

## Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2017

Amended

|  | Non-Resident   | Part-Year, Ta            | x Year Beginning   |               | and Ending                              |                                    |      |
|--|--|--------------------------|--|---------------|---|------------------------------------|------|
| Taxpayer First Name Initial  |  | Initial Last             | Name   |               | ☐ ssn                                   |                                    |      |
|  | •  |                          |  |               | Spouse SSN                              |                                    |      |
| Spo  | use First Name   | Initial Last             | Name   |               | _                                       |                                    |      |
|  |  |                          |  |               | 1 Married                               | - Combined or Joint Return (\$12,  | ,000 |
| Mail   | ing Address (Number and Street, Including Rura                               | al Route)                |  |               | 2 Married                               | - Spouse Died in Tax Year (\$12,0  | 000  |
|  |  |                          |  |               | 3 Married                               | - Filing Separate Returns (\$12,00 | 00)  |
| City   |  | State Z                  | p  | County Code   | 4 Head of                               | Family (\$8,000)                   |      |
|  |  |                          |  |               | 5 Single (                              | \$6,000)                           |      |
|  |  |                          |  |               |   |                                    |      |
|  | EMPTIONS   | :: -  !!D!! f            |  |               |   |                                    |      |
|  | pendents (in column B, enter "C" for child, "P" for pare  (A) Name (B)       |                          |  |               | axpayer Age 65 or Over Spouse Age 65 or |                                    |      |
| ۰_   | (A) Name   | (B)                      | (C) Dependent 33N  |               | axpayer Age 03 01 Over                  | Spouse Age 65 or Over Spouse Blind |      |
| _  |  |                          |  | '             | axpayer billia                          | Cpouse Billiu                      |      |
| _  |  |                          |  | 9 Total d     | ependents line 7 plus nur               | mber of boxes checked line 8       |      |
| _  |  |                          |  |               | × \$1,500                               | 10                                 |      |
| _  | I  | I _                      |  |               | ling status exemption                   | 11                                 |      |
| _  |  |                          |  |               | ine 10 plus line 11)                    | 12                                 |      |
| 7  | Total number of dependents (from   | line 6 and Fo            | rm 80-491) ———   | `             | • ,                                     | 12                                 | .00  |
| PF   | RORATION   | (CO                      | MPLETE PAGE 2 BEFO   | RE PROCEE     | DING FURTHER)                           |                                    |      |
| 13a  | Mississippi adjusted gross income  | <del>)</del>             | 14a Standard or it   | emized deduct |   | emptions (from line 12; if married | ī    |
|  | 00   |                          |  |               | 00 fili                                 | ng separate, use 1/2 amount)       |      |
| k  | Adjusted gross income from all so  | ources                   | b Mississippi deductions (line 14a multiplied by line 13c) |               |   |                                    | .00  |
|  | 00   |                          |  |               | <b>₩</b>                                | ssissippi exemption                |      |
| C  | Line 13a divided by line 13b   | 00                       |  | 00 (lir       | e 15a multiplied by line 13c)           |                                    |      |
|  | %  |                          |  |               |   |                                    | 00   |
| МІ   | SSISSIPPI INCOME TAX   |                          |  | Colu          | ımn A (Taxpayer)                        | Column B (Spouse)                  |      |
|  | <u> </u>   |                          |  |               | / (raxpayor)                            | 2014 2 (0)0400)                    |      |
| 16   | Mississippi adjusted gross inco  | me (from pag             | e 2, line 63 or line 64)                                   | 16A           | .00                                     | 16B                                | 00   |
| 17   | Deductions (from line 14b; if itemiz   |                          |  |               | 00                                      | 17B                                |      |
| 18   | Exemptions (from line 15b)   |                          | ·  |               | .00                                     | 18B                                |      |
| 19   | Mississippi taxable income (line   | 16 minus line            | 17 and line 18)  |               | 00                                      | 19B                                |      |
| 20   | Income tax due (from Schedule o  | ation, see instructions) |  |               | 20                                      |                                    |      |
| 21   | Other credits (from Form 80-401, I   | ine 1)                   |  |               |   | 21                                 |      |
| 22   | Net income tax due (line 20 minu   | s line 21)               |  |               |   | 22                                 |      |
| 23   | Consumer use tax (see instruction  | s)                       |  |               |   | 23                                 |      |
| 24   | Catastrophe savings tax (from For  | m 80-360, line           | e 11)  |               |   | 24                                 |      |
| 25   | Total Mississippi income tax du  | e (line 22 plus          | line 23 and line 24)                                       |               |   | 25                                 |      |
| 26   | Mississippi income tax withheld (c   |                          | 26   | 00            |   |                                    |      |
| 27   | Estimated tax payments, extension  |                          |  |               |   | 27                                 | 00   |
| 28   | Refund received and/or amount ca   |                          | - · · · · · · · · · · · · · · · · · · ·                    | ended return  | only)                                   | 28                                 | .00  |
| 29   | Total payments (line 26 plus line 2  |                          | •  |               |   | 29                                 | .00  |
|  | •                                      |                          | o overpayment is due                                       |               | ip to line 35)                          |                                    |      |
| 30   | Overpayment (if line 29 is more th   |                          |  | 29)           |   | 30                                 |      |
| 31   | Interest on underestimated tax (fro  |                          | 20, line 11)   | L             | Farmers or Fishermer (see instructions) | J1                                 | .00  |
| 32   | Adjusted overpayment (line 30 mir  |                          | od tav account   |               | ,                                       | 32                                 |      |
| 33<br>34   | Overpayment to be applied to next<br>Overpayment <b>refund</b> (line 32 minu | -                        | eu iax account   |               | REFUND                                  | 33                                 |      |
|  |  | -                        | otract line 20 from line 2                                 | 5)            | BALANCE DUE                             | 34                                 |      |
| <ul> <li>35 Balance due (if line 25 is more than line 29, subtract line 29 from line 25)</li> <li>36 Interest, penalty and interest on underestimated tax (from Form 80-320, line 18)</li> </ul> |  |                          |  |               | DALANCE DUE                             | 35                                 |      |
| 37   | Total due (line 35 plus line 36)   | iaci ostiinateu          | AMOUNT YOU OWE   |               | 36                                      |                                    |      |
| Ĭ  | . That dad (into do pido into do)  |                          |  |               |   | 37                                 | .00  |
|  | Installment Agreement Requ<br>(see instructions for eligibility              |                          | 71-661)  |               |   |                                    |      |

Form 80-205-17-8-2-000 (Rev. 10/17)

## Mississippi Non-Resident / Part-Year Resident Individual Income Tax Return 2017

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|--------|---|
|--------|---|

SSN

| INCOME  | Total In                | come From All Sources        | Mississ                | sippi Income ONLY     |
|---|-------------------------|------------------------------|------------------------|-----------------------|
|   |                         |                              |                        |                       |
| Wages, salaries, tips, etc. (complete Form 80-107)  |                         | 00                           | 38                     |                       |
| Business income (loss) (attach Federal Schedule C or C  | - <b>EZ)</b> 39         | 00                           | 39                     |                       |
| Capital gain (loss) (attach Federal Schedule D, if application  | able) 40                | 00                           |                        |                       |
| Rent, royalties, partnerships, S corporation, trusts, etc.<br>(from Form 80-108, part IV)                       |                         | .00                          |                        | 00                    |
| Farm income (loss) (attach Federal Schedule F)  | 42                      | 00                           | 42                     |                       |
| Interest income (from Form 80-108, part II)   |                         | 00                           |                        | 00                    |
| 4 Dividend income (from Form 80-108, part II)   | 44                      | .00                          |                        | .00                   |
| 5 Alimony received  |                         | .00                          |                        | 00                    |
| Taxable pensions and annuities (complete Form 80-107)   |                         | .00                          | 1.0                    | .00                   |
| 7 Unemployment compensation (complete Form 80-107)  |                         | 00                           | 4 —                    | .00                   |
| Other income (loss) (from Form 80-108, part V)  |                         | 00                           |                        | 00                    |
| 9 Total income (add lines 38 through 48)  |                         | .00                          |                        | 00                    |
|   |                         |                              |                        |                       |
| ADJUSTMENTS   | Total In                | come From All Sources        | Mississ                | sippi Income ONLY     |
|   |                         |                              |                        |                       |
| Payments to IRA   | 50                      | 00                           | 50                     | 00                    |
| Payments to self-employed SEP, SIMPLE and qualified re  | tirement plans 51       | 00                           | 51                     |                       |
| 2 Interest penalty on early withdrawal of savings   |                         | 00                           | 52                     | 00                    |
| 3 Alimony paid (complete below)   |                         | 00                           |                        | 00                    |
|   |                         |                              |                        |                       |
| Name SSN  |                         | State                        |                        |                       |
| Name SSN  |                         | State                        |                        |                       |
| 4 Moving expense (attach Federal Form 3903)   | _,                      |                              |                        |                       |
| - , , ,   | 54<br>tor \$15,000\     | 00                           |                        | 00                    |
| National Guard or Reserve pay (enter the lesser of amoun  |                         | .00                          |                        | 00                    |
| Mississippi Prepaid Affordable College Tuition (MPACT)  |                         | 00                           |                        | 00                    |
| Mississippi Affordable College Savings (MACS)   |                         | .00                          |                        | 00                    |
| 8 Self-employed health insurance deduction  |                         |                              | 58                     |                       |
| Health savings account deduction  |                         |                              |                        |                       |
| Catastrophe savings account deduction   |                         | 00                           |                        | 00                    |
| Self-employment tax deduction   |                         |                              |                        |                       |
| Total adjustments (add lines 50 through 61)   |                         | 00                           |                        | 00                    |
| 3 Adjusted gross income (line 49 minus line 62; enter tota<br>on page 1, line 13b and Mississippi AGI line 13a) | II <b>AGI</b> 63        | .00                          | 63                     | 00                    |
| 4 Split Mississippi AGI on line 63 between taxpayer and   | spouse T <sub>64</sub>  | 00                           | <b>s</b> <sub>64</sub> |                       |
| AMENDED RETURN - EXPLANATION OF CHANGES TO O  | RIGINAL RETURN (atta    | ch additional statement i    | f needed)              |                       |
|   | (444                    |                              |                        |                       |
|   |                         |                              |                        |                       |
|   |                         |                              |                        |                       |
|   |                         |                              |                        |                       |
|   |                         |                              |                        |                       |
| his return may be discussed with the preparer Yes   | No                      |                              |                        |                       |
| declare, under penalties of perjury, that I have examined this retur  | n and accompanying sche | dules and statements, and to | the best of my         | knowledge and belief. |
| nis is a true, correct and complete return. Declaration of preparer   |                         |                              |                        |                       |
| 1   |                         | 1                            |                        |                       |
| Taxpayer Signature Date   | Taxpayer Phone N        | umber Paid Preparer          | PTIN                   |                       |
| 1   |                         | I                            |                        |                       |
| Spouse Signature Date   | Paid Preparer Phor      | ne Number Paid Preparer      | Email Address          |                       |
| 1   |                         | 1                            | I                      | Ī                     |
| Paid Preparer Signature Date  | Paid Preparer Addr      | ess City                     | St                     | ate Zip Code          |