



Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2014

Amended

Non-Resident Part-Year, Tax Year Beginning _____ and Ending _____

Taxpayer First Name	Initial	Last Name
Spouse First Name	Initial	Last Name
Mailing Address (Number and Street, Including Rural Route)		
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)			8 <input type="checkbox"/> Taxpayer Age 65 or Over	<input type="checkbox"/> Spouse Age 65 or Over
6 (A) Name	(B)	(C) Dependent SSN	<input type="checkbox"/> Taxpayer Blind	<input type="checkbox"/> Spouse Blind
			9 Total dependents line 7 plus number of boxes checked line 8 _____	
			10 Line 9 x \$1,500	10 _____ .00
			11 Enter filing status exemption	11 _____ .00
7 Total number of dependents (from line 6 and Form 80-491) _____			12 Total (line 10 plus line 11)	12 _____ .00

PRORATION (COMPLETE PAGE 2 BEFORE PROCEEDING FURTHER)

Income	Deductions	Exemptions
13a Mississippi adjusted gross income _____ .00	14a Standard or itemized deductions _____ .00	15a Exemptions (from line 12; if married filing separate, use 1/2 amount) _____ .00
b Adjusted gross income from all sources _____ .00	b Mississippi deductions (line 14a multiplied by line 13c) _____ .00	b Mississippi exemption (line 15a multiplied by line 13c) _____ .00
c Line 13a divided by line 13b _____ %		

MISSISSIPPI INCOME TAX

	Column A (Taxpayer)	Column B (Spouse)
16 Mississippi adjusted gross income (from page 2, line 60 or line 61)	16A _____ .00	16B _____ .00
17 Standard or itemized deductions (from line 14b; if itemized, attach Form 80-108)	17A _____ .00	17B _____ .00
18 Exemption (from line 15b)	18A _____ .00	18B _____ .00
19 Mississippi taxable income (line 16 minus line 17 and line 18)	19A _____ .00	19B _____ .00
20 Income tax due (from Schedule of Tax Computation, see instructions)	20 _____ .00	20 _____ .00
21 Other credits (from Form 80-401, line 1)	21 _____ .00	21 _____ .00
22 Net income tax due (line 20 minus line 21)	22 _____ .00	22 _____ .00
23 Consumer use tax (see instructions)	23 _____ .00	23 _____ .00
24 Total Mississippi income tax due (line 22 plus line 23)	24 _____ .00	24 _____ .00
25 Mississippi income tax withheld (complete Form 80-107)	25 _____ .00	25 _____ .00
26 Estimated tax payments, extension payments and/or amount paid on original return	26 _____ .00	26 _____ .00
27 Refund received and/or amount carried forward from original return (amended return only)	27 _____ .00	27 _____ .00
28 Total payments (line 25 plus line 26 minus line 27)	28 _____ .00	28 _____ .00
29 Overpayment (if line 28 is more than line 24, subtract line 24 from line 28)	29 _____ .00	29 _____ .00
30 Interest on underestimated tax (from Form 80-320, line 12)	30 _____ .00	30 _____ .00
31 Adjusted overpayment (line 29 minus line 30)	31 _____ .00	31 _____ .00
32 Overpayment to be applied to next year estimated tax account	32 _____ .00	32 _____ .00
33 Overpayment refund (line 31 minus line 32)	33 _____ .00	33 _____ .00
34 Balance due (if line 24 is more than line 28, subtract line 28 from line 24)	34 _____ .00	34 _____ .00
35 Interest, penalty and interest on underestimated tax (from Form 80-320, line 19)	35 _____ .00	35 _____ .00
36 Total due (line 34 plus line 35)	36 _____ .00	36 _____ .00

Farmers or Fishermen (see instructions)

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



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SSN _____

INCOME	Total Income From All Sources	Mississippi Income ONLY
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37 Wages, salaries, tips, etc. (complete Form 80-107)	37 _____ .00	37 _____ .00
38 Business income (loss) (attach Federal Schedule C or C-EZ)	38 _____ .00	38 _____ .00
39 Capital gain (loss) (attach Federal Schedule D)	39 _____ .00	39 _____ .00
40 Rent, royalties, partnerships, S corporation, trusts, etc. (from Form 80-108, part IV)	40 _____ .00	40 _____ .00
41 Farm income (loss) (attach Federal Schedule F)	41 _____ .00	41 _____ .00
42 Interest income (from Form 80-108, part II)	42 _____ .00	42 _____ .00
43 Dividend income (from Form 80-108, part II)	43 _____ .00	43 _____ .00
44 Alimony received	44 _____ .00	44 _____ .00
45 Taxable pensions and annuities (complete Form 80-107)	45 _____ .00	45 _____ .00
46 Unemployment compensation (complete Form 80-107)	46 _____ .00	46 _____ .00
47 Other income (loss) (from Form 80-108, part V)	47 _____ .00	47 _____ .00
48 Total income (add lines 37 through 47)	48 _____ .00	48 _____ .00

ADJUSTMENTS	Total Income From All Sources	Mississippi Income ONLY
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49 Payments to IRA	49 _____ .00	49 _____ .00
50 Payments to self-employed SEP, SIMPLE and qualified retirement plans	50 _____ .00	50 _____ .00
51 Interest penalty on early withdrawal of savings	51 _____ .00	51 _____ .00
52 Alimony paid (complete below)	52 _____ .00	52 _____ .00

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

53 Moving expense (attach Federal Form 3903)	53 _____ .00	53 _____ .00
54 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	54 _____ .00	54 _____ .00
55 Mississippi Prepaid Affordable College Tuition (MPACT)	55 _____ .00	55 _____ .00
56 Mississippi Affordable College Savings (MACS)	56 _____ .00	56 _____ .00
57 Self-employed health insurance deduction	57 _____ .00	57 _____ .00
58 Health savings account deduction	58 _____ .00	58 _____ .00
59 Total adjustments (add lines 49 through 58)	59 _____ .00	59 _____ .00
60 Adjusted gross income (line 48 minus line 59; enter total AGI on page 1, line 13b and Mississippi AGI line 13a)	60 _____ .00	60 _____ .00
61 Split Mississippi AGI on line 60 between taxpayer and spouse	T 61 _____ .00	S 61 _____ .00

AMENDED RETURN - EXPLANATION OF CHANGES TO ORIGINAL RETURN (attach additional statement if needed)

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