



Mississippi Resident Individual Income Tax Return 2016

Amended

Taxpayer First Name, Spouse First Name, Mailing Address, City, State, Zip, County Code

SSN, 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 Single (\$6,000)

EXEMPTIONS

Dependents (in column B, enter "C" for child, "P" for parent or "R" for relative)

Table with 3 columns: (A) Name, (B), (C) Dependent SSN

7 Total number of dependents (from line 6 and Form 80-491)

- 8 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

- 10 Line 9 x \$1,500
11 Enter filing status exemption
12 Total (line 10 plus line 11)

MISSISSIPPI INCOME TAX

Table with 3 columns: Description, Column A (Taxpayer), Column B (Spouse). Rows include Mississippi adjusted gross income, deductions, exemptions, taxable income, tax due, credits, and net income tax due.

PAYMENTS

Table with 2 columns: Description, Amount. Rows include Mississippi income tax withheld, estimated tax payments, refund received, and total payments.

REFUND OR BALANCE DUE

(If no overpayment is due on line 28, skip to line 34)

Table with 3 columns: Description, Amount, and Category (REFUND, BALANCE DUE, AMOUNT YOU OWE). Rows include overpayment, interest on underestimated tax, adjusted overpayment, voluntary contribution, and total due.

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



# Mississippi Resident Individual Income Tax Return 2016

SSN \_\_\_\_\_

INCOME	Column A (Taxpayer)	Column B (Spouse)
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<b>37</b> Wages, salaries, tips, etc. <b>(complete Form 80-107)</b>	37A _____ .00	37B _____ .00
<b>38</b> Business income (loss) <b>(attach Federal Schedule C or C-EZ)</b>	38A _____ .00	38B _____ .00
<b>39</b> Capital gain (loss) <b>(attach Federal Schedule D, if applicable)</b>	39A _____ .00	39B _____ .00
<b>40</b> Rent, royalties, partnerships, S corporation trusts, etc. (from Form 80-108, part IV)	40A _____ .00	40B _____ .00
<b>41</b> Farm income (loss) <b>(attach Federal Schedule F)</b>	41A _____ .00	41B _____ .00
<b>42</b> Interest income (from Form 80-108, part II, line 3)	42A _____ .00	42B _____ .00
<b>43</b> Dividend income (from Form 80-108, part II, line 6)	43A _____ .00	43B _____ .00
<b>44</b> Alimony received	44A _____ .00	44B _____ .00
<b>45</b> Taxable pensions and annuities <b>(complete Form 80-107)</b>	45A _____ .00	45B _____ .00
<b>46</b> Unemployment compensation <b>(complete Form 80-107)</b>	46A _____ .00	46B _____ .00
<b>47</b> Other income (loss) (from Form 80-108, part V, line 10)	47A _____ .00	47B _____ .00
<b>48 Total income</b> (add lines 37 through 47)	48A _____ .00	48B _____ .00

ADJUSTMENTS	Column A (Taxpayer)	Column B (Spouse)
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<b>49</b> Payments to IRA	49A _____ .00	49B _____ .00
<b>50</b> Payments to self-employed SEP, SIMPLE and qualified retirement plans	50A _____ .00	50B _____ .00
<b>51</b> Interest penalty on early withdrawal of savings	51A _____ .00	51B _____ .00
<b>52</b> Alimony paid (complete below)	52A _____ .00	52B _____ .00

Name _____	SSN _____	State _____
Name _____	SSN _____	State _____
Name _____	SSN _____	State _____

<b>53</b> Moving expense <b>(attach Federal Form 3903)</b>	53A _____ .00	53B _____ .00
<b>54</b> National Guard or Reserve pay (enter the lesser of amount or \$15,000)	54A _____ .00	54B _____ .00
<b>55</b> Mississippi Prepaid Affordable College Tuition (MPACT)	55A _____ .00	55B _____ .00
<b>56</b> Mississippi Affordable College Savings (MACS)	56A _____ .00	56B _____ .00
<b>57</b> Self-employed health insurance deduction	57A _____ .00	57B _____ .00
<b>58</b> Health savings account deduction	58A _____ .00	58B _____ .00
<b>59</b> Catastrophe savings account deduction	59A _____ .00	59B _____ .00
<b>60 Total adjustments</b> (add lines 49 through 59)	60A _____ .00	60B _____ .00
<b>61 Mississippi adjusted gross income</b> (line 48 minus line 60; enter on page 1, line 13)	61A _____ .00	61B _____ .00

<b>AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN (attach additional statement if needed)</b>
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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**