



# Mississippi

## Resident Individual Income Tax Return

### 2017

☐ Amended

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 | <input type="checkbox"/> | Married - Combined or Joint Return (\$12,000) |
| 2 | <input type="checkbox"/> | Married - Spouse Died in Tax Year (\$12,000)  |
| 3 | <input type="checkbox"/> | Married - Filing Separate Returns (\$12,000)  |
| 4 | <input type="checkbox"/> | Head of Family (\$8,000)                      |
| 5 | <input type="checkbox"/> | Single (\$6,000)                              |

#### EXEMPTIONS

**Dependents** (in column B, enter "C" for child, "P" for parent or "R" for relative)

6	(A) Name	(B)	(C) Dependent SSN

7 Total number of dependents (from line 6 and Form 80-491) \_\_\_\_\_

- |   |                          |                         |                          |                       |
|---|--------------------------|-------------------------|--------------------------|-----------------------|
| 8 | <input type="checkbox"/> | Taxpayer Age 65 or Over | <input type="checkbox"/> | Spouse Age 65 or Over |
|   | <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 |
| 12 | Total (line 10 plus line 11)  | 12 | _____ .00 |

#### MISSISSIPPI INCOME TAX

##### Column A (Taxpayer)

##### Column B (Spouse)

13 Mississippi adjusted gross income (from page 2, line 62)	13A _____ .00	13B _____ .00
14 Standard or itemized deductions (if itemized, attach Form 80-108)	14A _____ .00	14B _____ .00
15 Exemptions (from line 12; if married filing separately use 1/2 amount)	15A _____ .00	15B _____ .00
16 Mississippi taxable income (line 13 minus line 14 and line 15)	16A _____ .00	16B _____ .00
17 Income tax due (from Schedule of Tax Computation, see instructions)		17 _____ .00
18 Credit for tax paid to another state (from Form 80-160, line 13; attach other state return)		18 _____ .00
19 Other credits (from Form 80-401, line 1)		19 _____ .00
20 Net income tax due (line 17 minus line 18 and line 19)		20 _____ .00
21 Consumer use tax (see instructions)		21 _____ .00
22 Catastrophe savings tax (from Form 80-360, line 11)		22 _____ .00
23 Total Mississippi income tax due (line 20 plus line 21 and line 22)		23 _____ .00

#### PAYMENTS

24 Mississippi income tax withheld (complete Form 80-107)	24 _____ .00
25 Estimated tax payments, extension payments and/or amount paid on original return	25 _____ .00
26 Refund received and/or amount carried forward from original return (amended return only)	26 _____ .00
27 Total payments (line 24 plus line 25 minus line 26)	27 _____ .00

#### REFUND OR BALANCE DUE

(If no overpayment is due on line 28, skip to line 34)

28 Overpayment (if line 27 is more than line 23, subtract line 23 from line 27)		28 _____ .00
29 Interest on underestimated tax (from Form 80-320, line 11)	<input type="checkbox"/> Farmers or Fishermen (see instructions)	29 _____ .00
30 Adjusted overpayment (line 28 minus line 29)		30 _____ .00
31 Overpayment to be applied to next year estimated tax account		31 _____ .00
32 Voluntary contribution (from Form 80-108, part III)		32 _____ .00
33 Overpayment refund (line 30 minus line 31 and line 32)	<b>REFUND</b>	33 _____ .00
34 Balance due (if line 23 is more than line 27, subtract line 27 from line 23)	<b>BALANCE DUE</b>	34 _____ .00
35 Interest, penalty and interest on underestimated tax (from Form 80-320, line 18)		35 _____ .00
36 Total due (line 34 plus line 35)	<b>AMOUNT YOU OWE</b>	36 _____ .00

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

PLEASE SIGN THIS TAX RETURN ON THE BOTTOM OF PAGE 2



# Mississippi Resident Individual Income Tax Return 2017

SSN \_\_\_\_\_

INCOME	Column A (Taxpayer)	Column B (Spouse)
37 Wages, salaries, tips, etc. <b>(complete Form 80-107)</b>	37A _____ .00	37B _____ .00
38 Business income (loss) <b>(attach Federal Schedule C or C-EZ)</b>	38A _____ .00	38B _____ .00
39 Capital gain (loss) <b>(attach Federal Schedule D, if applicable)</b>	39A _____ .00	39B _____ .00
40 Rent, royalties, partnerships, S corporation trusts, etc. (from Form 80-108, part IV)	40A _____ .00	40B _____ .00
41 Farm income (loss) <b>(attach Federal Schedule F)</b>	41A _____ .00	41B _____ .00
42 Interest income (from Form 80-108, part II, line 3)	42A _____ .00	42B _____ .00
43 Dividend income (from Form 80-108, part II, line 6)	43A _____ .00	43B _____ .00
44 Alimony received	44A _____ .00	44B _____ .00
45 Taxable pensions and annuities <b>(complete Form 80-107)</b>	45A _____ .00	45B _____ .00
46 Unemployment compensation <b>(complete Form 80-107)</b>	46A _____ .00	46B _____ .00
47 Other income (loss) (from Form 80-108, part V, line 10)	47A _____ .00	47B _____ .00
48 <b>Total income</b> (add lines 37 through 47)	48A _____ .00	48B _____ .00

ADJUSTMENTS	Column A (Taxpayer)	Column B (Spouse)
49 Payments to IRA	49A _____ .00	49B _____ .00
50 Payments to self-employed SEP, SIMPLE and qualified retirement plans	50A _____ .00	50B _____ .00
51 Interest penalty on early withdrawal of savings	51A _____ .00	51B _____ .00
52 Alimony paid (complete below)	52A _____ .00	52B _____ .00

Name \_\_\_\_\_ SSN \_\_\_\_\_ State \_\_\_\_\_  
 Name \_\_\_\_\_ SSN \_\_\_\_\_ State \_\_\_\_\_

53 Moving expense <b>(attach Federal Form 3903)</b>	53A _____ .00	53B _____ .00
54 National Guard or Reserve pay (enter the lesser of amount or \$15,000)	54A _____ .00	54B _____ .00
55 Mississippi Prepaid Affordable College Tuition (MPACT)	55A _____ .00	55B _____ .00
56 Mississippi Affordable College Savings (MACS)	56A _____ .00	56B _____ .00
57 Self-employed health insurance deduction	57A _____ .00	57B _____ .00
58 Health savings account deduction	58A _____ .00	58B _____ .00
59 Catastrophe savings account deduction	59A _____ .00	59B _____ .00
60 Self-employment tax deduction	60A _____ .00	60B _____ .00
61 <b>Total adjustments</b> (add lines 49 through 60)	61A _____ .00	61B _____ .00
62 <b>Mississippi adjusted gross income</b> (line 48 minus line 61; enter on page 1, line 13)	62A _____ .00	62B _____ .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**