

## Mississippi Resident Individual Income Tax Return 2013

	801031381000								Amendo	ed
Taxpayer First Name Initial Last Name						SSI				
Spo	Spouse First Name Initial Spouse Last Name						ouse SSN			
Mail	ing Address (Number and Street, Including Rural	Route)				1 2			ned or Joint Return (\$ Died in Tax Year (\$	,
						3			eparate Returns (\$1	
City		State	Zip	Cou	nty Code	4 5	Head of Fa	, , ,	\$8,000)	
	XEMPTIONS		<u> </u>			J		,		
	ALIMIT HONG			T						
Dep	pendents (In column B, enter "C" for chil	d, "P" for	parent or "R" for relative)	8	T	axpayer	Age 65 or Over		Spouse Age 65 of	or Over
6_	(A) Name	(B)	(C) Dependent SSN	]	T	axpayer	Blind		Spouse Blind	
_		_			Total di		eta lina 7 nlua num	ahar af	havaa ahaakad lina	0
_		_		9	rotal de	epenaen	its line 7 plus nun	nber or	boxes checked line	8
_		—		10	Line 9 x	× \$1,500	) 	10		00
_		l —		11			us exemption			
7	Total number of dependents (from li	ne 6 and	d Form 80-491)	12	Total (li	ne 10 pl	us line 11)			
M	IISSISSIPPI INCOME TAX				Colur	nn A (Ta	axpayer)	_	Column B (Spous	se)
40		,	0.1: 50)							
13 14	Mississippi adjusted gross income ( Standard or itemized deductions (if		•				00			
15	Exemptions (from line 12; <b>if marrie</b>		•	`			00			
16	Mississippi taxable income (line 1						00			
17	Income tax due (from Schedule of		,	107	٦		.00			
18	Credit for tax paid to another state (									
19	Other credits (from Form 80-401, lin		,							
20	Net income tax due (line 17 minus	line 18 a	and line 19)							
21	Consumer use tax (see instructions	Form 8	0-100)							
22										
Р	AYMENTS									
23	Mississippi income tax withheld (co	mplete l	Form 80-107)					22		0.0
24	Estimated tax payments, payments	-	•	t paid	on origin	al return				
25	Refund received and/or amount car	ried forw	ard from original return (am	ended	d return	only)				
26	Total payments (line 23 plus line 24	minus li	ne 25)							
R	EFUND OR BALANCE DUE							_		
07	latera de la complexa de la decembra de la complexa	Lata Cira			45)	7	Fish			
27 28	Interest on underestimated tax and <b>Overpayment</b> (if line 26 (payments						ers or Fishermen instructions)			
29	Overpayment to be applied to next y	_	· ·		5 20)					
30	Voluntary contribution (from Form 8									
31	Overpayment <b>refund</b> (line 28 minus						REFUND			
32	Balance due (if line 22 plus line 27		,					01 _		00
	subtract line 26 from line 22 plus line		(, portary and intoroot),			В	ALANCE DUE	32		00
33	Late payment interest and penalty (	from For	m 80-320, line 19)							
34	Total due (line 32 plus line 33)									
	Installment Agreement Reque (see instructions for eligibility;		orm 71-661)							



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INCOME			Column	A (Taxpayer)	Colum	Column B (Spouse)		
					_ <del></del>			
	/ages, salaries, tips, etc. (complete Form 80-107)	0 =="		00		00		
	usiness income (loss) (attach Federal Schedule C	or C-EZ)		00		.00		
	apital gain (loss) (attach Federal Schedule D)		37A	00	37B	00		
	ent, royalties, partnerships, S corporation trusts, etc. rom Form 80-108, part 4)		38A	00	38B	00		
3 <b>9</b> Fa	arm income (loss) (attach Federal Schedule F)			00		.00		
	terest income (from Form 80-108, part 2, line 3)			.00				
<b>11</b> Di	vidend income (from Form 80-108, part 2, line 6)			.00				
	imony received			.00		00		
<b>13</b> Ta	exable pensions and annuities (complete Form 80-1	107)		.00				
	nemployment compensation (complete Form 80-10	•		.00				
<b>15</b> Ot	ther income (loss) (from Form 80-108, part 5)			.00		00		
16 To	otal income (add line 35 through line 45)			00		.00		
_	<u></u>							
ADJU	USTMENTS		Column .	A (Taxpayer)	Colum	ın B (Spouse)		
<b>17</b> Pa	ayments to IRA		<u>4</u> 7Λ		<b>4</b> 7₽			
	ayments to IICA ayments to self-employed SEP, SIMPLE and qualifie	ed retirement plans		00		00		
	terest penalty on early withdrawal of savings	plank	40/	.00		.00		
	imony paid (complete schedule below)			.00		.00		
, /1	y production delivery		JUA	.00	JUD			
Nar	me SSN	1	Stat	e:				
Nar	me SSN	Stat	he:					
Nar		١	Stat	he:				
51 Mo	oving expense (attach Federal Form 3903)		E4.A		E4B			
	oving expense <b>(attach rederal rorm 3903)</b> ational Guard or Reserve pay (enter the lesser of am	10unt or \$15 000\		.00		00		
	ississippi Prepaid Affordable College Tuition (MPAC	,		.00		.00		
	ississippi Affordable College Savings (MACS)	,		.00		.00		
	elf-employed health insurance deduction			.00				
	ealth savings account deduction			.00		.00		
	otal adjustments (add line 47 through line 56)			.00				
		no E7:1: 1	51 M	.00	O1 D	.00		
	<b>ississippi adjusted gross income</b> (line 46 minus lin nd on page 1, line 13)	ine 5/; enter here	58A	.00	58B	.00		
AME	NDED RETURN - EXPLANATION OF CHANGES T	TO ORIGINAL RE	TURN (attach add	ditional statement if	needed)			
This retu	urn may be discussed with the preparer Yes	No						
	e, under penalties of perjury, that I have examined this i							
nis is a	true, correct and complete return. Declaration of prepare	arer (other than tax	payer) is based on a	all information of which	n preparer has an	y knowledge.		
	l	1		1				
Ta	axpayer Signature Date	Taxp	payer Phone Number	Paid Preparer	PTIN			
	1	I .		I				
Sı	Spouse Signature Date	Paid	d Preparer Phone Number	r Paid Preparer	Email Address	_		
	I			1				
Pa	Paid Preparer Signature Date	Paid	Preparer Address	City	State	Zip Code		