



Mississippi
MS **Non-Resident / Part-Year Resident**
Individual Income Tax Return
2012

Page 1

☐ AmendedNon-Resident ☐ Part-Year ☐ From _____ To _____

Taxpayer Last Name		First Name	Middle Initial	YOU MUST ENTER SSN SSN _____ Spouse SSN _____ Residence County Code - See Instructions _____
Spouse Last Name		Spouse First Name	Spouse Middle Initial	
Mailing Address (Number & Street, Including Rural Route)				
City	State	Zip		

<p>1. <input type="checkbox"/> Married - Combined or Joint Return (Enter \$12,000 on Line 12.)</p> <p>2. <input type="checkbox"/> Married - Spouse Died in Tax Year - Enter surviving spouse first as taxpayer. (Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above.)</p> <p>3. <input type="checkbox"/> 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.)</p> <p>4. <input type="checkbox"/> 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.)</p> <p>5. <input type="checkbox"/> Single - (Enter \$6,000 on Line 12)</p> <p>6. Dependents (In column (B) Must enter C for child, P for parent, or R for relative)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">(A) Name</th> <th style="width: 30%;">(B)</th> <th style="width: 40%;">(C) Dependent SSN</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	(A) Name	(B)	(C) Dependent SSN													<p>7. Mark "X" ONLY if:</p> <p><input type="checkbox"/> Taxpayer Age 65 or Over <input type="checkbox"/> Taxpayer Blind</p> <p><input type="checkbox"/> Spouse Age 65 or Over <input type="checkbox"/> Spouse Blind</p> <p>8. Number of Boxes Marked "X" on Line 7. _____</p> <p>9. Number of Dependents Listed on Line 6. (List additional dependents on Form 80-491) _____</p> <p>10. Total of Line 8 plus Line 9. _____</p> <p>11. Line 10 x \$1,500 _____ .00</p> <p>12. Enter Amount from Lines 1 through 5. _____ .00</p> <p>13. Total (Line 11 plus 12). _____ .00</p> <p>14. If Filing MFS Returns, Enter 1/2 of Line 13. _____ .00</p>
(A) Name	(B)	(C) Dependent SSN														

COMPLETE SCHEDULE OF INCOME ON PAGE 2 BEFORE PROCEEDING FURTHER. (See Instructions)

15a. MS Adjusted Gross Income _____.00	16a. Standard or Itemized Deduction _____.00	17a. Exemption, Line 13 above or Line 14 if MFS _____.00
b. Total Adjusted Gross Income From All Sources _____.00	b. MS Deduction, 16a Times 15c _____.00	b. MS Exemption 17a Times 15c _____.00
c. Line 15a Divided by 15b _____ %		

	Column A (Taxpayer)	Round to Nearest Dollar	Column B (Spouse)
18. Mississippi Adjusted Gross Income (From Line 61 or 62, Page 2)	_____.00		_____.00
19. Standard or Itemized Deductions Enter Amount From 16b (If Itemized, Must Attach Schedule A, Form 80-108,)	_____.00		_____.00
20. Amount of Exemption (Line 17b)	_____.00		_____.00
21. Mississippi Taxable Income (Line 18 minus Line 19 and 20) See Instructions (If less Than 0, Enter 0)	_____.00		_____.00
22. Total Income Tax Due (From Schedule of Tax Computation, Form 80-100)			_____.00
23. Credit for Tax Paid to Another State (See Instructions Form 80-100 for Eligibility)			_____.00
24. Other Credits (From Form 80-401, Line 1)			_____.00
25. Net Income Tax Due (Line 22 minus Line 23 and 24)			_____.00
26. Consumer Use Tax (See Instructions, Form 80-100)			_____.00
27. Total Tax Due (Line 25 plus Line 26)			_____.00
28. Mississippi Income Tax Withheld (Must complete Form 80-107)			_____.00
29. Estimated Tax Payments and/or Amount Paid for Original Return			_____.00
30. Total Payments (Line 28 plus Line 29)			_____.00
31. Refund Received And/Or Amount Carried Forward from Original Return (Amended Return Only)			_____.00
32. Overpayment (If Line 30 is larger than Line 27 plus Line 31)			_____.00
33. Overpayment to be Applied to Next Year Estimated Tax Account			_____.00
34. Refund (Line 32 minus Line 33)			_____.00
35. Balance Due (If Line 27 plus Line 31 is larger than Line 30)			_____.00
36. Interest and Penalty (Including Interest on Underpayment of Estimated Tax, Form 80-320)			_____.00
37. Total Due (Line 35 plus Line 36)			_____.00



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Page 2

ROUND TO NEAREST DOLLAR

SSN _____

Total Income From All Sources

Mississippi Income ONLY

38. Wages, Salaries, Tips, Etc. (Complete Form 80-107)	_____.00	_____.00
39. Business Income (Loss) (Must Attach Federal Schedule C or C-EZ)	_____.00	_____.00
40. Capital Gain (Loss) (Must Attach Federal Schedule D)	_____.00	_____.00
41. Rent, Royalties, Partnerships, S-Corps, Trusts, etc. (From Form 80-108, Part 4)	_____.00	_____.00
42. Farm Income (Loss) (Must Attach Federal Schedule F)	_____.00	_____.00
43. Interest Income (From Form 80-108, Part 2)	_____.00	_____.00
44. Dividend Income (From Form 80-108, Part 2)	_____.00	_____.00
45. Alimony Received	_____.00	_____.00
46. Taxable Pensions and Annuities (Complete Form 80-107)	_____.00	_____.00
47. Unemployment Compensation (Complete Form 80-107)	_____.00	_____.00
48. Other Income (Loss) (From Form 80-108, Part 5)	_____.00	_____.00
49. Total Income (Add Lines 38 through 48)	_____.00	_____.00
50. Payments to IRA	_____.00	_____.00
51. Payments to Self-employed SEP, SIMPLE, & Qualified Retirement Plans	_____.00	_____.00
52. Interest Penalty on Early Withdrawal of Savings	_____.00	_____.00
53. Alimony Paid (Must Complete Below)	_____.00	_____.00
Name: _____ SSN _____ State _____ Name: _____ SSN _____ State _____		
54. Moving Expense (Must Attach Federal Form 3903)	_____.00	_____.00
55. National Guard or Reserve Pay (Enter the Lesser of the Guard/ Reserve Pay or the \$15,000 Statutory Exclusion Per Taxpayer)	_____.00	_____.00
56. MS Prepaid Affordable College Tuition (MPACT)	_____.00	_____.00
57. MS Affordable College Savings (MACS)	_____.00	_____.00
58. Self-Employed Health Insurance Deduction	_____.00	_____.00
59. Health Savings Account Deduction	_____.00	_____.00
60. Total Adjustments (Add Lines 50 through 59)	_____.00	_____.00
61. Adjusted Gross Income (Line 49 minus Line 60) Carry Total AGI to Line 15b & MS AGI Line 15a	_____.00	_____.00
62. Split MS AGI on Line 61 between Taxpayer & Spouse	T _____ S _____	_____.00

☐ Installment Agreement Request (See Instructions for eligibility). ☐ Yes ☐ No This Return may be discussed with the preparer.

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 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