta	axpaye	r)			C	olumr	B (S	pous	e)	
	36.	Business Income/(Loss) (Must Attach Federal S		::::	:	:			:	00	:::::						00
	37.	Capital Gain (Loss) (Must Attach Federal S	Schedule D)						:	00		;					00
	38.	Rent, Royalties, P-ships	•					[····		00	<u>lar</u>					:	00
	39.	Farm Income/(Loss) (Must Attach Federal S	Schedule F)	::::	} .				:	00	8						00
Ĕ	40.	Interest Income	•						:	00	76			:			00
Incom	41. Dividend Income42. Alimony Received							ļ [00	~						00
er										00	Ž						00
Other	43.	Taxable Pensions and A	Annuities (Must Attach					ļ ļ	:	00							00
	44.	Unemployment Comper	nsation					ļ		00	_ ∶						00
	(Must Attach Form(s) 1099-G) Other Income (Loss) (Must Attach MS Schedule N)							 		00	8						00
	46.	Total Other Income (through 45. Carry Amts	(Add Lines 36							00							00
		tillough 45. Carry Amis	. to rage 1, Line 10)	:	• • • • • •		}	įį		00	:						00
	47	Payments to an IRA		:	· · · · · · · · · · · · · · · · · · ·	:		· · · · · · · · · · · · · · · · · · ·	· · · · · ·		:		······	:		······	00
Ø	48.	Payments to Self-Emplo						;		00							00
Ö	49.	SIMPLE, & Qualified Re Interest Penalty on Early		:			!			00	Dollar						00
		Withdrawal of Savings Alimony Paid (Must Co	mnlete Schedule P Relow	Λ						00							00
	50. Alimony Paid (Must Complete Schedule P Below)51. Moving Expense						!	!		00	est						00
ent	 Must Attach Federal Form 3903) National Guard or Reserve Pay (Enter the Lesser of the Guard Reserve Pay or the \$15,000 Statutory Exclusion Per Taxpay MS Prepaid Affordable College Tuition (MPACT) and/or MS Affordable College Savings (MACS) Self-Employed Health 			Guard/				ļ !		4	Nearest						· · •
*				payer) :						00	:			÷			00
djū				:						00	7 To			÷		· · · : .	00
	54. 	Insurance Deduction Health Savings Account	t Deduction	:				ļ <u>.</u>		00	puno						00
			dd Lines 47 through 55. Ca	rry Amts						00	Ro						00
	56. 	to Page 1, Line 17)		:	:		: 		:	00			: ::::::::::::::::::::::::::::::::::::		: 	: :	00
	Schedule of Tax Computation - Use taxak Tax Rate(s) Taxpayer (Column A)					(Column		Page 1,		Zi. (§ Total	ee bo	Rate	or inst		ncome	Tax	
1. Fir		5,000 or Part		- + <u></u> - <u> </u>				+ - ! = !				x 3%	+				
2. Ne	xt :	\$5,000 or Part	- 	+]=				x 4%	 				
3. Re	ma 	ining Balance	 	+ ¦ · +				=				x 5%	1				
4. Su				+ <u> </u> -]=					1				
		ncome Tax - Enter or															
If a de please state o	duc fur of re	e P - Alimony Paid tion is claimed for Alimony nish the name, SSN, and t sidency of the individual to the was paid.	Paid, the					R s	SSN of ecipient State of esidency	1111		- ;		- :	:		· · · · · . :
HIS	RE	TURN MUST BE SIG	NED. Under penalties omy knowledge and belie	f perjury	, I dec	lare tha	t I hav		<u>-</u>		n, inclu	 iding ac	compa	nying s	 sched	ules ar	 ıd
tatem		ts, and to the best of i	my knowledge and belie	f it is true Taxpay					1.5								
()						This Return be discussed the prepare			d with								
	Spouse Signature (If joint, BOTH must sign)							· _	n 11	Paid Pre	parer So	ocial Sec	Security Number or PTIN				
	Ι_	Paid Preparer Sig	gnature	<u>i</u>	TD	! ate	لياا	Yes	No	Paid	Prepare	r (Print Fi	rm Nam	:: ne)	<u> </u>	<u>:</u>	<u>:</u>
												· 					
	-	Paid Preparer Ph	P	aid Prepa	arer Ado	dress											