



Mississippi Non-Resident or Part-Year Resident Individual Income Tax Return 2011

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Duplex or Photocopies NOT Acceptable

Name & Address		Filing Status and Exemptions		Filing Status and Exemption Amounts			
Taxpayer Last Name		Taxpayer First Name		Taxpayer SSN			
Spouse Last Name		Spouse First Name		Spouse SSN			
Mailing Address (Number & Street, Including Rural Route)		City		State Zip			
1. Married - Combined or Joint Return - Enter \$12,000 on Line 12. 2. Married - Spouse Died in Tax Year - Please enter surviving spouse first as taxpayer. Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above. 3. Married - Filing Separate Returns - Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above. (Cannot change from Joint to Separate after due date) 4. 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. 5. Single - Enter \$6,000 on Line 12. 6. Dependents (In column (b) enter C for child, P for parent or R for relative)		7. Mark "X" ONLY if: Taxpayer Age 65 or Over Taxpayer Blind Spouse Age 65 or Over Spouse Blind 8. Number of Dependents Listed on Line 6 9. Number of Boxes Marked "X" on Line 7 10. Total of Line 8 plus Line 9 11. Line 10 x \$ 1,500 = 00 12. Enter Amount from Lines 1 through 5 00 13. Total (Line 11 plus 12) 00 14. If Filing MFS Returns, Enter 1/2 of Line 13 00					
				15. Ratio Computation a. MS Adjusted Gross Income 00 b. Total Adjusted Gross Income From All Sources 00 (N) 00 c. Ratio, Line 15a Divided by 15b		16. Standard or Itemized Deduction Computation a. Standard or Itemized Deduction 00 b. MS Deduction, 16a Times 15c 00	
				17. Exemption Computation a. Exemption, Line 13 above. (Line 14 if MFS) 00 b. MS Exemption, 17a Times 15c 00			
				18. Mississippi Adjusted Gross Income ▶ (P) 00 19. Standard or Itemized Deductions (For Itemized Deductions, Must Attach Sch.A, Form 80-108) ▶ (F) 00 20. Amount of Exemption (Line 17b) 00 21. Mississippi Taxable Income (Line 18 minus Lines 19 & 20) See Instructions (If Less Than 0, Enter 0) 00			
22. Total Income Tax Due (From Schedule of Tax Computation, Page 2 of this form) 00 23. Mississippi Income Tax Withheld (Must Attach W-2s) ▶ (W) 00 24. Estimated Tax Payments and/or Amount Paid With Extension ▶ (E) 00 25. Other Credits (See Instructions) Enter code for each type of credit claimed. (Must Attach Form 80-492) ▶ (O) 00 26. Total Credits (Add Lines 23 through 25) 00 27. Enter the amount of Overpayment if Line 26 is larger than Line 22 00 28. Amount of Overpayment to be applied to Your Next Year Estimate Tax Account ▶ (C) 00 29. Amount of Overpayment to be Refunded to You (Subtract Line 28 from Line 27) ▶ (R) 00 30. Enter Balance Due if Line 22 is Larger than Line 26 00 31. Interest on Underpayment of Estimated Tax Payments (Must Attach form 80-320) ▶ (I) 00 32. Interest and Penalty (See Instructions) ▶ (T) 00 33. TOTAL DUE (Add Lines 30, 31, and 32) (Must Attach Check or Money Order for Total Due payable to: Department of Revenue (ENCLOSE PAYMENT VOUCHER 80-106)) ▶ (V) 00		OVERPAYMENT REFUND BALANCE DUE TOTAL DUE					
				PLEASE SIGN THIS TAX RETURN IN THE SIGNATURE AREA PROVIDED ON THE BOTTOM OF PAGE 2.			



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Taxpayer
SSN

Example:

If Showing A Loss, Shade Minus (-) In Box.

Total Income From All Sources

Mississippi Income ONLY

Other Income

34. Wages, Salaries, Tips, Etc. (Must Attach W-2s)		00		00
35. Business Income (Loss) (Must Attach Federal Schedule C or C-EZ)		00		00
36. Capital Gain (Loss) (Must Attach Federal Schedule D)		00		00
37. Rent, Royalties, Partnership, S-Corps, Trusts, etc. (Must Attach Federal Schedule E)		00		00
38. Farm Income (Loss) (Must Attach Federal Schedule F)		00		00
39. Interest Income		00		00
40. Dividend Income		00		00
41. Alimony Received		00		00
42. Taxable Pensions and Annuities (Must Attach 1099-R)		00		00
43. Unemployment Compensation (Must Attach Form(s) 1099-G)		00		00
44. Other Income (Loss) (Must Attach MS Schedule N)		00		00
45. Total Income (Add Lines 34 through 44)		00		00

Adjustments to Income

46. Payments to an IRA		00		00
47. Payments to Self-Employed SEP, SIMPLE, & Qualified Retirement Plans		00		00
48. Interest Penalty on Early Withdrawal of Savings		00		00
49. Alimony Paid (Must Complete Schedule P Below)		00		00
50. Moving Expense (Must Attach Federal Form 3903)		00		00
51. National Guard or Reserve Pay (Enter the Lesser of the Guard/ Reserve Pay or the \$15,000 Statutory Exclusion Per Taxpayer)		00		00
52. MS Prepaid Affordable College Tuition (MPACT) and/or MS Affordable College Savings (MACS)		00		00
53. Self-Employed Health Insurance Deduction		00		00
54. Health Savings Account Deduction		00		00
55. Total Adjustments (Add Lines 46 through 54)		00		00
56. Adjusted Gross Income (Line 45 minus Line 55) Carry Total AGI to Line 15b & MS AGI to Line 15a		00		00
57. Split MS AGI on Line 56 between Taxpayer (T) & Spouse (S)	T	00	S	00

Schedule of Tax Computation - Use taxable income from Page 1, Line 21. See booklet for instructions.

Tax Rate(s)	Taxpayer (Column A)	Spouse (Column B)	Total	Rate	Income Tax
1. First \$5,000 or Part	+			x 3%	
2. Next \$5,000 or Part	+			x 4%	
3. Remaining Balance	+			x 5%	
4. Subtotal	+				
5. Total Income Tax - Enter on Page 1, Line 22					

Schedule P - Alimony Paid

If a deduction is claimed for Alimony Paid, please furnish the name, SSN, and the state of residency of the individual to whom the amount was paid.

Name

SSN of Recipient

State of Residency

THIS RETURN MUST BE SIGNED. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete.

This Return may be discussed with the preparer.

Paid Firm Identification Number or PTIN

Taxpayer Signature

Taxpayer Phone

Paid Preparer Social Security Number or PTIN

Spouse Signature (If joint, BOTH must sign)

Date

Yes No

Paid Preparer Signature

Date

Paid Preparer (Print Firm Name)

Paid Preparer Phone

Paid Preparer Address