

MS

## Mississippi Resident Individual Income Tax Return

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801051281000		2012	☐ An	Amended	
Taxpayer Last Name	First Name	Middle Initial	YOU MUST EN	NTER SSN	
Spouse Last Name	Spouse First Name	Middle Initial	SSN = =		
Mailing Address (Number & Street, Including Rural Route)			Spouse SSN		
City	State Zip		Residence County Code - See In	nstructions	
1. Married - Combined or Joint Retur 2. Married - Spouse Died in Tax Yea (Enter \$12,000 on Line 12. Enter Spouse Name 3. Married - Filing Separate Returns ( SSN in boxes provided above. Cannot change Head of Family (Enter \$8,000 on Line 12.)  5. Single - (Enter \$6,000 on Line 12.)  6. Dependent Living in the Home with You on Lin (A) Name (B)	- Enter surviving spou and SSN in boxes provided ab- Enter \$12,000 on Line 12. Enter from Joint to Separate after du Provide Name, SSN, and Relati e 6.)	Spouse Name and e date.) onship of the or R for relative)	7. Mark "X" ONLY if:  Taxpayer Age 65 or Over  Spouse Age 65 or Over  8. Number of Boxes Marked "X" on Li  9. Number of Dependents Listed on L (List additional dependents on For  10. Total of Line 8 plus Line 9.  11. Line 10 x \$1,500  12. Enter Amount from Lines 1 through 5.  13. Total (Line 11 plus 12).  14. If Filing MFS Returns,	ine 6.	
If Filing a Combined Return, Use Column A for Taxpayer and Column	B for Column A		Enter 1/2 of Line 13. —— und to Nearest Dollar Column E	3 (Spouse)	
Spouse, Otherwise Use Column A ONLY. See instructions in booklet  15. Wages, Salaries, Tips, etc. (Complete Form 80-107)				00	
16. Other Income (Amount from Line 49,	,				
Page 2 of this Form)  17. Adjustments to Gross Income (Amount					
from Line 60, Page 2 of this form)  18. Mississippi Adjusted Gross Income (Line					
15 plus Line 16 minus Line 17)  19. Standard or Itemized Deductions (For Itemized		00			
Deductions , <b>Must Attach Form 80-108</b> ) <b>20.</b> Amount of Exemption Line 13 (Line 14 if					
Married Filing Separately)  21. Mississippi Taxable Income					
22. Total Income Tax Due (From Schedule of Tax Com	putation, Form 80-100)				
23. Credit for Tax Paid to Another State					
24. Other Credits (From Form 80-401, Line 1)					
25. Net Income Tax Due (Line 22 minus Line 23 and 24	l)				
26. Consumer Use Tax (See Instructions, Form 80-100)	,				
27. Total Tax Due (Line 25 plus Line 26)					
28. Mississippi Income Tax Withheld (Must Complete I	form 80-107)				
29. Estimated Tax Payments and/or Amount Paid on O	iginal Return				
30. Total Payments (Line 28 plus Line 29)				, 00	
31. Refund Received And/Or Amount Carried Forward f	rom Original Return (Ame	nded Return Only)		, 00	
32. Overpayment (If Line 30 is larger than Line 27 plus	,	,,			
33. Overpayment to be Applied to Next Year Estimated	,				
34. Voluntary Contribution (From Form 80-108, Part 3)				, 00	
35. Refund (Line 32 minus Line 33 and Line 34)				, 00	
36. Balance Due (If Line 27 plus 31 is larger than Line	30)			, 00	
`	,	orm 00 200\		, 00	
37. Interest and Penalty (Including Interest on Underpay	ment or Estimated Tax, Fo	om 80-320)		,	
38. Total Due (Line 36 plus Line 37)				, 00	



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**Round To Nearest Dollar** 

SSN		Column A (Taxpayer)	Column B (Spouse)
39. Business Income (Loss) (Must Attach Federal Sched	lule C or C-EZ)		0,,00
40. Capital Gain (Loss) (Must Attach Federal Schedule I	D)		0,,00
41. Rent, Royalties, Partnerships, S-Corp Trusts, etc. (From Form 80-108, Part 4)			0,,00
42. Farm Income (Loss) (Must Attach Federal Schedule	F)		0,,00
43. Interest Income (From Form 80-108, Part 2, Line 3)			0,,00
44. Dividend Income (From Form 80-108, Part 2, Line 6)			0,,00
45. Alimony Received			0,,00
46. Taxable Pensions and Annuities (Complete Form 80-107)			
47. Unemployment Compensation (Complete Form 80-107)			
48. Other Income(Loss) (From Form 80-108, Part 5)			
49. Total Other Income (Add Lines 39 through 48			
carry amounts to Page 1, Line 16)  50. Payments to IRA			
51. Payments to Self-Employed SEP, SIMPLE,			
& Qualified Retirement Plans  52. Interest Penalty on Early Withdrawal of Savings			
53. Alimony Paid (Must Complete Below)			
, , , , ,	SSN		
Name:			State
Name:	SSN		State
54. Moving Expense (Must Attach Federal Form 3903)			0,,00
55. National Guard or Reserve Pay (Enter the Lesser of the Guard/ Reserve Pay or the \$15,000 Statutory Exclusion Per Taxpayer)			0,,00
<b>56.</b> MS Prepaid Affordable College Tuition (MPACT)			0,,
57. MS Affordable College Savings (MACS)			0,
58. Self-Employed Health Insurance Deduction			0,,00
59. Health Savings Account Deduction			0,,00
<b>60. Total Adjustments</b> (Add Lines 50 through 59 carry amounts to Page 1, Line 17)			0,
Installment Agreement Request (See Instruction	s for eligibility).	Yes No T	his Return may be discussed with the preparer.
I declare, under penalties of perjury, that I have examinathis is a true, correct and complete return. Declaration			
Faxpayer Signature	Date	Taxpayer Phone Number	Paid Preparer PTIN
	1	1	
Spouse Signature	Date	Paid Preparer Phone Number	Paid Preparer Email Address
Paid Preparer Signature	Date	Paid Preparer Address	City State Zip Code