



Mississippi Adjustments And Contributions 2018

Taxpayer Name _____

SSN _____

PART I: SCHEDULE A - ITEMIZED DEDUCTIONS (ATTACH FEDERAL FORM 1040 SCHEDULE A)

In the event you filed using the standard deduction on your federal return and wish to itemize for Mississippi purposes, use Federal Form 1040 Schedule A as a worksheet and transfer the information from the specific lines indicated to this Schedule A.

1 Federal AGI from Federal Form 1040, page 2, line 7	1 _____ .00	
2 a Medical and dental expenses b Multiply line 1 by 7.5% (0.075). c Medical and dental expense deduction (line 2a minus line 2b)	2a _____ .00 2b _____ .00	2c _____ .00
3 a Total taxes paid b Less state income taxes (or other taxes in lieu of) c Total taxes paid deduction (line 3a minus line 3b)	3a _____ .00 3b _____ .00	3c _____ .00
4 Total interest paid 5 Charitable contributions 6 Total casualty or theft loss (attach Federal Form 4684)		4 _____ .00 5 _____ .00 6 _____ .00
7 a Other miscellaneous deductions b Less Mississippi gambling losses c Total other miscellaneous deductions (line 7a minus line 7b)	7a _____ .00 7b _____ .00	7c _____ .00
8 Mississippi itemized deductions (add lines 2c, 3c, 4, 5, 6, 7c); enter here and on Resident Form 80-105, page 1, line 14 or Non-Resident Form 80-205, page 1, line 14a		8 _____ .00

PART II: SCHEDULE B - INTEREST AND DIVIDEND INCOME (FROM FEDERAL FORM 1040, SCHEDULE B)

1 Interest income from all sources	1	_____ .00
2 Amount of Mississippi nontaxable interest in line 1	2	_____ .00
3 Total Mississippi interest (line 1 minus line 2, enter here and on Form 80-105, line 42 or Form 80-205, line 43)	3	_____ .00
4 Total dividends from all sources	4	_____ .00
5 Amount of Mississippi nontaxable distributions reported in line 4	5	_____ .00
6 Total Mississippi dividends (line 4 minus line 5, enter here and on Form 80-105, line 43 or Form 80-205, line 44)	6	_____ .00

PART III: VOLUNTARY CONTRIBUTION CHECK-OFFS (RESIDENTS ONLY)

You may elect to voluntarily contribute all or part (at least \$1) of your income tax refund to one or more of the funds listed below. Refer to the instruction booklet 80-100 (may be downloaded from our website at www.dor.ms.gov) for an explanation of the purpose of each of these funds and how the refund donations will be used.

Military Family Relief Fund	_____ .00	Bicentennial Celebration Fund	_____ .00
Burn Care Fund	_____ .00	Wildlife Fisheries and Parks Foundation	_____ .00
Wildlife Heritage Fund	_____ .00	Commission for Volunteer Service Fund	_____ .00
Educational Trust Fund	_____ .00		

Enter total of check-offs here and on Form 80-105, page 1, line 32 _____ .00



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PART IV: INCOME (LOSS) FROM RENTS, ROYALTIES, PARTNERSHIPS, S CORPORATIONS, TRUSTS AND ESTATES

A INCOME (LOSS) FROM RENTAL REAL ESTATE AND ROYALTIES

- | | | |
|--|----------|-----|
| 1 Total rental real estate and royalty income (loss) (from Federal Schedule E, Part 1 and Part 5; attach Federal Schedule E) | A1 _____ | .00 |
| 2 Add: depletion claimed in excess of cost basis | A2 _____ | .00 |
| 3 Rental real estate and royalty income (loss) for Mississippi purposes (line 1 plus line 2) | A3 _____ | .00 |

B INCOME (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS

(ATTACH MISSISSIPPI K-1S AS APPLICABLE)

NAME OF ENTITY	FEIN (MUST INCLUDE FEIN)	INCOME (LOSS) MISSISSIPPI K-1S
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_____	_____	.00
_____	_____	.00
_____	_____	.00
_____	_____	.00
_____	_____	.00
_____	_____	.00
_____	_____	.00
_____	_____	.00
_____	_____	.00
_____	_____	.00
_____	_____	.00
_____	_____	.00
_____	_____	.00
_____	_____	.00
_____	_____	.00
_____	_____	.00
_____	_____	.00
_____	_____	.00
_____	_____	.00
_____	_____	.00
_____	_____	.00
_____	_____	.00
_____	_____	.00

Total for Section B _____

C Total of Section A and B (enter here and on Form 80-105, line 40 or Form 80-205, line 41) _____

PART V: SCHEDULE N - OTHER INCOME (LOSS) AND SUPPLEMENTAL INCOME

1 Net operating loss (enter from Form 80-155, line 2) 1 _____

List other types of income (loss)

- | | | |
|---------|---------|-----|
| 2 _____ | 2 _____ | .00 |
| 3 _____ | 3 _____ | .00 |
| 4 _____ | 4 _____ | .00 |
| 5 _____ | 5 _____ | .00 |
| 6 _____ | 6 _____ | .00 |
| 7 _____ | 7 _____ | .00 |
| 8 _____ | 8 _____ | .00 |
| 9 _____ | 9 _____ | .00 |

10 Total Schedule N Other Income (Loss); enter here and on Form 80-105, page 2, line 47 or Form 80-205, page 2, line 48 10 _____